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APPLICATION OF SOCIAL WORK ADMINISTRATION DURING A PANDEMIC: AN ANALYSIS THROUGH NHM APPROACHES

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Abstract: *We have seen the pandemic outbreaks like Ebola, MERS – CoV, SARS, H1N1, COVID – 19, in recent years worldwide. When it emerges, everyone will inevitably be affected. It may be physical illness, loneliness, social isolation, economic crisis, and environmental factors like food, housing, education. The Health Care Social Worker's responsibility during this public health emergency is based on the demand for that particular health scenario. Many of them are working at the micro, mezzo, and macro levels. During this COVID – 19 outbreaks, we witnessed the drastic transition of service delivery mechanisms, including telehealth. In India, most healthcare social workers in the healthcare delivery system work under National Health Mission as the National/State/District/Block level Coordinators, Consultants, Hospital PROs, and Counsellors. This paper is trying to analyze the possibilities of applying Social Welfare Administration as a Social Work method by these Health Care Social Workers under NHM to deliver essential health services during a pandemic through the approaches, service delivery strategies, and guidance action points of National Health Mission. This paper reviews the content analysis of the papers published on Social Work Administration's application as a Social Work method and the latest guidance notes on enabling delivery of essential health services during the COVID -19 outbreaks by NHM. The researcher is also analyzing how COVID - 19 will be a more significant challenge to our health care delivery system, examining Health Care Social Workers' role in NHM and the challenges they are facing.*

Key Words: Pandemic Crisis, COVID – 19, Social Welfare Administration, Health Care Social Workers, National Health Mission

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Introduction

Social work practice has a strong scientific base. The methods of social work will help us to understand ways of helping people. The direct helping methods like Social Case Work, Social Group Work, and Community Organization are primary methods. The auxiliary methods like Social Work Research, Social Welfare Administration, and Social Action are secondary social work methods. To help people who are in need is the primary concern of social work. Social workers have a vital role to play during a pandemic crisis. Health Care Social Workers through the District Mental Health Programme identify and refer the vulnerable groups to the temporary shelters to provide psycho-social support for the including family members. They also ensure support to the children with special needs through District Early Intervention Units responsible for organizing camps to detect COVID – 19 positive cases and overall coordination of the COVID – 19 programmes in their respective areas. In India, health care deliveries are reaching their grassroots through National Health Mission since its inception. Hence, NHM has a vital role to play during the pandemic crisis too. Many Professional Social Workers are working in NHM as District Program Managers, Consultants & Coordinators for various programs and as Block Program Managers/Block Arogyakeralam Coordinators/PRO Cum Liaison Officers, Hospital PROs, Counsellors. This paper is trying to analyze the possibilities of applying Social Work Administration through these Health Care Professional Social Workers under NHM for the significant Social Work intervention during a pandemic crisis by analyzing the approaches, service delivery strategies, and action points of the National Health Mission. This paper is a description of inductive content analysis. It reviews the content analysis of the papers published on Social Work Administration's application as a Social Work method and the latest guidance notes on enabling delivery of essential health services during the COVID -19 outbreaks by NHM. The researcher's experience in NHM as PRO Cum Liaison Officer helped identify the scope of applying Social Work Administration as one of the most effective methods that the Health Care Social Workers can administer during a pandemic in our health care delivery system.

1. NHM and its Functionaries

Since India became independent, several measures have been taken by the National Government to improve the health of the people. National Health Programs, which the Central Government has launched to eradicate infectious diseases, improve environmental sanitation, raise

the standard of nutrition, control the population, and improve rural health. Various international agencies like WHO, UNICEF, UNFPA, World Bank, and other foreign agencies like SIDA, USAID have been providing technical and material assistance in implementing the program. To achieve the "Health for All," the National Rural Health Mission was launched in 2005. After the emergence of the National Urban Health Mission, it is termed as National Health Mission. Both the National Rural Health Mission and the National Urban Health Mission became the two branches under NHM. This mission's vision is "attainment of universal access to equitable, affordable and quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health". NHM administers and funds many programs including National Vector Borne Disease Control Program (NVBDCP), Revised National Tuberculosis Control Program (RNTCP), Reproductive Child Health (RCH), National Program for Control of Blindness, National Iodine Deficiency Disorders Control Program, National Leprosy Eradication Program, Integrated Disease Surveillance Project, National Mental Health Program, Non-Communicable Disease Control Program, National Reproductive Maternal, Newborn, Child, and Adolescent Health (RMNCH +A) program.

2. Institutional Structure of NHM

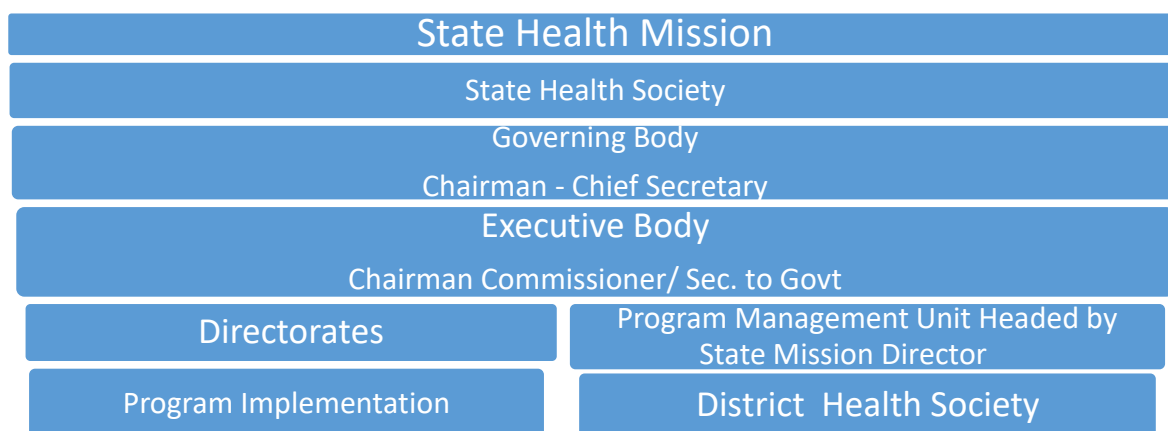
While mentioning the institutional structure of NHM, the cabinet has been approved, and there are Mission Steering Group and Empowered Program Committee at the national level. Union Ministry of Health and Family Welfare is responsible for policy direction to the mission. Secretary of the Department of Ministry of Health and Family Welfare is the Convener of the mission, and the Additional Secretary and the Mission Director as the Co-conveners responsible for the Planning, Implementation, and Monitoring mission activities. The technical support to the centre and states is provided by the National Health Systems Resource Center (NHSRC) and State Health Systems Resource Center. The National Institute of Health & Family Welfare (NIHFW) is the country's apex body for training, public health research, and support to health and family welfare programs. National Centre for Infectious Diseases is the National Disease Control Program's resource along with AIIMS, PGIMER, and other institutes of public health in States.

At the State level, State Health Mission is being headed by Chief Secretary, and the State Program Management and Support Unit (SPMSU) headed by the State Mission Directors provide the technical support to the State Health Mission through its pool of skilled professionals like

MBA/MPH postgraduates, MIS specialists, and Social Workers consultants and coordinators. More than 80% of the employees in this regard are Social Workers than other professionals. The chairperson of the District Health Mission is the Chairperson of Zila Parishad or the Mayor. District Health Society is functioning under the chairmanship of Hon. District Collector. These will coordinate with the other departments and links with research institutes, public health colleges at the National and State levels.

District Program Managers are the highest authority under NHM in every district. In Kerala, all DPMs are from a medical profession, but in many other states in India, Professional Social Workers are also employed as District Program Managers. They closely work with the District Medical Office in every district. There will be a Public Relations Officer and a Block Program Manager in every major hospital and health block, respectively. There are various coordinators for specific programs like RBSK (Rashtriya Bal Swasthya Karyakram), Palliative Care, ASHA (Accredited Social Health Activists) program. Hence, almost all health programs are implemented through these NHM staff, including Health Care Professional, Social Workers.

Figure No 1: Structure of NHM State Health Society



3. COVID – 19: A Challenge to Our Health Care Delivery System

If COVID – 19 has reached the community spread phase, India's healthcare infrastructure cannot deal with this pandemic. India's rural health care system is not adequate to contain COVID– 19 transmissions, especially in many densely populated the North Indian States because of the shortage of doctors, hospital beds, and equipment. The COVID – 19 pandemic creates a unique

challenge due to the paucity of testing services, weak surveillance systems, and, above all, inadequate medical care (Anant Kumar, 2020). Shortage in medical supplies, lack of sufficient beds in the hospitals, inability to conduct adequate testing, and an acute shortage of doctors, nurses, etc, will be the significant issues we will face. For example, rural India has only 3.2 Government Hospital beds per 10,000 people. Only 0.12 beds and 0.38 beds per thousand people are available in Bihar and Odisha (Bhardwaj, 2020). The former is considered the least – developed state and the latter one as the most impoverished state in India. Another challenge is that India could find itself in an acute health crisis. A range of hundreds of indicators shows a worrying disruption in India's essential health services in March as local administrations focused on containing the spread of COVID–19. These include curtailed immunization schedules, restricted inpatient, outpatient, and emergency treatment for infectious and non-communicable diseases, reduced laboratory investigations, and lowered access to mental health treatment (Rukmani, 2020). The health care delivery services in India are still developing. Despite the National Health Mission and Government's commitment, adequate and affordable healthcare is still a mirage (K, Nayar, & Koya, 2020). This points to the significance of applying social welfare administration as an effective social work practice method in program designing and policy formulations.

4. Role of Health Care Social Workers in NHM

The social workers under NHM work under the supervision of medical doctors (Medical Officers, who are the administrative heads of Health Blocks or Institutions where they work) or Specialists like Psychiatrists or others where the support of a Counselor is required. They work closely in association with field level functionaries for service delivery in field and doorsteps, especially in the Reproductive Child Health and Non-Communicable Diseases. Liaisoning work with the health system, line departments, and the beneficiary is one of Health Care Social Workers' major responsibilities.

Social Workers have their specific tasks and responsibilities in a pandemic. However, these are not often spelt out, as health professionals are assigned the duties of caring for people, defines primarily in terms of medical care and needs (Dominelli, 2020). During the unexpected outbreak of COVID–19, many countries have failed to control this pandemic. A similar situation before this crisis in this manner was infrequent in many nations. The role of a Health Care Social Worker during an epidemic is mainly aiming to minimize the negative impacts of illness and

hospitalization, may also include providing direct services to patients and their families in some circumstances and also enhancing social and emotional functioning of the individuals through targeted interventions and mobilization of services and supports. Moreover, its scope of practice includes Comprehensive Assessment; Counseling, Mediation and Therapeutic Interventions; Crisis Interventions; Advocacy; Case Management, Service Coordination, and Multidisciplinary work; Education, Resourcing Practical Assistance; Policy, Program Design, and Research. Access to healthcare is crucial to reducing outbreaks. The social workers working in this public health care delivery system can apply appropriate social work methods in a pandemic crisis to deliver their services effectively to the beneficiaries.

District Education Media Officer is an important position in Government Health Services. One of the qualifications for this position is the Masters in Social Work. District Education Media Officer is key to a macro-level social work practice, which is the most appropriate method while dealing with public health activities through its mass targeted approach like preventive, proactive, and rehabilitative services on a wide – scale and its scope for social work entrepreneurship through policymaking, social diagnosis of health and illness. Many of District Education Media Officers' activities are being collaborated with the Health Care Professional Social Workers in NHM. As we know that, "Knowledge is the first vaccine" – awareness creation through IEC (Information, Education, and Communication) activities to modify or enhance the attitudes, beliefs of the society, and its structure against public health is one of such critical collaborative movements. The other such time bounding actions includes management and coordination of various training programs, event management, social marketing, media campaigns, inter-sectoral and source reduction activities, coordination of programs, and financial management of funds allowed by NHM for various programs including Reproductive and Child Health activities, Human Resource Development and Training, Family Welfare activities, Immunization, Antenatal services, Personal Hygiene and Sanitation, Blindness Control activities, Disease Surveillance, Non - Communicable Disease Control, Mental Health programs like DMHP, other National Programs, Disaster Management, addressing Gender Issues through "Bhoomika".

5. Applying Social Welfare Administration: An Analysis through NHM Approaches

"Social Welfare Administration is the process of transforming the social policy into social services and the use of experience in evaluating and modifying policy." (John C. Kindneigh, 1950).

Social welfare administration has two concepts embedded in it: "social welfare" and "administration." Thus it requires an understanding of the origins of social welfare and administration as a tool for achieving welfare. Social welfare is an organized system of social services and institutions designed to help individuals and groups attain satisfying life standards and health (Friedlander, 1977). The administration is a universal process of efficiently organizing people and directing their activities towards common goals and objectives. In other words, whenever you are talking of administration, you are looking at where people are working with common goals (Simon, 1978). It is a two-way process of transforming policy into concrete social services and experience in recommending policy modification (Rameshwari, D & Ravi, P, 1998). Rosemary Sarri (1971) has outlined the activities of social welfare administration as follows:

- 1) Translation of social mandates into operational policies and goals to guide organizational behaviour
- 2) Design of organizational structures and processes through which the goals can be achieved
- 3) Securing of resources in the form of materials, staff, clients, and societal legitimating necessary for goal attainment and organizational survival
- 4) Selection and engineering of the necessary technology
- 5) Optimizing organizational behaviour directed towards increased effectiveness and efficiency; and
- 6) Evaluation of organizational performance to facilitate systematic and continuous solutions to problems.

Social Welfare Administration is a practice method that looks for administration and managerial skills among practitioners to execute welfare services and transform social policy into action (Chukwu, 2017). There are limitations for the other professional social workers in a pandemic context to intervene in the healthcare system's policies. Policies determine major approaches, priorities, and funding for programs. Various models of policy analysis learned in introductory social work courses are appropriate for this purpose. Programme analysis of either the agencies' past efforts regarding the problem or similar other programs would help develop the relevant objectives (Dhooper, 2011). Health services researchers can influence policymaking in four ways. They can identify critical problems, research the benefits and harms of policy solutions, estimate the costs and consequences of policy proposals, and actively participate in the policy process to aid real-time decision making (Clancy, Glied, & Lurie, 2012).

The Social Welfare Administration's scope lies in its two views: the POSDCoRB view and

the integral view. The Social Welfare Administration functions consist of Planning, Organizing, Staffing, Directing, Coordinating, Reporting, and Budgeting (POSDCoRB). Social workers employed in NHM can administer special programs within an agency's setting to the needy during a pandemic. Planning requires much intellectual capability with adequate knowledge and a good vision about a social cause and a prerequisite for good service delivery in a health care setting. Effective planning is taking place in the health care delivery services to increase access to decentralized health systems by establishing new infrastructure in the deficient areas, especially during a pandemic crisis.

Under the NHM Program, Social Workers are mainly engaged as Programme Coordinators, Public Relations Officers for Liaisoning with the beneficiaries and Health System, or counsellors in various programs. Their capacity to coordinate multiple events and programs in the community based on the need and service provisions, support for social mobilization through planning, and training healthcare workers, including ASHA, is supposed to be utilized in the regular working of Social Workers. They are also involved in the annual work plan and budget preparation for their respective working area and do field level supportive supervision as per the available tools provided and monthly monitoring reports forwarded to district level reporting officers after being discussed in the block level review meetings. Thus, the POSDCoRB is the systematic framework for efficiently executing business processes or typical administrative process, is visible in terms of reference followed by Social Workers under NHM.

The latest guidance notes on enabling delivery of essential health services during the COVID -19 outbreaks by NHM contain two sections. Section – 1 focuses on the "Health systems approach to essential services, "a reorganization of service delivery and facility mapping and planning. It includes mapping all existing health facilities, including private sectors, identifying and designating facilities or separate blocks within existing facilities to provide COVID–19 related services, setting up of 24X7 hospital emergency units and mobile medical units. Organizing Outreach Services, Behaviour Change Communication (BCC) programs, IEC campaigns, and Health Promotion activities are Health Care Social Workers' functional areas. Staffing in public health care institutions has been done immediately in many states, especially in Kerala, during this outbreak. Many such postings were done through NHM. Apart from this, Govt. of Kerala has created 652 new positions in the Health Department and Medical Education wing. This staffing process in health care is one of the crucial areas where we need to intervene immediately during a

pandemic crisis. Proper management of existing human resources like ASHAs is also significant to make the public health system more robust and responsive to these grassroots-level health workers' needs. Nine million ASHA workers in India act as a bridge between the government and people due to a human resource shortage in the health system, are working "for the nation" in these challenging times. Due to the dynamics associated with their job, they are playing multiple roles – of health care facilitators, health activists, and service providers - putting their lives at risk (Bisht, 2020)

Directing essential services by maintaining physical distancing through telehealth is the other significant service where suspected COVID patients and other patients requiring care should be encouraged to utilize tele-platforms to determine the need to visit a health facility. DISHA is a Toll-Free Number service under National Health Mission, Kerala, and it provides a 24X7 Tele Medical Health Helpline of NHM, which offers guidance, counselling, and information service. Social Workers provide counselling services, and some Social Work Schools in Kerala took the initiative to help the DISHA desk through the social work student's voluntary service during this COVID-19 pandemic. In a previous study, when the researcher explored ASHA workers' awareness level on this toll-free number, it was observed that (81.7%) of the respondents were not aware of it (Menon & Sreehari, 2020). However, during this COVID-19 pandemics, this - toll-free number became very popular through media. The proper direction should be ensured by the health care social workers while facilitating "Home Visits" by the ASHA workers.

Duplication/overlapping of welfare activities can be avoided by coordinating various Departments and State Governments. They coordinate training for all frontline health workers on the protocols for COVID screening, isolation, and triage facilitated through NHM. Health care social workers are coordinating such training. It is stated that all frontline health care workers in these facilities should be trained in IPC and provided appropriate Personal Protective Equipment (PPE) for their protection as per the guidance. This guideline is stating to ensure staff and security measures, supplies of medicines and diagnostics. The report consolidation from the block level to the state level is essential to track the number of new infections, deaths, and recovered cases. Reporting is an inevitable role of Health Care Social Workers in the public health care delivery system. While focusing on budgeting as an element of the Social Welfare Administration, the hospital PROs and other coordinators are usually requested to submit the estimate for fund allocation to the respective DPMSU to satisfy their responsible institutions or programs' needs. As

per the latest guidelines, it is stated that "state should ensure that facilities have sufficient funding to continue providing services. Additional funds in the form of increased allocation of untied funds based on facility caseloads can be provided. Managers of public facilities should receive greater authority to use funds, balancing the increased flexibility with transparent reporting requirements". Generally, the funds in NHM are in various heads such as NRHM/RCH Flexi-pool, NUHM Flexi – pool, Flexi – pool for infectious diseases, Flexi-pool for NCD including injury and trauma, infrastructure maintenance, family welfare central sector component, state's program implementation plan (PIP).

Section-2 of the guideline mentioning about the Non-COVID services. It insists that all states should identify essential services prioritized in their efforts to maintain service delivery. The high priority Non-COVID essential service includes RMNCH+A services, Child Health, Communicable diseases, Non-communicable Diseases, Emergency, and Critical care services. Health Care Social Workers have roles in running the responsible programs in these services too. They are also much planning, organizing, staffing, coordinating, directing, reporting, and budgeting is needed. Even though Health Care Social Workers have enough scope to administer the Social Welfare Administration as an effective social work method in India's health care delivery system, the scope of research should also be improved. It is suggested to improve skilled human resource management for the existing staff dealing with administrative activities. Better utilized skilled workers or trained health professionals in critical strategic areas like counselling and management is also crucial to deal with health care emergencies like COVID.

6. Challenges to Social Welfare Administration during COVID-19

More than 80% of the PROs and 90% of the Consultants (BCC) and ASHA Coordinators in Kerala are MSW postgraduates. They are working hard to coordinate the COVID related activities in their respective block, district, and state level. They are like the backbone for COVID-19 prevention activities through their practical strategic approach. Some of them have affected by COVID-19 during their field visit. On this Independence Day, many Health Care Social Workers in NHM have been invited and honoured during the Independence Day celebration in the respective districts.

Role conflict is one of the crucial challenges that the Health Care Social Workers' in NHM face. Even though there are job descriptions in every district for various posts, its modification and

availability of written documents on the roles and responsibilities of various posts among the employees are still doubtful. The existence of multiple qualifications for the same post also will add to these problems of role conflict. Since the Health Care Social Workers are one of the significant members of the multidisciplinary team, acceptance from other team professionals should also be improved. The government and the administrative wing of NHM should be aware of the scope of the MSW program and the various programs that come under the umbrella of NHM. Thereby they can utilize these professionals' skills to their optimum. During the COVID-19 pandemic outbreak too, this role conflict and work conflict is continuing. The researcher observed that the Health Care Staff including PROs and Coordinators of various programs of NHM like RBSK, ASHA, and Pain & Palliative Care are undergoing a significant level of stress due to their work conflict during this pandemic. When they are deployed in handling the COVID 19 pandemic's emergency crisis, it is affecting their regular work for the last couple of months. The concerned Coordinators were not able to utilize their human resources and other resources for their particular programs. They all are directed to the COVID related duties in various control rooms. The district heads' of NHM should be aware of the significance of all programs and the delays in implementing any such programs will adversely affect public health.

These Coordinators and PROs are responsible for organizing camps in their respective areas for detecting COVID positive cases. This staff suffers when the conflict or difference of opinion is happening between the DMO's and DPM's office. Since the Block Coordinators and PROs are working in the respective health institutions, they are obliged to consider the concerned Medical Officers' directions. When they are assigned multiple programs to handle at a time, they face problems in decision making. They are deputed to the COVID-19 duties at the airport, state borders and check post, and are accountable for any issues that happened due to the delay in orders, postings, materials, from the district or state level.

These coordinators and PROs are also having continuous day and night duties. This staff does not have Employees State Insurance and any other health insurance. The other challenge of these professionals in NHM is always concerned with their salary. Kerala Government has decided to release an INR 220.68 million amount for the additional increments and risk allowance of NHM employees. The majority of the Health Care Social Worker's salary scale will be between INR 20,000 and INR40, 000. Unfortunately, those in this category will avail 20% risk allowance only as per this order, and there will not be an increment in salary while those who are earning less than

Twenty thousand and more than Forty thousand are available for it. Lack of effective utilization of these professionals is another challenge that we can observe. Better utilized skilled and trained professionals are crucial strategic areas like counselling, management, and policymaking. The opportunities for social work research should also make possible through these professionals.

Conclusion

There is currently a shortfall in health facilities in the three-tier Indian rural health care system comprising Sub-Centers, Primary Health Centers (PHC), and Community Health Centers (CHC). The number of facilities is increasing, but workforce availability is substantially below the recommended levels, as suggested by the World Health Organization. It is remarkable to note Sowmya Swaminathan, Chief Scientist at the World Health Organization, expressed her concern that India should use this opportunity to improve its primary healthcare system. One of the problems facing social agencies in the country is mainly attributable to poor administration due to the non-inclusion of trained social workers. Social Welfare Administration is a growing field where Health Care Social Workers can contribute more through the intellectual activity called "Planning" and thereby policymaking. Organizational skill is the administrator's raw material. The existing health systems should make use of their mastery.

References

- Anant Kumar, K. R. (2020, MAY 5). COVID - 19: Challenges and its consequences for rural health care in India. *Public Health in Practice*.
- Bhardwaj, A. (2020). COVID - 19: A Bigger Challenge to the Indian Healthcare System. *Developing Economics*.
- Bisht, R. (2020, May 1). ASHA Workers are indispensable. So why are they the least of our concerns? *The Wire*.
- Chukwu, N. E. (2017). Methods of Social Work Practice. In N. E. Chukwu, *Book of readings* (pp. 44 - 59). Nsukka: University of Nigeria Press Ltd.
- Clancy, C. M., Glied, S. A., & Lurie, N. (2012). From Research to Health Policy Impact. *Health Service Research*, 47 (1 Pt 2), 337 - 343.
- Correspondent, S. (n.d.). Retrieved May 31, 2020, from The Hindu: thehindu.com
- Dhooper, S. S. (2011, November). *Social Work in Health Care*. Retrieved 2020
- Dominelli, L. (2020, April 2). Social Work during a health pandemic.
- Friedlander, W. (1977). *Introduction to social welfare*. New Jersey: Prentice-Hall.
- K, A. K., Nayar, R., & Koya, F. S. (2020, May 5). COVID - 19: Challenges and its consequences for rural health care in India. *Public Health in Practice*.
- Menon, S., & Sreehari. (2020). Exploring the Awareness Level of ASHA Workers regarding Infant Feeding Practices. (S. Jaswal, Ed.) *The Indian Journal of Social Work*, 81 (1), 109-118.

- National Health Mission*. (n.d.). Retrieved May 30, 2020, from <https://nhm.gov.in>
- Rameshwari, D & Ravi, P. (1998). *Social work and social welfare administration: Methods and practices*. Jaipur: Mangal Deep Publications.
- Rukmani. (2020, April 27). How COVID -19 response disrupted health services in rural India. Chennai, India.
- Simon, S. (1978). *Social administration: The management of social services*. New York: The Hanworth Press.