Role and Experiences of Asha's in Containing Super-Spread: A Study of Poonthura Village During Covid-19

Dency Mary Reji[1*], Jesintha Joseph[1], Francina P X[2], Angelo P Mathew[3]

[1] Loyola College of Social Sciences, Thiruvananthapuram.

[2] Department of Social Work, Loyola College of Social Sciences, Thiruvananthapuram.

[3] Department of Personnel Management, Loyola College of Social Sciences, Thiruvananthapuram

E-mail: *dencyreji24@gmail.com

Abstract: *During the COVID-19 pandemic, active frontline workers' contribution and efforts amidst high risk helped Kerala, the state detected first covid-19 patient in India, take adequate measures and gain acclaim as a model against the pandemic all over the world (Andrews, 2020). The duties of the health workers multiplied in the regions of high-test positivity rate as well as population density. ASHA workers, has come to the rescue of state government to carry out community level activities such as tracking positive cases, identifying symptomatic cases, monitoring people with travel history and a host of pandemic management protocol based standard operating procedures to be administered. Poonthura in Thiruvananthapuram district is one of the tightly-clustered localities home to low-income families. Located in the coastal region of Kerala's capital city witnessed a 'super-spread' of 200 cases in the month of July 2020 due to the reported resilience in complying with social distancing norms. This paper explores the major activities done by the ASHA workers during the pandemic, the challenges faced and the coping strategies against the covid-19 crisis. The cases were identified based on findings of the pilot study conducted in different coastal villages of Thiruvananthapuram district. It was found that community engagement through field work; telephone calls to the affected; house visits and prompt reporting to the authorities were the crucial duties performed by ASHA workers. Amidst several physical, psychosocial and social challenges, with the help of the authority, they could handle the situation in a proper manner. Such preventive and action-based strategies are encapsulated in the current research.*

Key Words: *COVID-19, ASHA Workers, Experience, Challenges, Coping Strategies.*

1. Introduction

A transformative change in India's health system came with the introduction of Accredited Social Health Activists (ASHA) in 2005 under the National Rural Health Mission (NRHM). ASHA workers are women aged 25-45 years, selected from among the residents of a village, who act as the first point of contact between the community and the health system. They receive training and are responsible for referral and escort services for reproductive and child health, promoting universal immunization, nutrition and health education of the communities, and mobilizing communities for health planning, among other roles. The Economic Survey of India 2020-22 recognizes the contributions of ASHA workers as they play a key role in the country's response for prevention and management of the COVID-19. During the pandemic, in addition to performing tasks related to COVID-19, they also continued to support community members for accessing essential health services such as anti-natal care, immunization, safe delivery and treatment adherence for chronic illnesses. (Johns Hopkins School of Public Health, 2021)

The COVID-19 pandemic disrupted health services throughout the world. With its early and stringent lockdown, India was no exception. Reproductive, maternal, neonatal, child and adolescent health (RMNCHA) services were among that were affected by the lockdown and subsequent restrictions on access and delivery of healthcare services. During this time, India's almost million-strong force of ASHA workers kept the health system running even as other modes of health services became physically and financially inaccessible. ASHA workers not only performed their usual mandate but also undertook additional responsibilities including surveillance, contact tracing, awareness generation, and referrals for COVID-19 diagnostics and treatment. However, at the same time, we also saw large scale protests by the ASHA workers, demanding access to adequate personal protective equipment (PPE) and protection from resistance, often violent, from communities living under the apprehension of COVID-19. This was compounded by delays in receiving their pay, which was often inadequate and unreliable due to its incentive-based nature. (Johns Hopkins School of Public Health, 2021).

Kerala, a small state in South India, has been celebrated as a development model by scholars across the world for its exemplary achievements in human development and poverty reduction despite relatively low GDP growth. But

as it turned out, this celebration was premature as Kerala soon faced a third wave of covid-19 infections. (Chathukulam, 2021). On July 17, the Kerala government admitted that community transmission of Covid-19 had occurred in the coastal hamlets of Poonthura and Pulluvila in Thiruvananthapuram. It was the first time a state government in India officially admitted that community transmission of Covid-19 has taken place. The total number of covid-19 cases surged from 6166 on July 8, 2020 to 16,995 on July 24, 2020. (Tharamangalam, 2021). The coastal circle of Poonthura comprising three wards has become the biggest Covid cluster in the district with over 70 people testing positive for coronavirus within seven days. ASHA workers faced several challenges during the protest of people at Poonthura during the lockdown. Also many health workers and ASHA workers were tested positive during covid-19 fieldwork. (Kumar, 2020)

2. Review of Literature

2.1 Accredited Social Health Activists

Community health workers (CHWs) are a powerful force for promoting healthy behaviors and extending the reach of health systems around the world (Perry, 2014). Under the National Rural Health Mission (NRHM), the concept of trained female community health activist or Accredited Social Health Activist (ASHA) has been introduced to all villages of the country who acts as an interface between the community and the public health system. They are selected from the village itself (one for 1000 population), preferably in the age group of 25–45 years with minimum formal education of 8 years. ASHAs responsibilities range from health education to detection of diseased cases and referral to higher health facilities (Guha, 2018).

The success of NRHM largely depends on ASHAs' performance as they are considered as the grass root level workers. Hence, for effective service delivery ASHAs need to have a sound awareness and perception about their roles and responsibilities (Guha, 2018). About 69 per cent of the country's population lives in rural areas which comprise almost three-quarters of the population. However, in these areas, utilization of basic health services has remained poor though there has been an increase in the public expenditure on the provision of primary health care. To meet this challenge, a new band of community-based functionaries, named as accredited social health activist (ASHA) was proposed under national rural health mission (NRHM), an ambitious initiative of the central government of India, to fulfill its promise

on inclusive growth. ASHA has the pivotal role to play in the whole design and strategy of this mission. She acts as a link between the community and the rural health system. (Bhanderi, 2018)

2.3 Coronavirus Disease 2019 (COVID-19)

Corona Virus Disease 2019 (COVID-19) is an RNA virus, with a typical crown-like appearance under an electron microscope due to the presence of glycoprotein spikes on its envelope. In November 2019, an outbreak of coronaviruses (CoVs) with severe acute respiratory syndrome (SARS)-CoV started in the Chinese province of Guangdong and again, in September 2012 the Middle East respiratory syndrome (MERS)-Co V appeared. (Gennaro, 2020). Italy was the first Western country to experience the COVID-19 emergency with a spiral of infections and deaths placing the country at the top of the international rankings, overtaking China on 19th March 2020 (Berardi, 2020).

India went under four phases of lockdown extensions and entered its fifth phase on 8 June, where regions deemed safe, called "green zones," will have more liberty in movements and business operations, whereas danger "red" zones will continue strict travel and trade restrictions. (Siddiqui, 2020).

2.4 Role of ASHA workers during COVID-19 pandemic.

According to a survey conducted among ASHA workers, just 23 per cent workers have received hazmat or bodysuits. ASHAs are working at the grassroots level and meeting several people every day, many of whom could be Covid infected. This puts them at a heightened risk of contracting the disease (Raina, 2020). Kerala was the first state in India to have a Covid-19 positive case. The state had formed a response team even before this occurred and was prepared. This preparedness has helped Kerala in flattening the curve. Even though the number of cases has spiked recently with the influx of expatriates, Kerala has effectively managed to trace, quarantine, test, isolate, and treat as was necessary (Jayakumar, 2020).

An ASHA worker along with a neighbor was put in charge of every home where a person is supposed to be in quarantine. As referred to in the conceptual framework, ASHA workers also make up a part of the community participation. These persons successfully informed the police if anyone defied the quarantine rules. ASHAs and health inspectors carried out household surveys. Additional incentives were provided for the ASHA workers for

their help in Covid-19 management activities (Jayakumar, 2020). ASHAs are involved in conducting house-to-house visits, reporting symptomatic cases, carrying out contact tracing, maintaining documentation, monitoring the situation and creating awareness about COVID-19 in the community Bajpai gives a list of roles of ASHA workers that include - community awareness through inter-personal communication, support ANM/Supervisor in house to house surveillance including (a) Identification of High Risk Group (HRG) and probable cases (b) Ensure uptake of medical services in urban and rural areas and (c) Psychosocial care, stigma and discrimination; Reporting and feedback across different phases of COVID-19 pandemic (no cases, imported/ sporadic cases, clusters and community wide transmission); Personal Safety and Precautions (Bajpai, 2020).

3. Significance of the Study

The researchers earmark to communicate the need to understand the experience of ASHA workers during Covid-19 pandemic in Poonthura village. ASHA workers played a pivotal role in prevention and protection of ordinary people of the village from the widespread. Apart from the work responsibilities, they looked forward to the emotions of each individual of the village. Though they were well appreciated for their efforts as a whole, there were many whose efforts weren't appreciated enough. Each health activist of three wards of Poonthura village had different reasons to record.

Also, Poonthura village holds a population density of 4930 people per km², where the houses are built congested and social distancing and quarantine facilities were not even possible. Besides, the fishing village depends upon their daily wages for the survival, thus people were restless with lockdown initiated by the government. In such a condition, ASHAs faced lot of challenges and problems with their fieldwork. Nevertheless, they managed to solve and cop up with difficult situations with the help of real action at the right time. The findings from a study conducted in a particular area can be different compared to another due to the distinct population, culture and practice. The research communicates the evaluation of the activities by ASHAs, so that they can be referred for future purpose. In addition, it realizes the importance of taking individual decisions rather than a common rule depending upon the characteristics of the community.

4. Statement of The Problem

During the pandemic, ASHAs were one of the crucial intermediaries between people and authority. If the problems and challenges of the group are not addressed, the result of the tasks accomplished may not be reflected properly.

In a country of diversity, each area has unique cultures and customs, where a whole centered study approach may not be possible to collect accurate data. Even though different studies are available about ASHA workers of various regions, the findings are dissimilar to those places with distinct population, culture and practice. Since Poonthura is a coastal village and most of the people depend upon fishing for their survival, government-initiated lockdown affects their life. Also, social distancing in thickly populated surroundings is beyond their imagination. The study addressed how ASHA workers managed a dense population to follow the covid-19 rules and utilized resources for Covid testing and quarantine facilities.

On July 9, Kerala confirmed its first "Covid 19 super spreader" incident in the coastal village of Poonthura and Pulluvila in Thiruvananthapuram, the capital of Kerala. In Poonthura and Pulluvila, people blocked vehicles of police and attacked health workers. The residents in Poonthura and Pulluvila alleged that due to stringent lockdown measures they were not even allowed to venture out of their house to buy essential items from shops nearby. The residents complained that no shops in their vicinity were allowed to open and the men in uniform allegedly went around threatening and using bad words against the fishermen coming out of their homes. In addition to that a team of 25 commandoes were deployed in Poonthura coastal village as the Covid 19 infections continued to surge. Such stringent measure didn't go down well with the coastal villagers. The presence of commandoes in uniform provoked the resistance among fisher folk (Chathukulam, 2021). During such a difficult condition, Poonthura village was under control within a span of period. This was only possible with the help of the managing authority including ASHA workers. There was no detailed study of ASHAs especially of a coastal village dealing with a pandemic. Addressing several situations can help in future references to forecast adequate services.

5. Methodology

This research is qualitative in nature and follows a descriptive case study design. Data collection was done through in-depth semi structured interviews. A purposive selection of cases was used, where the researchers made a critical study by gathering data from all the ASHA workers of all the three wards of the Poonthura village. Ethical concerns were taken into account and formal consents gathered from the ASHA workers of the village under study. The research aimed to gain an in-depth understanding of the experiences

of ASHA workers during the Covid-19 pandemic in Poonthura village which was a case of super-spread. The specific research questions included the roles of ASHA workers during the time of Covid-19 pandemic in Poonthura village, the physical, psychological and social challenges faced and the coping strategies adopted by them.

6. Case Studies

Case 1

Mrs. X, 48 years old ASHA worker of Poonthura village, belongs to a middle class family and was an active member during the COVID-19 pandemic. Her ward is one of the most affected and their conditions were much worsened during a period of time. X was an ASHA worker in Poonthura for 10 years and she holds a better rapport with the people in the ward. X comes under a BPL family and her job was one of her family's main income. Her husband is a fisherman and she has two children. Due to complete lockdown, her family went financially weak and everyone depended on her source of income. At the same time her family was so tensed about the risk behind her work. X used to be anxious about her family condition during her absence due to continuous fieldwork.

Even during the hurdles, she managed to do regular house visits and follow ups. When there was a massive spread, the things were going out of control for X, where people stepped out due to lack of money in their hand, covid-positive patients' broken rules because of lack of space in the house and awareness was the least. Most of the times, she used to walk kilometers to stick notice at the houses of covid patients and quarantined houses by wearing the personal protective equipment (PPE) kit. Gradually a small part of the society started realizing the hard work of the ASHA workers and started supporting them. But the other part of the society was reluctant to the work of ASHA workers, where they were not even following their instructions.

Case 2

Mrs. Y is a 28 years old married woman, working as an ASHA worker in Poonthura ward, consisting of 1200 houses and 75000 population. She was the youngest ASHA worker among the group and was quite afraid to get engaged in activities due to the risk behind it. She got the job when her mother, who was an ASHA worker, got passed away. She had a one year old baby and her whole family was unwilling to leave her for the work. She belongs to BPL category and had lot of financial responsibilities. Her husband

works in Dubai and his job was in trouble due to covid-19 lockdown. She was emotionally exhausted and the work pressure constantly affected her activities.

Even though, Y was new to the job, the covid fieldwork helped her to improve her skills in community engagement. It was not an easy task for Y to shift residents to quarantine centers, where they used to hide symptoms and showed resistance. Apart from the quarantine facilities, community kitchens were set up to prepare food kits for the people in isolation and most of the time Y used to be a part of it. Covid positive pregnant women were given special care at Poojapura Ayurvedha Hospital. There were many challenges and issues, faced by Y during the pandemic. As a young woman, many ignored her words. The relatives and bystanders of patients were restless due to the stress they were facing. Due to the continuous fieldwork and direct interaction with the patients, Y tested positive, which gradually spread to her family members including her child. She went to complete isolation with her affected family members and tried to contact those who had primary contact with her. Later, a slight decrease in the number of covid-19 patients was visible, which was a relief for Y and her family.

Case 3

Mrs. Z was a 46 year old ASHA worker from another ward in Poonthura village comprising of 2500 houses and a population of more than 21000. She lives with her husband's family along with her two kids. She had an experience of 10 years and her family used to support her job. The covid duty was initially handled by Z, since the first covid patient in Poonthura village was detected in her ward and the whole family faced a lot of stigma from the public. Z used to hear lot of yelling and criticism from the people, and her husband was so angry seeing people shouting at his wife. Also, she was constantly affected by the thoughts of her children's education and online classes.

Z also had physical problems since she used to wear the PPE kit from morning to night without taking food and water. She doesn't change the PPE kit in the middle of the day because there is a possibility of spreading the pandemic. It was the first time for Z, where she used to do such major duties during her career. Z used to provide emotional assistance for family members of covid victims to respect their sentiments. The body will be buried with the safety rules and only close relatives can attend the rituals. Handling the emotional problems of the family members was a task for her.

Z gave special attention to those who had other serious health issues including heart and kidney problems. With the help of proper reports, fieldwork assessment, evaluation of test reports and quarantine centers most of the issues were being handled in the community.

7. Discussion and Analysis

7.1 Major Activities

ASHA workers were one of the crucial intermediaries between health administration system of government and general public during the pandemic. Their major duties comprised of house visits and community engagement that resulted in an enfold control of the widespread of coronavirus diseases. From identifying persons with symptoms to grief support services for the relatives of covid victims, ASHA workers carried out several major duties, which are summarized below.

Table 1: Major Activities of ASHA Workers

Major Activities	
House Visits	**Community Engagement**
Direct house visits include	**Allotting quarantine facilities and testing Centers**
• Follow up with different patients, bed ridden, old aged, pregnant women, pensioners etc. • Direct awareness/education about the risk behind pandemic and collection of information about the people under risk. • Followed usual duties of ASHAs including welfare of pregnant women. • Ensuring welfare of children and pregnant women • Assistance for students learning in online classes.	• Allotting isolation facilities for risk groups • Finding the right place for testing centers. • Identifying persons with symptoms and bringing them for testing. **Community Kitchen and Distribution of essentials** • Setting up community kitchen and distributing food to the needy people with the help of volunteers • Delivering medicines and essentials to patients • Distributing masks and sanitizers. **Emotional assistance and awareness** • Emotional support to people in quarantine • Providing aid for bystanders of covid positive patients • Grief support services to the relatives of covid victims.

Source: Primary Data

Major activities of ASHA workers ranged from direct house visits to community engagement. As shown in the table, they had several duties to perform during covid-19 pandemic.

Z recalls "*We went to each house and noted the names of people at risk, including bed ridden patients, pensioners, pregnant women and persons with serious health problems and so on. We did an overall assessment of the scenario to have a further plan. We made reports based on our visits as evidence."*

X states: *Since we have an idea about the geographical area of the community, were given the task of identifying buildings suitable for the testing centers. This multiplied our burden of duties, where we have to convince people in the nearby area of the testing centers about the safety measures."*

ASHAs were found to be the only community health workers who had direct contact with the public.

7.2 Social Experiences

Social experiences depend upon the outside factors that affect the individual, which includes the environment living in, family, government and so on. Here ASHA workers had both positive and negative experiences from these societal factors which are listed in table 2.

Table 2: Social Experiences of ASHA Workers

Social Experiences	
Responses and Attitude of Public and Government	
Positives	**Negatives**
Inclination	Ignoring covid protocols by people
Continuous supervision from the side of Government	Management of superstitious beliefs of public
Improved experience in Community Engagement	Lack of education of people about the risk behind the pandemic
Positive role play initiated during the pandemic	Lack of family support and motivation

Source: Primary Data

All the three cases had several experiences with regard to their fieldwork duties and responsibilities. Nonetheless their experiences as ASHA workers of a coastal village are quite similar. ASHA workers had both positive and negative experiences during their work in the village.

Y says *"One of the major problems of the ward / locality is the lack of education and awareness. Even though we gave them an overview about the issue, they are not capable of understanding the seriousness of the scenario."*

Z and other fellow mates were not given a proper consideration by the public, where they used to shout at the ASHA workers whenever they visit them. They never complained about the attitude of the people towards them other than helping them.

Even though, there were negatives, many of the people supported and motivated ASHAs for their work done. ASHA workers were regularly available by ensuring needs of people including women and children. With the Covid duties, they handled their usual responsibilities with pregnant women and children. Also, they provided adequate services for those who tested Covid positive especially among pregnant women. Therefore, many were thankful to the health activists. The government also announced an enhancement of honorarium for the health workers especially who worked during Covid pandemic. They also reported to have improved their level of experience on Community management.

7.3 Psychological Experiences

As a human being, each and every person has his or her own mental and emotional strength to handle particular situations. All these psychosocial factors are directly or indirectly connected to each other as social beings. Here, certain personal and general factors that affected the feelings and emotions of ASHA workers during the pandemic are summarized.

Table 3: The Psychological Experiences of ASHA Workers

Psychological Experiences		
Personal Factors		**General factors**
Positives	**Negatives**	
Happiness in doing something for the society	Fear and anxiety about the health of self, family and public	Ignorance and disregard from the public
Proud feeling	Feeling of helplessness	Lack of consideration appreciation from both Government and People

Source: Primary Data

Fear and anxiety was common among the three ASHA workers about their personal life. Fear of getting sick and spreading to family including children was the initial fear among them.

Y says *"I was not even aware of my health problems, but I constantly got disturbed due to the condition of my family members and people at my ward."*

Due to the rising numbers of covid patients, the ASHAs were quite nervous about their self and family. In one of the cases, family tested covid positive from ASHAs due to fieldwork.

Z says: "*At the beginning itself, I was the only one who went through such an emotional breakdown, but I felt that I can overcome this pressure slowly… I have managed to make my family understand and took special care of my family as one of the family members tested positive. There were minor ways of accusing in the beginning, but later the family supported and stood with me".*

There were many reasons for the emotional breakdown of the group. In between, they felt helpless without any particular reasons. All they wanted was a feeling of being supported and motivated by the people and authority which was absent.

Apart from the social and psychological factors, there are certain physical and mobility reasons that contribute to the overall experiences of ASHA workers. The physical factors including headache, body pain due to continuous fieldwork and lack of transportation facilities and miles of walking for house visits.

7.4 Challenges Faced by ASHA Workers

Every job has its own hardships and commitments. Due to the continuous fieldwork, ASHA workers faced several problems including physical, mental and social challenges. All these factors are directly connected to each other. Table **(e)** listed several major problems that faced by ASHA workers.

Table 4: Challenges faced by ASHA workers

Physical Challenges	Mental Challenges	Social Challenges
Body aches	Nervousness	Anxiety among families
Body rashes	Feeling of	Lack of family support
Feeling of tiredness	worthlessness	Negligence and Ignorance of society
Constant headache	and unhappiness.	Lack of people's willingness to follow guidelines
Muscle pain	Emotional breakdown	Personal and work crisis

Source: Primary Data

Every job has its own hardships and commitments. Due to the continuous fieldwork, ASHA workers faced several problems including physical, mental and social challenges.

Z says: *"At the end of the day, we had severe body aches and tiredness, since we skip food and water for the whole day due to PPE kit"*

Y says: "*I remember a day when I cried in front of a group of people when I felt incapable. At that day I promised myself to be logical than getting emotional."*

X recalled: "*Initially we were quite nervous about the condition, but we ourselves got motivated because we are the one to support our people in the community. It was not that easy to manage every one, since the place is densely populated. "*

7.5 Coping Strategies

An individual is capable on developing coping methods against any kind of crisis. Here, even during the pandemic condition, Social Health Activists never failed in solving their issues both logically and emotionally. This was not a sudden process; they took time and patience to develop these strategies.

Table 7.5: Coping strategies adopted by ASHA workers

Action Focused Coping	Emotion Focused Coping
Daily Reporting Daily status of the village Number of covid patients House visits and Casework Community engagement Quarantine facilities Special care and attention to risk group Awareness and distribution of masks and Sanitizers Other Coping strategies to be deployed Locating testing centers and isolation wards. Support from Police officials and government.	• Self motivation and positive thinking • Carrying hope and avoiding negativity • Coping with stress • Group sessions with other ASHAs • Reporting and availing help from authorities • Convincing family and relatives about the safety measures.

Source: Primary Data

ASHAs never skipped reporting authorities about the daily status of Poonthura village, which led to an easier evaluation process.

X, Y and Z were very strict with their fieldwork, where they managed to visit each house with maximum precautions and tried to give awareness by distributing sanitizers and masks to the people.

The ASHA workers concentrated on both actions based and emotion-based strategies during the time. They have to manage a large population; therefore, they also sought help from government officials and local volunteers.

8.1 The Major Experiences

As an outcome of the study, following are the experiences of ASHA workers. The experiences of all respondents depended on their social, psychological

and certain other factors including physical amenities and mobility factors. All these factors are connected to each other both directly and indirectly. Social factors mainly depended upon the responses and attitude of public and government towards the activities of ASHA workers. The positive experiences comprise of upliftment of ASHAs and continuous supervision and favorable responses from the side of government. The ASHAs could improve their level of experience in community engagement and initiated a role play in the community during the pandemic. The negligence of public towards covid protocols, superstitious beliefs of old aged and lack of family support multiplied their challenges and marked a negative experience during the pandemic. There was a proud feeling and happiness for ASHAs when the numbers of covid patients went declined. They also felt worthless and angry when people ignored and showed disrespect to them. ASHAs played major roles through house visits and community engagement during covid-19 pandemic. They had irreplaceable role in the community during covid-19 pandemic. Through direct house visits, health activists done a continuous follow up with covid patients and persons in risk with all the safety precautions. They gave special attention to different patients, bed ridden, pregnant women, pensioners etc. During the house visits, they monitored the activities of people especially children and ensured they are active and can follow online classes without any difficulties.They prepared route maps and primary contacts of covid positive patients to prepare list of persons in quarantine. Along with this, they carried out the usual duties of ASHA workers. Through community engagement, they were able to allot quarantining and testing centers in the community. They took persons who showed symptoms to testing centers. As part of lockdown, they were in charge of community kitchens and distribution of food to the people in need. This includes delivery of medicines, masks and sanitizers. Apart from the above, grief support services were given to the relatives of covid victims. The day to day reports are sent to supervisors and respective authorities for further evaluation and planning. Physical challenges consisted of body pains, body rashes due to wearing of PPE kit and walking for miles in the village, as well as constant feeling of tiredness and muscles pain. There are times when the health activists faced emotional breakdown, where they used to feel nervous and angry when they see no results of their work. Sometimes they were in a state of feeling of worthlessness. When comes to social challenges, lack of family support, risk for family members falling ill, negligence of covid protocols by public, disrespect

and ignorance from the side of villagers were common problems faced by ASHA workers. Action focused methods comprises of daily reporting of activities to authorities, so that up to date actions are taken place. They were regular in-house visits and fieldwork so that they could manage quarantining facilities, testing centers, follow up activities with special group including pensioners, bed ridden, pregnant women, children and so on. Besides, they requested support from the side of police officials in following covid protocols in the village. As part of emotion focused coping, they motivated and encouraged themselves to do well for the community. Most of the time, they served community as part of their attitude towards helping others. The ASHAs formed group sessions to discuss their concerns in group which was a greater relief for them. The supervisors also joined with them.

8.2 Suggestions

The government may provide a special training to ASHA workers on disaster management or pandemic control protocols based on the locality they live in. Even though there was a slight increase in honorarium, they deserve a better remuneration and consideration for the service they offer. Most of the time, they have to bear expenses during the fieldwork. There should be specific job description so that duties and tasks, based on the population of the village they work can be made available therefore duties and tasks should differ according to the localities. More ASHA workers may be appointed based on the density of population they serve when needed. The government should consider appreciating the works of these health activists and general public may be encouraged to recognize the work they are doing. An awareness session or seminar can be organized through online platforms for public to make them understand about the relevance of ASHA workers. The unheard and unseen on site health emergency management stories of these brave hearts need to be traced by holding serious research so as to disseminate it for the benefit of the world.

9. Conclusion

The study attempted to explore ASHA workers of Poonthura village during covid-19 pandemic in understanding the overall experiences of health activists during a pandemic. Each ASHA worker has their own experiences based on the locality they are working. This varies according to several factors including population, culture, education and awareness among the people of the locality. Currently, ASHA workers, the unsung heroes sacrificed their

time and energy to the community more than they were expected to do. The activities of ASHA workers are still considered as a low valued job and they are neither given any respect by their own community nor paid handsome remuneration. Kerala model of health care is a well appreciated model beyond nations, where this hidden work of ASHA women proved to be a major pillar worth reporting. The study remains proof of the efforts and contribution that ASHA workers have rendered to the society, as well as the sacrifice of their family members during such a pandemic condition. Concepts like tracking the epidemiological link, an index case, a contact case, a suspect case and a quarantine were public health measures and these measures have been successfully implemented with the help of frontline workers including ASHA workers. The victory lies in the collective efforts of the particular team comprises of government, doctors, nurses paramedics and ASHAs, the unsung warriors. Media and the system forgot to pay gratitude towards ASHAs, the ones who were by the sides fighting against the pandemic is a painful reality.

References

Ajayakumar, A., Shagufta, A., Joseph, R. (2020, June 27). COVID-19 Management and Control: The Kerala Story*,* Sochara.

Andrews, M. A., Areekal, B., Rajesh, K. R., Krishnan, J., Suryakala, R., Krishnan, B., Muraly, C. P., Santhosh, P. V. (2020). First Confirmed Case of COVID-19 Infection in India: A Case Report, *Indian J. Med. Res.,* 151:490-2

Asweto, C. O. (2016, February 6). Integration of community health workers into health systems in developing countries: Opportunities and challenges, *Family Medicine and Community Health,* 4(1): 37-45.

Bajpai, N., & Dholakia, R. (2020, December 3). COVID-19 in Rural India, ICT India, Working Paper (32).

Berardi, C., Antonini, M., Genie, M. V., Cotugno, G., Lanteri, A., Melia, A., et al. (2020, September 3). The COVID-19 Pandemic in Italy: Policy and Technology Impact on Health and Non-health Outcomes, *Health Policy and Technology*, 9(4): 454–487.

Bhanderi, D. J., Varun, A. R., & Sharma, D. B. (2018, June 18). Evaluation of Accredited Social Health Activists in Anand District of Gujarat, *Journal of Family Medicine and Primary Care*, 7(3): 571–576.

Chathukulam, J., & Tharamangalam, J. (2021, January 14). The Kerala Model in the Time of COVID19: Rethinking State, Society and Democracy, NCBI Resources, 137: 105207.

Gennaro, F. D., Pizzom, D., Marotta, C., Antunes, M., Racalbuto, V., & Veroneese, N. (2020, April 14). Coronavirus Diseases (COVID-19) Current Status and Future Perspectives: A Narrative Review, *Int. J. Environ. Res. Public Health,* 17(8): 2690.

Guha, I., Raut, A. V., Maliye, C. H., Mehandale, A. M., & Garg, B. S. (2018, June 29). Qualitative Assessment of Accredited Social Health Activists (ASHA) Regarding Their Roles and Responsibilities and Factors Influencing Their Performance in Selected Villages of Wardha, *International Journal of Advanced Medical and Health Research*, 5(1): 21-26.

Johns Hopkins School of Public Health (2021, June 2). Harbingers of Hope: Giving ASHA Workers Their Due to Build a Resilient Maternal and Child Health System in Post-COVID-19 India, PLOS BLOGS.

Kumar, A. J. (2020, July 8). 70 Cases in 7 Days: Poonthura is Thiruvananthapuram's Bigges*,* The Times of India.

National Health Mission. (2021, May 06). Vikaspedia, Ministry of Healtha and Family Welfare

Perry, H. B., Zulliger, R., & Rogers, M. M. (2014, January 2). Community Health Workers in Low-, Middle-, and High-Income Countries: An Overview of Their History, Recent Evolution, and Current Effectiveness, *Anual Reviews*, 35: 399-421.

Raina, A. (2020, September 21). ASHA Workers are Hailed as Covid Warriors but Only 62% Have Gloves, 25% Have No Masks, The Print.

Siddiqui, A. F., Wiederkehr, M., Rozanova, L., & Flahault, A. (2020, December 2). Situation of India in the COVID-19 Pandemic*, Int. J. Environ. Res. Public Health*, *17*(23): 8994.

World Health Organization (2021, January).