



Causes for Success and Failures on Remuneration System of Community Health Workers

Soniya, Co-Author- Shivani Gautam

Author's Designation- Assistant Professor at Sanskar Educational Group
Co-Author's Designation- Assistant Professor at Sanskar Educational Group

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ABSTRACT: This paper aims to find out the reasons for success and failures of salary or wages system of community health workers. This can give opportunity to improve harsh situation of this community. The objectives of this finding are like double-edged sword i.e., this research has fulfilled two goals: to analyse the present condition of community health workers, and to evaluate the reasons for success and failures of remuneration system. This research methodology involves a complete literature review and data analysis of local societies and data interpretation available on internet. The research findings include the exploration of local area or communities in which the performance is calculated. Therefore, this research concludes that Community health workers can get better remuneration as well as incentives according to their work and this will help in welfare of their society. The future scope for other researchers can be a deep and practical study about the community health workers and to guide the community health workers on the remuneration system.

KEY WORDS: CHW's; ANMs; ASHAs; AWWs; Remuneration

I. INTRODUCTION:

What is CHW (Community Health Worker)?

CHW's are Public health workers work in community health. Their mission is to establish links between state health departments and local healthcare systems. Varieties of community health assistants are included under the general title "community health worker" (CHW). Usually, they are employed as paid assistants or volunteers who help the health system on behalf of the community they serve.

Compared to professional health workers these workers have far less training, they receive training possibly from national certified organizations to support one or more health care

functions. Nevertheless, nurses with formal training, medical assistants, physician assistants, emergency medical technicians (EMTs), and other health professionals are not considered community health workers.

Community health workers provide support to local healthcare organizations and systems through various tasks, depending on what type of community they are serving. Community health worker duties include:

- Home visits
- Sanitation of the environment
- Provision of water and nutrition
- First aid
- Treatment of simple or common illness.
- Health education
- Maternal and child health support
- Family planning activities
- Tuberculosis (TB) or HIV/AIDS care
- Communicable disease control
- Community development activities
- Recordkeeping and collection of the data

Remuneration system -Remuneration is the entire amount of money that an employee is paid. It comprises not only the base pay but also any additional compensation that an employee may receive from their employer in the form of commissions, bonuses, or overtime pay.

In India, the percentage of public spending allocated to health is less than 1% of GDP India's high rates of infant and maternal mortality are thought to be a result of a severe lack of infrastructure, services, and human resources in rural regions In India, Community Health Workers (CHWs) serve as a vital intermediary between the healthcare system and the populace, particularly with regards to services for mothers and children.

This research study include community health workers like- ANM's, ASHA's and AWW's etc.

ANM's: In India, a female health worker at the village level is known as an auxiliary nurse



midwife, ANM, or nurse hybrid. She serves as the initial point of contact between the community and health services.

ANMs are thought of as the workers at the base of health organization pyramid. Their services are thought to be crucial for giving village communities safe and efficient healthcare. The position might assist localities in reaching the goals of national health initiatives.

ASHA's: A community health worker employed by the Ministry of Health and Family Welfare (MoHFW) as an element of India's National Rural Health Mission (NRHM) is known as the Accredited Social Health Activist (ASHA).

The mission was initiated in 2005, with full implementation anticipated by 2012. The Accredited Social Health Activist (ASHA) was founded with the goal of bridging an underserved population with the medical community. The goal was to establish "ASHAs in every village" throughout India.

As of July 2013, there were 870,089 ASHAs registered. This amount increased to 939,978 in 2018. 1,022,265 were the ideal numbers of ASHAs that was expected.

AWW's: An Anganwadi is a kind of rural childcare centre in India in an effort to combat child hunger and malnutrition; the Indian government launched them in 1975 as a part of the Integrated Services for Child Development program. In Hindi, Anganwadi is also known as "courtyard shelter" in English. In village, an Anganwadi centre usually provides basic healthcare. It is included in the public health care system in India. Preschool activities, nutrition education and supplementation, and contraceptive counselling and supply are illustrations of basic health care activities

DISCUSSIONS AND CHALLENGES:

This literature review has revealed several research gaps including the situation of Anganwadi workers suggesting the improvement of existing policies regarding employment of community health workers as Anganwadi is also a part of community health workers in rural areas and discussed positive and negative impacts varied by states. These community health places can help us to find out the cause of death of Children and women due to their sickness and maternal health respectively. It also helps in the upliftment of these workers and their situation. Some researchers have explained that community health workers have power to strengthen our health system.

SUCCESS AND FAILURES

The community health workers such as ASHA's, Anganwadi workers and all the social health workers feel that their incentive or remuneration are very less according to their work and responsibility. It leads to demotivate these CHW workers and can become the cause of failure. Various researches have mentioned this cause. They also felt that no support from the institutions or societies has not been given. People thinks that ASHA'S, AWW'S home visit did not show the positive impact even it has shown the negative impact. Some studies showed that highly trained community health workers can lead to expert help in illness of societies and low trained community health workers can mislead the society. These all are failures of the remuneration of CHW's Workers. On the other side, High trained community health workers support the health care of the society. It is also important for the welfare of the society that Community health workers should get proper opportunity of training to visit and help those ill peoples and for health care. It leads to the increment of remuneration and this can cause the success of remuneration of community health workers.

Community health workers, or CHWs, are vital to the delivery of basic healthcare services, particularly in underprivileged areas. There are a number of reasons why CHW compensation schemes succeed or fail, including:

Causes for success:

- Fair Compensation: Any reward system that is successful must provide both adequate and fair compensation. When CHWs believe they are being fairly compensated, they are more likely to be motivated and to carry out their tasks well.
- Respect and Acknowledgment: It is essential to acknowledge their contributions to the healthcare system and society at large. A sense of respect and value can have a positive impact on CHWs' motivation and dedication to their profession.
- Performance-Based rewards: CHWs may be motivated to provide improved healthcare outcomes by systems that provide rewards based on their performance. This may be connected to reaching particular health goals.
- Respect and Acknowledgment: Offering appreciation seminars or exhibiting a high level of dedication.
- Training and Support: The effectiveness of CHW compensation schemes can be greatly impacted by ongoing training, skill development,



and support networks. CHWs can be inspired to do well in their positions by having access to tools, mentorship, and career growth possibilities.

- **Community Engagement:** CHWs can perform better when their sense of purpose and belonging is strengthened by participating in decision-making processes and interacting with the communities they serve.

Causes For failure:

- **Insufficient Compensation:** CHWs' performance and dedication may suffer because of low pay or sporadic payments, which can also cause unhappiness and demotivation.

- **Lack of Recognition:** CHWs may perform worse and have lower morale if they believe their contributions are not respected or acknowledged. It might be discouraging to be ignored by the healthcare system.

- **Limited Career Progression:** The role may become less appealing if there are no prospects for skill development or career progression, which would increase the turnover rate of CHWs.

- **Inadequate support systems,** such as inadequate tools, resources, or supervision, might make it more difficult for CHWs to carry out their responsibilities.

- **Incentives that are not properly linked** with the goals or objectives of CHWs and the communities they serve may not be able to inspire the desired behavior in their participants.

A thorough approach is necessary to address these problems. Paying CHWs fairly, recognizing their contributions to healthcare delivery systems, providing chances for professional progression, providing training, encouraging community involvement, and providing proper support are all important aspects of effective remuneration systems.

II. CONCLUSION AND SUGGESTIONS

Conclusion- According to this study, the ASHAs' pay-for-performance model did not appear to have a higher influence on the particular health behaviours for which they are compensated. AWWs did however; consistently show a positive correlation with NHD knowledge. The home visits made by ASHAs did not significantly correlate with paid health outcomes related to unpaid outcomes. The awareness of NHDs was favourably correlated with AWWs' home visits; relationships with other suggested health behaviours were not as strong. Additional investigation may clarify the reasons behind the achievements and shortcomings

of CHW initiatives throughout various Indian states.

States had different findings. In at least one of the four states, mothers who got ASHA visits were far less likely to give birth in an institution, initiate supplemental feeding on time, be aware of Nutrition and Health Days (NHDs), wash their hands properly, and breastfeed their infant exclusively for the first six months. On the other hand, in several states, AWW's home visits were favourably correlated with the following health outcomes

On the basis of above description we can say that if CHWs will get better remuneration system and the community support then it would work much better than present situation or performance.

So, the final conclusion is that CHW workers can get more remuneration according to their work, so that it can work for the welfare of the society. Present performance can better with the help of this paper. Researchers can further give the suggestion and can research more regarding remuneration system for the wellness of the society.

III. SUGGESTIONS

- CHWs could be salaried better and have the opportunity to receive performance-based incentives such as those currently given to ASHAs.

- The stability of a better salaried remuneration system could attract the most qualified CHWs.

- While offering the performance-based incentives may encourage the CHWs to prioritize the key outcomes.

- Good Recognition will improve the performance of CHWs.

- Proper resources and training are required to be provided.

ABBREVIATIONS-

ANM: Auxiliary Nurse-Midwives

ASHA: Accredited Social Health Activists

AWW: Anganwadi workers

CHW: Community Health Worker

GOI: Government of India

ICDS: Integrated Child Development Service

NHD: Nutrition and Health Days

NRHM: National Rural Health Mission



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