



Special Issue | Social and development concerns in Africa (c)

Special Issue on Social Work During COVID-19: Article 2 | March 2021

Copyright © 2021 The International Journal of Social and Development Concerns (IJSDC) All Rights Reserved
(An International Publisher for Academic and Scientific Resources)

PROMOTING COMMUNITY RESILIENCE THROUGH COMMUNITY ORGANISING: A CASE STUDY ON HEALTH CARE WORKERS DURING COVID'19

Authors: ¹Twincy Paul P & ²Jayaraman A.

Special Issue Editors

¹Norvy Paul
²Johnson Mavole
³Arya Chandran

¹The Catholic University
of Eastern Africa,
Nairobi

²St. Augustine
University of Tanzania,
Mwanza City

³Bharathamatha School
of Social Work, Kochin,
India

Chief Editor

Web: www.ijfdc.org
Email: info@ijfdc.org

Editing Oversight

Impericals
Consultants
International Limited

Abstract: *The pandemic has put the global health and economy in danger and alter global security intensively. This paper analyses the strategies and methods applied to equip the health care workers, uniquely Accredited Social Health Activist (ASHA), at the grassroots level. Advanced planning and preparedness to ensure their capacities to extend response are critical for countries to mitigate pandemics' impact. Considering the efforts to prevent the furtherance of COVID, the role played by them is pertinent to the researcher using qualitative research and, precisely case study undertook the current study to identify and obtain information on Promoting Community Resilience Through Community Organising. The study used an in-depth interview to collect data from ten Accredited Social Health Activist of Ellamkunnappuzha Panchayath, of Ernakulam district. The researcher has followed the thematic analysis in the study. It is being identified the health care workers who are deployed to gather primary data of infected patients and create awareness were undergoing social and psychological stress both at personal and employment levels. Their knowledge bank challenged them and their health vulnerability as they need to cope with lockdown stress in the home and work especially challenged to organise community awareness and preparedness programs to cope with COVID'19. Apart from this, they are challenged to be part of a multi-disciplinary team. Though they were able to manage the situation for a limited period, adequate training and community mobilising were absent among the participants, which can be addressed by the regular presence of community social workers at the panchayath level. Social workers' creative and constructive interventions can also be a catalyst for their positive personality and professional excellence.*

Keywords: Pandemic, Health workers, Resilience, Vulnerability, Kerala

¹ Research Scholar, Bharathiar University, Coimbatore – 641 020, Email: twincypaul03@gmail.com

² Assistant Professor, Department of Social Work, Sri Ramakrishna Mission Vidyalaya College of Arts and Science, Coimbatore – 641 020, Email: ajraman2010@gmail.com

Introduction

The pandemic made a drastic change in human beings' lifestyle and brought the high mortality rate from the viral infection and psychological rest and mental catastrophe to the rest of the world. The terrible and horrible word that the human being has ever seen in the past decades of a human individual's life. World Health Organization also declared the day as the new novel disease called Coronavirus; and announced it as a Public Health Emergency of International Concern (WHO, 2020). The raising agitates of the general public regarding widespread infection from disputable COVID'19 positive individuals has created a panic mode in the society. It has also led to consequential fear and anxiety, excessive, fear, and apprehension about the spread of infection, leading to acute stress, anxiety, depression in vulnerable individuals in the community. Moreover, the risk factors like prolonged periods of social isolation, fear of unemployment, economic loss due to lockdown, death of family members, and so on have been proposed to precipitate self-harm behaviours during this pandemic crisis. (swapnajeeth Saho, 2020).

The sudden role reversal from a healthcare provider to the COVID'19 confirmed or suspected patient potentially leads to a sense of frustration, helplessness, and adjustment challenges in healthcare professionals. Fear of labelling, stigmatisation, and discrimination potentially impede healthcare workers' intent to seek counselling and psychotherapeutic interventions. (Wei, 2020) These are the tough times, and adequate mental support will have to be provided to the frontline warriors. The most critical problems are stress and depression. The stress is mainly out of workload and in the current issue. They are dealing directly with people under surveillance are afraid that they might contract the virus. A detailed plan should be issued for those who are working in this field. (Kumar, 2020). Many health care workers are fighting against pandemic all over the world. The contribution by them to our society to protect the people from Coronavirus is remarkable. Immediate interventions are essential to enhance psychological resilience and strengthen the healthcare system's capacity (Bao, 2020). Providing timely and appropriately tailored mental health support through hotline teams, media, or multi-disciplinary teams, including mental health professionals, is also vital (Liang, 2020).

Many health care workers are under the threat of vulnerable conditions that elevate the risk for a severe infection or even death. So, the government and other organisations should ensure healthcare workers' safety and deploy away from the highest risk sites. Ensuring the care of family members of health care workers would enhance workforce confidence and availability, but

feasibility and advisability of family priorities are yet to be determined (Adams, 2020). Increased workload, physical exhaustion, inadequate personal equipment, nosocomial transmission, and the need to make an ethically difficult decision on rationing care may dramatically affect their physical and mental well-being. Their resilience can be further compromised by isolation and loss of social support risk or infections of friends and relatives and drastic, often unsettling changes in the ways of working. Therefore, healthcare workers especially vulnerable to mental health problems, including fear, anxiety, depression, and insomnia (Lung, 2009).

1. Accredited Social Health Activist (ASHA)

ASHA is a community health-worker instituted by the Government of India. They are the first bell to call for any health-related activities and demands of weaker and deprived society sections. National Health Mission (NHM) under the Ministry of Health and Family Welfare, Government of India in 2005 launched a new initiative in the healthcare hierarchy, to include ASHA workers under the aegis of NHM. Earlier studies have reported a gap between the Government health systems and the communities confusing their roles and responsibilities (Shet, 2018). ASHAs are an integral part of the institutional healthcare structure in India. Health care professionals have been mobilised in all states to tackle public health emergencies.

Moreover, given the rising number of cases, community-based healthcare workers have been deployed as the "first line of defence to manage the pandemic" called the interface between the community and the public health system (Jain, 2020). During this time disruption in primary health care, ASHA workers ensure continued care to everyone primarily, people, especially those aged above 60 and children below 10. The name ASHA itself explains, is living up to it, and serving the people during pandemics. They provide awareness about the use of masks and satirises, social distancing, maintain hygiene, etc. Moreover, the inflow of immigrants' from various parts of India has, however, increased the quantum of their work (Banerjee, 2020).

2. Contribution of ASHA workers During a Pandemic

The role of healthcare workers like doctors, nurses, ASHA workers, police, and other professionals made an eccentric contribution to hold the society in safe hands. The majority of the healthcare workers are women, who played a significant role during a pandemic. Health and social systems are also struggling to cope with the COVID'19 pandemic, making it difficult for women to receive health services in remote rural areas. Women comprise 70% of the global healthcare

workforce and, they hold only lower status roles, many of which are unpaid, for example, In India accredited social health activist (ASHA) community health workers are women. However, the government considers them to be honorary volunteers than employees. They receive only a low honorarium per day; moreover, they do not get any employment benefits such as leave or health insurance coverage (Miyamoto, 2020). In India, the government has suspended all non-critical services in rural communities so that the ASHA community health workers, who are all women, can redirect their efforts toward the pandemic. While this effort may be commendable as a public health response, it is troubling for the ASHA community health workers (Aswasthi, 2020).

The news reports across India and the world have been painstakingly broadcasting real-time data on the number of corona-virus cases that continue to rise. The government of India has been making efforts to contain its spread and prevent the loss of lives. However, one must also concede that the coronavirus pandemic has brought to the fore the otherwise hidden and customary struggles of the Accredited Social Activist (ASHA) works in the country. Likewise, it has also been instrumental in focusing on the limited support they get from an inflexible, stratified and, fragile public health system. Due to the dynamics associated with their job, they are playing multiple roles-of health care facilitators, health activists and, service providers by putting their lives at risk. (Menon, 2020) The ASHAs spent countless hours interviewing and often grilling people from abroad, and then cross-verifying the information from other sources. During this pandemic, the work of ASHAs has not been without jitters (Varma, 2020).

3. Objectives of the Study

- To identify methods and strategies applied to quip the Accredited Social Health Activist to counter pandemic through community organising.
- To study ASHA advanced in planning and preparedness to mitigate the effects of the pandemic in the community.
- To bring forth personal and professional challenges faced by ASHA.

4. Methods and Materials Used.

The researcher used qualitative research and precisely, a case study undertook the current study to identify and obtain information on Promoting Community Resilience through Community Organising. The study mainly focused on ten participants from Ellamkunnappuzha Panchayath, particularly Accredited Social Health Workers (ASHA) of the study area of Ernakulum district.

The researcher used the purposive sampling method for choosing the respondents. The data collected through telephonic conversation and verbatim recording used to collect data. The researcher followed the thematic analysis for the presentation of data collected from participants of the study. Secondary data was collected referring to secondary sources of data such as books, journals, reports, and other relevant documents related to the study.

5. Activities and Strategies Adapted During Covid'19 by ASHA Workers

1. The study respondents facilitate the people as role models by the motto of "break the chain" and sanitise now and then based on their training.
2. Provide special attention for the aged, treated as a vulnerable group of the pandemics, and gave special individual awareness through home visits.
3. As part of health service, the ASHA workers tried to produce the statistics and models that track how the disease progresses through our countries. The home visits or snowball or randomised approach also adopted to identify health status.
4. They initiated community resource mobilisation, one of the principles of community organisation. They were supplying food kits, health kits to people in dire need. Also mobilised and facilitate food and resources to the community kitchen. Moreover, people with poor access to the food supply are linked with the community kitchen.
5. They were reporting to higher officials at Panchayath, block and district levels to update the social and health situation of the service area they served using smartphones or telephonic conversations.
6. Considering everyone and examine what keeps people healthy (social and economic determinants of health). They promote healthy living, healthy environments and, healthy social policies balanced with appropriate social and psychological aids.
7. Tracking the travel history of the people of the concerned area is another difficult task. Because transparency of travel history is the best way to fight the coronavirus outbreak and gathered data should be more precise.
8. Constant awareness generation in the community coping with health status was challenging both personally and professionally, which requires regular travel at personal cost despite public transportation.
9. Continuous use of sanitisers and health preventives was challenging as people exposed to public places of high risk.

10. Provide awareness about the "Aarogya Setu" app for the people who are quarantined.

11. Regular communication with social workers and supervisors at higher levels.

6. Case Studies from the Study Area

The study is mainly focusing on the ASHA workers of Ellamkunnappuzha Panchayath, and all the respondents are aged above 45 years and have more than ten years of experience. They are getting training every year, but they are getting special training from the government through Panchayath and community health centres in natural calamities and pandemics. In this current drastic period, they got three training pieces about physical and social awareness from authorised departments.

Table No. 1: Socio-demographic Profile of the Respondents

SI No	Name	Age	Ward	Experience
1	Usha Babu	52	2	12 years
2	Ambily	48	22	11 years
3	Seena	56	9	12 years
4	Margeret	54	6	10 years
5	Leena	53	4	12 years
6	Muneera	51	8	12years
7	Sandhya	48	5	11 years
8	Elsy	48	3	10years
9	Jayanthi	47	7	12years
10	Usha	50	21	10years

7. Challenges of Healthcare workers During COVID'19

7.1 Physical hazards

As the lockdown declares, all humans, excluding healthcare workers, stay at home and do their responsibilities from home itself. Furthermore, all the health care workers are on struggling to work with their profession. ASHA workers, part of whose job is to go door-to-door and find about COVID'19 patients, try for help in the absence of protective gear attacks from anxious families. The lack of personal protective equipment for those workers on the frontline of the COVID'19 battle is remarkable. They do not have access to gloves and sanitisers.

In some cases, masks have been given, but they have not been replaced or torn and unusable. (Mandyam, 2020) ASHA workers are mainly devoted to working with the people who are in the quarantine waiting for the positive or negative result from the sample test. "We are frightened and dealing with the people who are quarantined because we are not confirmed about

the people who are affected or not" Coronavirus is zoonotic because it is first developed in animals before developing in humans. COVID'19 affects different people in different ways. People may carry the virus for two days to two weeks before they notice symptoms. The COVID'19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes. Once the virus develops, it can be transmitted from individual to individual through respiratory droplets, which means the wet stuff moves through the air when we cough, sneeze or talk. The majority of the people will show mild to moderate symptoms, and recover without any hospitalisation. "I am working in this field for more than five years, I am noticing many of our colleagues, and ourselves included struggling to absorb the enormous changes forced upon us over the last two months. To make a difference has been replaced by intense and overwhelmed fatigue". The virus is mainly affecting the respiratory system, and those who have respiratory problems may attack the virus immediately. "I have a puff for more than two years, and now a day the hectic scheduled works making me so tired and the symptoms of respiratory disease are very high". A plethora of ASHA workers are facing allergy problems due to climatic change. Most of them are so worried about their health, and while sneezing, they are more panicked.

7.2 Psychological problems

At the time of COVID'19 from head to toe professional workers, especially ASHA workers and doctors, face a range of psychological problems. Health care workers are suffering from a high level of stress not only from exhaustion and loss of life but also having to make painful, ethical decisions on patient care in the environment of constant Healthcare workers are suffering from elevated stress levels not only from exhaustion and loss of life but from also having to make painful, ethical decisions on patient care in an environment of constant shortages. (Miyamoto, 2020). It can significantly affect the mental health of health care workers who stand in the frontline of this crisis. "Every day, I am starting my work with fear and anxiety. Unfortunately, I am experiencing avoidance by my family members and community owing to stigma or fear". "The increasing number of the death rate among the world population and the widespread virus among individuals creates mental distress among the majority of our colleagues. Even I am not getting proper sleep for the past two months due to the working environment. If one is affected by the virus, the anxiety of spreading the disease is craving me every day". A considerable proportion of health workers experience mood and sleep disturbances during this outbreak, stressing the need to establish ways to mitigate mental health risks and adjust interventions under pandemic conditions.

7.3 Social issues

The leading role of ASHA workers is to work with family and community. "Past two months, we are leaving from our home by 9.00 am and back by around 3 pm. Till that time, I do not drink water even in the scorching heat. Furth more, there are no common washrooms for the basic needs. The estrangement of society is unendurable". The pandemic is riding on a strong social media network that has reached even the most remote areas. The flood of information about COVID'19 generated and circulated through social media has reached these areas primarily through mobile phones. The inaccurate, fake, and sensationalised information results in myths, fears, and stigma in many communities. The social stigma and social distancing kept away from performing duty because people are looking at us as the 'vectors of diseases.' Moreover, the public exposures demand public distancing that brings inertia in relating to people.

7.4 Family issues

Caretaking responsibilities are also added stressors for healthcare workers. In dual-parent households, school and day-care closures and sick family members force couples to choose who stays home as the unpaid caregiver. However, the burden for unpaid care tends to fall on women, which is, especially problematic in single-parent households headed by women. Workers have been on the job all day irrespective of day and night. They have little time to spend with their family members, especially children, in the absence of day-care and school. "I received a call from my neighbour reporting about the arrival of someone near to them from abroad or other cities. During these days I have no time to move from anywhere without a mobile phone. Our eyes and ears are always should ready to take necessary steps against COVID'19". Considering our role as frontline responders, and societal role as parents, spouses, and offspring, ASHA workers are victimising many challenges as parenting stress. "In my home, I have my grandfather and three-year-old kid, those who are in the face of danger. While dealing with them, I am very much terrified and anxious".

7.5 Economic issues

The ASHA workers are receiving an honorarium of rupees 2000-3000 per month, and in the coronavirus pandemic period, the government is providing an additional 1000/-. The value of an ASHA worker's life is rupees 33 per day. Their daily target is to survey and provide preventive measures to 25-30 families, which means they are paid 1 approximately 1 rupee per house. The fact is that ASHA workers are working head to toe to manage Coronavirus in India's urban and

rural areas. "The fact is that majority of us in Kerala are overburdened with work, and to be frank, there is not a single moment of peace in our life. In every single second, I am vigilant about the gathering of information from the respective people. The naked fact is that we are receiving only a paltry remuneration for our work, which is not enough for our basic amenities." ASHA workers are conducting various awareness creation classes to address preventive measures and provide society's psychosocial needs. In those days, unexpected expenses for travel, communication, health, and safety equipment are not affordable by most of us in the unavailability of the resources in this crucial period.

8. Discussion

The study was conducted among ten respondents. The entire respondents are females under the age of 50. The study is conducted at Ellamkunnappuzha panchayath, situated in the Arabian Sea coastal areas. From the study, it is clear that all the ASHA workers are under the threat of COVID'19. They are beginning their work with fear and anxiety. Most of them are struggling with physical, psychological, social, family, and economic issues. Apart from that majority of the respondents had not received any equipment like gloves, masks, or sanitiser. The virus is rapidly from one person to another. If one is affected, there is a chance of spreading the virus all over the world. So the government should be responsible for protecting the entire health care system. COVID'19 has imposed mandatory lockdown in many countries, including India. The pandemic has exposed vulnerabilities and made challenges globally.

Moreover, the effects are severely faced by women and children. To combat the situation and make the home a safe zone, the government should take appropriate action and services to provide immediate relief to the vulnerable group. (Nigam, 2020). To mitigate these healthcare workers' problems, the government should facilitate them with proper training and different strategic methods by promoting community resilience through community organising.

9. Recommendations

Empowering people and communities is a core component of primary healthcare. This is especially true in rural areas where educating the community needs strong connections on the ground. Health teams will benefit from drawing on community members such as ASHA workers and Panchayath representatives, orienting the community about the disease and allay their fears. Advanced planning and preparedness to ensure their capacities to extend response are critical for

countries to mitigate the risk and impact.

Conclusion

ASHA becomes an inevitable component in providing primary health care to the village level by creating awareness on health and its social determinants. They have mobilised the community towards local health planning that increased utilisation of primary health care and thus placed the health in the people's hands. During COVID'19, they are striving a lot to bring the community on a safe and secure path. The government should take the initiative to protect the life of healthcare workers during pandemics. There is something much more significant about our society's fixation on frontline healthcare and medical approaches to disease management. Social workers' creative and constructive interventions can also be a catalyst for their positive personality and professional excellence.

Reference

- Aswasthi, P. (2020). *The life of ASHA workers in the time of COVID'19*. India: The Week.
- Banerjee, R. (2020). *How ASHA Workers Spread "Hope" In India Amid Covid-10 Pandemic*. New Delhi: Outlook Poshan.
- JAIN, D. (2020, April 2). Outlook. *Time To Bring Some Hope To ASHA Workers Fighting Coronavirus At Frontline*.
- James G. Adams, R. M. (2020). Supporting the Health Care Workforce During the COVID'19 Global Epidemic. *JAMA*, 1439-1440.
- Kumar, D. V. (2020). *Stress, anxiety and burnout take a toll on medical workers in India*. Thiruvananthapuram: The New Indian Express.
- Liang, C. (2020). Mental health care for medical staff in China during the COVID'19 outbreak. *The Lancet Psychiatry*, 15-16.
- Lung, F. (2009). Mental symptoms in different health professionals during the SARS attack: A follow-UPB study. *Psychiatr Q*, 107-116.
- Mandyam, I. M. (2020). *No masks, No Santisers for Community health workers*. Mumbai: Times of India.
- Menon, R. B. (2020). ASHHA WORKERS ARE INDISPENSABLE.SO WHY ARE THEY THE LAST OF OUR CONCERN? *The WIRE*.
- Miyamoto, D. I. (2020). COVID'19 HEALTHCARE WORKERS: *Security Nexus*.
- Nigam, S. (2020). COVID'19, Lockdown and Violence against Women in Homes. *SSRN*, 10.
- Organisation, W. H. (2020). *Mental Health and Psychosocial considerations during the COVID'19 outbreak*.
- SanjayV, M. A. (2014). Strengthening Primary Health Care Through ASHA workers: a novel approach in India. *Primary Health Care: Open Access*, 1-4.
- swapnajeeth Saho, Sr. (2020, April 16). Self-harm and COVID'19 Pandemic: An emerging concern – A report of 2 cases from India. *Asian Journal of Psychiatry*, 46-48.
- Swathi Shet, K. S. (2018). A Study on assessment of ASHA's work profile in the context of Karnataka, India. *Clinical Epidemiology and Global Health*, 143-147.

- Unhale, S. S. (2020). A REVIEW OF CORONA VIRUS (COVID'19). *World Journal of Pharmaceutical and Life Sciences*, 109-115.
- Varma, V. (2020). *COVID'19 STORIES OF STRENGTH*. Kochi: The Indian Express.
- Wei, Z. (2020). *Mental Health and a Novel Coronavirus*. China: Aff.Disord.
- WHO. (2020). *Novel coronavirus situation*. Geneva, Switzerland: WHO.
- Y. Bao, Y. S. (2020). epidemic address mental health care to empower society. *Lancet*, 37-38.