Regularisation of ASHAs

Only one gap to be bridged for united action

Kavita Bhatia
Scholar and activist. Email: kavbha@ashavani.org

The Second National Workshop on Informalisation of Employment in the Health Sector organized by the Public Services International (PSI), Jan Swasthya Abhiyan (JSA) and United Nurses Union (UNA) took place in Trivandrum on November 11-12 November 2016. A brief commentary on a particular resolution passed at the meeting.

These were the resolutions of the first National Workshop on Informalisation of Employment in the Health Sector held in New Delhi, 22-23 April, 2016:

> "The participants to the meeting decided on the following concrete outcomes: ☐ Trade union alliance: Create a working group on contract work in public and private hospitals; ☐ Social alliance: Develop a memorandum and signature campaign highlighting the link between informalisation of employment of the health workforce, weakening of public health institutions and weakening of the health system; ☐ National coo Take concrete steps towards a national coordination of health sector unions."

A second resolution was "to develop a memorandum and signature campaign." This note addresses this issue.

I recently attempted to get support from members of the social sector working in public health, for my statement in favor of the regularisation of contract workers in the National Health Mission and Asha volunteers (attached). After several discussions, on two separate forums, including one forum where the proposed statement went through three drafts, I failed to get support. Ultimately I went ahead and submitted the original proposed statement as an individual. It was also published.

There are lessons to be learnt from these discussions for all interested in the regularisation of the working conditions of Ashas. The discussants are an informed section of the social sector, therefore their perspectives must be respected.

The first part of my statement demanded the regularisation of all NHM workers including doctors, nurses and technicians. Not a single comment was made about this by the discussants. The entire discussion was about the second part of my statement, demanding the regularisation of Ashas.

There was immense concern for the rights of Ashas among these discussants, and excellent suggestions were made for their payments, social security, safety and growth by the discussants.

At the same time, several conditions were also proposed for regularisation of Ashas. There was an emphasis that regularisation must be linked with the performance of the Asha in her tasks and responsibilities. In addition, Regular/refresher training programs, good supervision and regular monitoring were all linked with the regularisation of Ashas. However, not a single discussant proposed that the regularisation of full time NHM workers like doctors should be linked to their performance, training, monitoring etc.

There was a strong perception among many discussants, that making Ashas government employees could affect their performance negatively. Some of the fears according to the discussants, were that Ashas can become complacent compromising on their performance, their role can get restricted, and they can lose the potential to do activism. There were also apprehensions about increasing the financial burden on the government by increasing 9 lakh more government employees.

I see myself as a member of the social sector. And I believe that the rights of Ashas must be ensured first. Improvements should come next. I believe that the regularisation of Ashas should not be connected to their performance because the Ashas will not drop but will improve their performance after regularisation as they will have job security. I believe that the cost to the government is one that is easily afforded, but the cost to the healthcare of the nation if Ashas drop out is higher. However my beliefs were shared by few in the discussion. We were in the minority among our peers.

This is the gap to be bridged between the social sector and the trade unions, if they wish to unite for the rights of Ashas.

Those from the social sector, who hold similar views as the discussants, could remind themselves of the pre-existent lowermost position of Ashas within the health hierarchy. This powerlessness is enhanced due to the lack of complete ownership by all stakeholders namely the government, the community and even sections of the social sector. They could re-sensitise themselves to the gender bias that devalues the work of women and consider why such pre conditions are laid only for Ashas.

Trade unions on the other hand, could explore the concerns of many in the social sector regarding the performance and accountability of Ashas and address them publicly. They could reconsider whether this is appeasement, or a show of strength. Any weaknesses of Ashas with regards to performance, could be accepted and measures to address them, could be considered in conjunction with the social sector. Trade unions have a reach that the social sector can only aspire for, and this can be used to the best interest of the Ashas.

If the social sector and trade unions are ever to come together for the rights of the Ashas then there is a bridge that must be constructed between these two perspectives: “Rights are conditional” versus “Rights are non-negotiable”.