



RESEARCH ARTICLE

Examining the relationship between motivation and incentives in the context of maternal health awareness: A study of Asha workers in Uttarakhand

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Abstract

ASHA workers have been facing deprivation in the context of remuneration. The incentive paid to the ASHA workers is not sufficient for the amount of work ASHA workers are performing in the fields tirelessly. Several newspapers, like The Times of India, Deccan Herald, and The Hindu, etc., have covered the issues that ASHA workers have raised despite their dedication to their services. ASHA workers have also gone on strikes, citing their poor conditions. Jain *et al.* (2022) have constructed an earnings projection model and incentive structure that affect the motivation of community health workers. The ground-level issues pertain to challenges such as lack of motivation due to less incentive for the tasks performed. During the COVID-19 pandemic, community health workers continued to provide services ranging from vaccinations to folic tablets to pregnant women. This paper discusses the plight of the community health workers (ASHA) in the select villages of Bageshwar district in Uttarakhand. The cross-sectional study was conducted from Feb 2021 to Aug 2023 in Bilonasera, Kathayatbara, and Manyura Mafi of Bageshwar districts. The field study discusses the narratives of the challenges and issues faced by grassroots-level workers. The study highlights the case –studies of the issues faced by the community health workers. Further, content analysis of the newspapers was done to explore the issue and reach the investigation. The study also presents recommendations on reforms in the wage structure and benefits to the accredited social health activists (ASHA).

Keywords: ASHA workers, Motivation, Incentive, Policymakers, Work-life balance.

Introduction

National Rural Health Mission (NRHM) is the main initiative of the central government in the primary healthcare sector to accomplish health-related Millennium Development Goals (MDGs), including infant and maternal mortality rates

(IMR and MMR), disease control, and bettering mothers' and children's nutritional status. The most important component of the NRHM is the accredited social health activists (ASHA). ASHA workers are an integral part of India's public health system. They are community health workers who serve as the primary contact point between the healthcare system and the rural population in India. ASHA workers are typically women chosen from the community itself and trained to act as intermediaries between the community and the healthcare system. Saxena *et al.* (2012), in the study 'A study on ASHA – A Change agent in the Society' emphasized that ASHA will function as a catalyst and a link worker rather than as a service provider, creating the need for services and making it easier for the community to access them, which will increase the positive momentum in MCH indicators. The government of India has released criteria for the selection of ASHA personnel, and the state government has been given latitude to modify the standards to suit local circumstances. The study discusses the aforementioned scenario in mind to evaluate the biosocial profile of ASHA employees and the services they offer to bring about the intended change in the community's health status. Kaur *et al.* (2022) in the study 'Assessment of knowledge of ASHA workers regarding

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MCH services and practices -A field study' discusses this descriptive cross-sectional study, ASHA workers' knowledge of maternity and child health (MCH) services was evaluated, and how they are provided to their beneficiaries (mothers with children 0–6 months old) at RHTC, Bhadson. A total of 150 beneficiary mothers underwent personal interviews to assess the services provided by the ASHA workers, while 72 out of the 96 ASHA workers were randomly selected for knowledge evaluation. According to the study's findings, ASHA employees are generally well-informed about prenatal and postnatal topics, but there are some gaps in their understanding when it comes to newborn care. It is necessary to emphasize these newborn care components in the ASHA personnel's refresher training. The significance and effects of ASHA's roles have been thoroughly studied. Asthana & Myra (2022) discussed during the COVID-19 pandemic the commendable efforts of the countless women employed in the healthcare sector are being recognized for their crucial roles during the pandemic. These roles encompass various responsibilities such as monitoring, screening returning migrants, promoting awareness, contact tracing, facilitating COVID-19-related surveys, and ensuring accessibility to services. Despite the scarcity of personal protective equipment (PPE) and the absence of assurance regarding urgent medical aid, these women have willingly put themselves and their families in grave danger of contracting COVID-19, facing stigma, violence, and social isolation within their communities. In addition to these non-pandemic responsibilities, they also facilitate pregnant women's access to antenatal care and institutional delivery. The millions of women who work in health care are being applauded for their pandemic-related duties, which include surveillance, screening of returning migrants, raising awareness, tracing contacts, supporting surveys connected to COVID-19, and easing access to services. With little to no personal protective equipment (PPE) and no guarantee of assistance for urgent treatment, they have placed themselves and their family at serious risk of being exposed to COVID-19, stigma, violence, and social exclusion from their society. In addition to these non-pandemic responsibilities, they also facilitate pregnant women's access to antenatal care, institutional births, postnatal care, vaccinations, family planning services, nutrition, and chronic condition management.

Statement of problem

Azad (2024) in the study '*ASHA workers to stir today over pay hike*' argued, 'Why is our state unable to do it.' The ASHA workers went for the strikes back-to-back for the 5th time, revolving around financial compensation. 13,500 ASHA workers are demanding a monthly salary of 26,000 and a retirement deposit of Rs10lakh under the pension scheme. The study focussed on the social security of workers and regular payment of incentives.

Roy (2019), in the study '*ASHA's in India: Gender, Voluntarism and Performance-based Payment*' emphasized that ASHAs continue to work in hazardous conditions, endure lengthy salary obligations and occasionally tolerate punitive measures for failing to reach goals despite the increased societal acceptance they have received. It is expected of CHWs in low- and middle-income nations to volunteer their time, expertise, and knowledge either freely or as underpaid employees. A financial or non-financial incentive system that is output-, performance-, or result-oriented alone undermines people's abilities, skills, right to decent employment, health, and gender equality. It is inherently exploitative and extractive.

Gehlot (2024), in the study '*How NHM Budget Cut Directly Hit ASHAs Impact in Public Healthcare*', emphasized the crucial role of India in maximizing the capabilities of NHM and bolstering public healthcare.

The study delves into the budgetary allocations of NHM in Haryana, Delhi, Maharashtra, and Bihar, shedding light on the detrimental impact of budget cuts and proposing a comprehensive strategy to ensure sustainable financial stability.

India's healthcare system has greatly improved because of the National Health Mission, a revolutionary project that was started in 2005. The 2023–2024 financial years saw a 4% real decline due to budgetary constraints; this equates to a decrease of nearly Rs 3,740 from the previous year. The NHM's share of the overall allocation for the health budget dropped from 41.6% in 2022–2023 to 39.7% in 2023–2024. The states with the highest pay include Maharashtra (Rs 4,000/month), Delhi (Rs 3,500), Haryana (Rs 3,000), and Bihar (Rs 2,000).

All states have performance-based incentives, but questions about their sufficiency and timely distribution remain. Concerns regarding equity and possible regional variations in service delivery are brought up by the base pay and incentive structure's lack of uniformity. Workers from ASHA serve as a link between communities and healthcare throughout the vast rural landscape of India. They are the silent protectors of public health, especially for women and children, as well as the first responders, educators, and motivators. Cuts to the NHM budget, however, are putting millions of people's health at risk and casting a lengthy shadow over these vital data. Reductions in funding for programs that ASHA workers rely on result directly from the 4% real-term drop in the NHM budget for 2023–2024.

In Focus: Uttarakhand

In the Contrary, ASHA workers in Uttarakhand staged the protest jointly led by AICCTU and CITU. The AICCTU-affiliated Uttarakhand ASHA Health Workers Union released a statement in which it condemned the state government for its callous disregard for the ASHA movement.

The Chief Minister, the Health Secretary, the Director of the National Health Mission, and DG Health have all



Figure 1: The government and the Chief Minister have assured that the government would issue the required directives to settle the matter within 20 days; hence the strike has been withdrawn and put on hold for 20 days starting on September 1, 2021. Workers are ready to resume their walkout on the 21st if the guarantee is not met (Source: AICCTU)

met with ASHA union delegations; each has accepted the validity of the unions' requests and promised to address them. However, as of yet, no action has been taken, casting doubt on the government's operational strategy (Figure 1).

Some of the demands raised by the ASHA workers included i) status of government employee, ii) Minimum salary of Rs 21000 for ASHA workers, iii) monthly honorarium to be fixed, iii) pension to be paid to ASHA upon retirement, iv) make safety rules in case of accident and that includes compensation of Rs 10 lakhs, v) make timely payment of monthly arrears, vi) ensure dignified behavior and respect to all workers.

Objectives

- To study the roles and responsibilities of the community health workers (ASHA) in Bageshwar district.
- To examine the challenges and issues faced by ASHA workers in performing their duties
- To study the incentives offered to ASHA workers for performing different tasks
- To understand the correlation between Job satisfaction and Incentives offered to ASHA workers

Roles and Responsibilities of the ASHA Workers

The major roles and responsibilities of the Community health workers under the NHM scheme is highlighted:

Health Education and Promotion

Conduct door-to-door visits to educate community members about health issues such as maternal and child health, family planning, nutrition, hygiene, sanitation, and disease prevention. Organizing community meetings, awareness camps, and health-related events to disseminate information and promote healthy behaviors. Distributing informational materials and conducting demonstrations on topics like hand washing, breastfeeding, safe childbirth practices, and the importance of immunization.

Maternal and Child Health

Identifying pregnant women in their communities and

providing them with information and support for accessing antenatal care services. Encouraging institutional deliveries and assisting pregnant women in arranging transportation to healthcare facilities for deliveries.

Immunization

Mobilizing families to ensure that children receive their vaccinations on time according to the national immunization schedule. Maintaining immunization records and tracking immunization coverage in their communities. Identifying and addressing barriers to immunization, such as vaccine hesitancy or logistical challenges.

Family Planning and Reproductive Health

Counselling couples on family planning methods, including contraceptive options, and assisting them in accessing family planning services. Distributing contraceptives and guiding their usage and side effects. Referring individuals to healthcare facilities for family planning services and reproductive health consultations.

Nutrition

Identifying malnourished children and pregnant or lactating women and referring them to appropriate nutrition programs and services. Conducting growth monitoring sessions to track the nutritional status of children and providing counselling to caregivers on nutrition and dietary practices.

Community Health Surveys and Data Collection

Conducting surveys and assessments to gather data on health indicators, disease prevalence, and healthcare utilization in their communities.

Incentives and ASHA Motivation

The field data depicted that ASHA workers have been facing issues related to remuneration. The challenges faced by ASHA workers discussed job-related concerns in the context of the incentive offered. The less remuneration for the services performed also resulted in a lack of motivation to do tasks.

Wage structure and incentive offered to the ASHA's

ASHAs are envisioned under NRHM as honorary volunteers who receive performance-based incentives (PBI) in addition to an honorarium. The freedom to create their own incentives for ASHAs is granted to state governments, including the ability to base them on state-specific requirements and initiatives (Table 1).

One of the biggest payment plans in the world for ASHAs is the performance-based payment (PBP) arrangement in India. ASHAs would receive a minimum of Rs. 2000/- per month for routine duties starting in 2018, up from the present amount of Rs. 1000/-). This is on top of the various task-based rewards that the federal and state governments have authorized. ASHAs now receive a set

Table 1: Department of Health and Family Welfare, Ministry of Health and Family welfare, Government of India

<i>Incentives</i>	<i>Incentives (from September, 2018)</i>
Attending and mobilizing village health and nutrition days	Rs 200/- session
Guiding and monthly meeting of VHSNC	Rs 150/-
Attending monthly meeting at PHC	Rs 150/-
Other activities per task (300) (maintain village health register of registration of births and deaths, preparation of ANC beneficiaries, preparation of eligible couples, preparation of due list of children to be immunized, line listing of households etc)	1500/
Total	2000/-

monthly honorarium from some States, which is funded by state budgets (Gol, 2016). The majority of states link their incentives to the quantity of beneficiaries they serve.

Many people are signing up for the ASHA program in order to make money (Panda *et al.*, 2019). ASHA's keep earning between Rs. 1500 and Rs. 2000 in incentives per month on average (Shet *et al.*, 2017; Gol, 2015). The monthly income of ASHA varies at the state level.

ASHAs in the state of Odisha were estimated to range from Rs. 5000/- to Rs. 10,000 (per month in 2018). The most they can be paid for an activity is Rs. 5,000 for giving drug-resistant TB patients medication; Rs.1000 for helping patients with permanent contraceptive methods; Rs. 50 for early pregnancy registration (Sarin *et al.*, 2016); and just Rs. 1 for giving out packets of oral rehydration solution (ORS).

The details of incentives for routine and recurring activities given to ASHA's include

Methodology

The cross-sectional study was conducted in select villages of Bageshwar district in the period (Feb 2021-Aug 2023). The methodology adopted was a face-to-face interview method, focussed group discussions, and story-telling. Further, the interviews of the survey were transcribed from Hindi to English. The majority of the ASHA workers could speak Hindi and Kumauni, the native language of Uttarakhand. To support the primary findings of the study, Content analysis of the different newspapers (2021-2024) was conducted from different newspapers and categorized including CJP, The Hindu, Deccan Herald, Forbes India, Behanbox, and Imphal Free Press, Times of India, Newslick, Hub News, HR Katha, The Indian Express and Gauri Lankesh News

Data Analysis and Interpretation

Firstly, for conducting the data analysis, content analysis of the 11 different newspapers was done based on headings, content and the issue pertinent in all the newspapers. Secondly, The field study was conducted in the select three villages of the Bageshwar district, namely Kathayatbara (3169), Mandalsera (1286) and Manyura Mafi (491). There are a total of 497 villages in Bageshwar, Uttarakhand. The villages were chosen using the Bageshwar district census book based on the population size through a purposive

sampling technique. The sample size consisted of around 20 ASHA workers that are chosen randomly by collecting data through the ASHA coordinators and Community Health Centre, Baijnath. Around 200 responses were gathered from the ASHA workers. The responses are presented using narrative analysis and case study methods to understand the issues faced by the ASHA workers.

Content analysis of the select newspapers

The content analysis was conducted based on the year of circulation, newspaper type and content. Further, the newspapers circulated in Uttarakhand were studied to understand the underlying challenges associated with incentives (Table 2).

The major highlights discuss demands and expectations to receive the expected support from the government as follows:

- The Hindu(2022) published an article, '*ASHA workers petition collector for better pay*' discussing the meager salary that ASHA workers are paid against the monthly salary.
- ASHA's demanded a salary of 18000 as a monthly salary to be regularized. ASHA's requested a hike in incentives from 2,150 to 10,000.
- The Hindustan Times (2024) published an article, '*State hikes remuneration of 75,000 ASHA workers*', which argued that ASHA workers went on a remuneration strike.
- The honorarium for around 75,000 ASHA has gone to 5,000 per month. ASHA's are paid 5,000 by the state government and 3,000 by the central government.
- The BW People (2024) in the article '*ASHA workers demand higher wages and recognition*' discusses the ASHA campaign of Rs 18000 for ASHA and 24,000 for ASHA supervisors.
- Fair compensation and formal employment status with benefits were the key problems highlighted.

Discussion

Challenges of Workload

Community health workers face challenges related to workload. ASHA workers have to work tirelessly right from 10 am to 5 pm. However, ASHAs have to be present in case

Table 2: Content Analysis of select 11 newspapers from the time period (2021-2024)

<i>Newspaper</i>	<i>Year (2021-2024)</i>	<i>Headline</i>	<i>Content highlights</i>
CJP	2021	India's ASHA workers: Overworked, underpaid and exploited?	Delayed incentives Meagre wage Overworked and exploited
Deccan Herald	2022	ASHA workers protest demanding timely salary, incentive	Demand salary crediting every 5 th of month Additional work Protest
Forbes India	2021	ASHA workers: The Underpaid , overworked and forgotten foot soldiers of India	Monthly wage- 3000-4000 Lack of respect Poor Transportation system
Behan Box	2024	How ASHA workers' overwhelming workload Impacts India's healthcare system	Alienating Rights Working hours- 8 to 12 Relentless workcycle
The Hindu	2024	ASHA workers demand consolidated pay of Rs 24,000 a month, regularisation of jobs	Long pending demands Service regularization Scheme implementation
Times of India	2023	ASHA workers hold massive protest in Belagavi, demand hike in honorarium	Resolution of issues Team based incentive Meeting every 3month
Imphal Free Press	2021	Manipur ASHA workers yet to receive state government incentive	Uniform payment system State incentive –Rs 1000/- Promotion of ASHA's
The Indian Express	2021	Covid management in Punjab villages: ASHA workers wait for pending incentives	Receive no salary Pending incentives Incentive sustenance
Newsclick	2022	Karnataka ASHAs lose incentives due to software glitch	Incentives on completed tasks Meeting conducted Discussion on problems
Hub News	2023	Meghalaya introduces community based Health Incentives for ASHA's: increases honorarium to Rs 3000	Increase in incentive- 2000 to 3000 Reviewing and evaluating performance of ASHA Ensuring ASHA's are not overburdened
HR Katha	2022	ASHA workers protest in Bengaluru , demand timely salary incentives	Delayed salaries and incentives Demanded smart phone, pension facilities and health insurance Increase in the uniform allowance-1500
Gauri Lankesh News	2021	ASHA workers Protest at District Headquarters, Warn govt of strike in Uttarakhand	Targeting draconian labour codes Exploitation of Community health workers Backbone of health department

of any emergency. When asked how long they worked on ASHA chores each day, few ASHA stated they did so for 3 to 4 hours. Others responded for up to 2 hours and for 5 to 6 hours. Mothers were questioned about the number of hours they spent doing household (unpaid) activities each day. The study inquired about paid work as well, respondents said they had ever worked for pay. There was no correlation between the number of paid and unpaid hours worked per day. Manjunath *et al.* (p.62-73,2022) discussed ASHA worker's experience work-burden in the context of population coverage, extended hours of work , lack access of to transportation, inadequate support from healthcare professionals, delayed incentives, and feeling overworked and underpaid. Mohiuddin *et al.* (2023) emphasized that the paucity of transport, workload, late payment, and overtime are challenges faced by ASHA workers. Challenges faced by

ASHA can be solved within the existing framework of the healthcare system by addressing their issues.

The field study noted the narratives of the ASHA workers as follows:

Narrative 1

One of the ASHA workers from village Bilonasera said, "I accompanied a beneficiary during an emergency at late night hours. However, no special incentive is given to us for extra hours even when we have no said timings of work".

Narrative 2

Another ASHA from Village Kathayatbara said, " I take care of beneficiary right from the prenatal phase to the postnatal phase'. I get paid Rs 350 for each institutional delivery. I get paid Rs 100/- for attending monthly meetings. The salary is too low; however, I will continue to work for the community.

Narrative 3

Another ASHA from Village Mandalseira said, "I had to take the beneficiary during emergencies through private transport. The khushiyo ki sawari transport, as the name suggests, only takes the newborn child on returning back to their home. However, at times it becomes difficult and challenging. However, I don't receive any support".

Narrative 4

ASHA from Village Kathayatbara said, "I have been motivating women for vaccination and guiding her throughout through personal visits, phone calls and Whatsapp texts. I feel happy whenever any beneficiary shows her appreciation towards us. This has motivated me to perform, even when there are days I have to skip meals and be present at the community health center with the beneficiary."

Narrative 5

ASHA from Village Mandalseira said, "I conveyed the necessity of prompt incentive payments and proposed that either a fixed wage or larger incentives would boost their motivation in the meeting. I believe that travel and mobile phone allowances would help us in our profession as well.

Components of ASHA workload*ANC Visits*

ASHAs provide support to women during their antenatal care appointments. It was found that ANC visits were completed within the duration of less than 2 hours. The majority of ASHA workers spend 1 to 2 hours per month on ANC visits, while a small percentage dedicate five or more hours per month to this task.

Village Health and Nutrition Days

ASHAs are involved in various activities simultaneously, including the coordination of village health and nutrition days.

Institutional delivery

Institutional deliveries are a top priority and incentivized responsibility of ASHAs. ASHAs have assisted in institutional deliveries in the past month. They have also been instrumental in promoting behavior change communication to encourage institutional deliveries.

PNC

Postnatal care is an important aspect of ASHA workers. It was reported that 80% of ASHA visited 4 or fewer households in the last 30 days.

Examining the Challenges of the ASHA workers

There are a number of Challenges that ASHA workers face, accounting for several deliveries that ASHA has to manage that affect her workloads, such as spending nights in the hospital, related challenges, or issues of transportation.

These challenges can vary depending on factors such as geographic location, socioeconomic context, and the specific health needs of the community. Some common challenges faced by ASHA workers are:

Limited Training and Capacity Building

ASHA workers often receive basic training, but it may not always be sufficient to address the diverse health needs of their communities. Limited access to ongoing training and capacity-building programs can hinder their ability to deliver quality healthcare services effectively.

Workload

ASHA workers typically have large geographic areas to cover and may be responsible for serving a significant number of households. The workload can be overwhelming, leading to burnout and fatigue, especially in rural areas where infrastructure and transportation are limited.

Inadequate Remuneration

ASHA workers are often paid based on performance or incentivized for specific tasks, but the remuneration may not always be sufficient to meet their needs. Delayed or irregular payments can also pose financial challenges for ASHA workers and their families.

Social and Cultural Barriers

ASHA workers may encounter resistance from community members due to cultural norms, gender biases, or lack of trust in model healthcare practices. Overcoming these social and cultural barriers requires sensitivity, empathy, and community engagement strategies.

Limited Resources and Infrastructure

ASHA workers may face challenges in accessing essential resources and infrastructure, such as medical supplies, transportation, and communication tools. Inadequate infrastructure can impede their ability to provide timely and effective healthcare services.

Healthcare System Constraints

ASHA workers operate within the broader healthcare system, which may have its challenges, including understaffed facilities, supply chain issues, and bureaucratic barriers. Navigating the healthcare system and coordinating with other healthcare providers can be challenging for ASHA workers.

Risk of Occupational Hazards

ASHA workers may face risks to their health and safety, especially when providing care in remote or underserved areas with limited access to healthcare facilities.

Community Expectations and Demands

ASHA workers are often seen as the primary point of contact for healthcare services in their communities, leading to high expectations and demands from community members.

Managing community expectations while balancing their workload and resources can be challenging for ASHA workers.

The policies and initiatives demonstrate the government's commitment to strengthening the role of ASHA workers as frontline health workers and improving healthcare access and outcomes in rural and underserved areas of India.

Ongoing efforts are underway to further enhance the effectiveness, support, and recognition of ASHA workers in the country's healthcare system.

Case 1: Ganga Dangwal's story: Empowering women in rural communities

Ganga Dangwal, an ASHA worker from the village of Kathayatbara, embodies the spirit of empowerment and resilience. Despite facing numerous challenges, such as limited resources, social norms, and geographic barriers, Ganga is dedicated to improving the health and well-being of women and children in her community. Through her tireless efforts, she has become a trusted ally, advocate, and mentor for women, empowering them with knowledge, resources, and support to make informed decisions about their health and the health of their families.

Case 2: Bimla Devi's Journey: Transforming Maternal and Child Health in Bilonasera Village

Bimla Devi, a young ASHA worker working in the village of Bilonasera, is on a mission to transform maternal and child health outcomes in her community. Despite the myriad challenges posed by urban poverty, overcrowding, and inadequate infrastructure, Bimla Devi remains undeterred in her commitment to providing quality healthcare services to pregnant women, mothers, and children. Her innovative approaches, community engagement strategies, and unwavering dedication have made her a beacon of hope and inspiration for his community.

Case 3: Anita's struggle: Overcoming adversity to serve her community

Anita, an ASHA worker, has faced numerous obstacles in her journey to becoming a healthcare provider. From battling gender discrimination to navigating complex social dynamics, Anita's resilience and determination have enabled her to overcome adversity and make a meaningful impact in her community. Despite the odds, Anita continues to be a steadfast advocate for health equity, social justice, and community empowerment, embodying the transformative potential of grassroots healthcare workers like ASHA workers.

Conclusion

The narratives offer glimpses into the lives and experiences of ASHA workers, highlighting their unwavering commitment, compassion, and dedication to serving their communities.

Through their stories, ASHA workers inspire hope, resilience, and positive change, illustrating the transformative power of grassroots healthcare in India. The content analysis has highlighted the challenges faced by the community health workers in the context of the incentive offered and their ongoing struggle to fulfill their demands despite their unwavering commitment to their duty. Therefore, the following points can be attributed to supporting the accredited social health activists to understand their issues through a better approach:

- Addressing the difficulties requires a multifaceted approach that includes supporting legislation, investment in training and capacity building, upgrading healthcare infrastructure, and encouraging collaboration among ASHA workers, healthcare providers, and community members.
- Government and stakeholders may assist ASHA workers in effectively delivering important healthcare services and improving health outcomes in their communities through these recommendations:
- ASHA remuneration is essential for optimizing the effectiveness of the ASHA program and maximizing its impact on improving maternal and child health outcomes, increasing healthcare access, and promoting community health awareness. By understanding the factors that influence
- ASHA workers' motivation and performance, policymakers can redesign remuneration strategies that support the sustainable delivery of essential healthcare services at the grassroots level. ASHA (Accredited Social Health Activist) workers face several challenges in carrying out their responsibilities effectively.

Recommendation

The study was conducted to understand the effectiveness of their incentive structure and its impact on their motivation, performance, and overall effectiveness in delivering healthcare services. Here are some suggestions related to ASHA remuneration:

Incentive Structure

Efforts are required to design the incentive structure for ASHA workers. This includes the performance-based incentives they receive for tasks such as facilitating institutional deliveries, promoting immunization, and conducting health education sessions.

Impact on Motivation

Studies have investigated how different types of incentives, including financial incentives and non-financial incentives such as recognition and career advancement opportunities, influence ASHA workers' motivation and job satisfaction. Understanding what motivates ASHA workers is essential for ensuring their continued commitment and performance.

Equity and Fairness

Research has explored issues of equity and fairness in ASHA remuneration, including disparities in incentive payments between ASHA workers in different regions or communities. Ensuring equitable remuneration is crucial for maintaining the morale and motivation of ASHA workers across diverse settings.

Sustainability

Understanding the sustainability of ASHA remuneration models and their long-term impact on the retention and recruitment of ASHA workers. Sustainable remuneration models are essential for ensuring the stability and effectiveness of the ASHA workforce over time.

Cost-effectiveness

Evaluating the cost-effectiveness of investing in ASHA remuneration compared to the benefits gained in terms of improved health outcomes and healthcare access. Understanding the cost-effectiveness of different remuneration strategies can inform policy decisions regarding resource allocation for the ASHA program.

Policy Implications

It is essential to examine the policy implications of ASHA remuneration, including recommendations for optimizing the incentive structure to enhance ASHA performance, addressing challenges related to delayed or irregular payments, and ensuring transparency and accountability in the remuneration process.

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