

DIGITAL ASHA YEIN



All India ASHA WORKERS CONVENTION



Isn't it amazing how easily we connect with so many people today?



KAMLA
(RAJASTHAN)



I will make a group and share all our photos today on **WhatsApp** right away!

WhatsApp sounds like a good idea. I am so hooked to WhatsApp now!

You youngsters are so quick with technology! My daughter, who's about your age Kamla, has to help me with it.

I FEEL LIKE I'M ALWAYS TWO STEPS BEHIND.

LEING
(MEGHALAYA)



MARIA
(KERALA)



Really! I had a tough time getting a hang of digital apps too. I think I am getting better now.

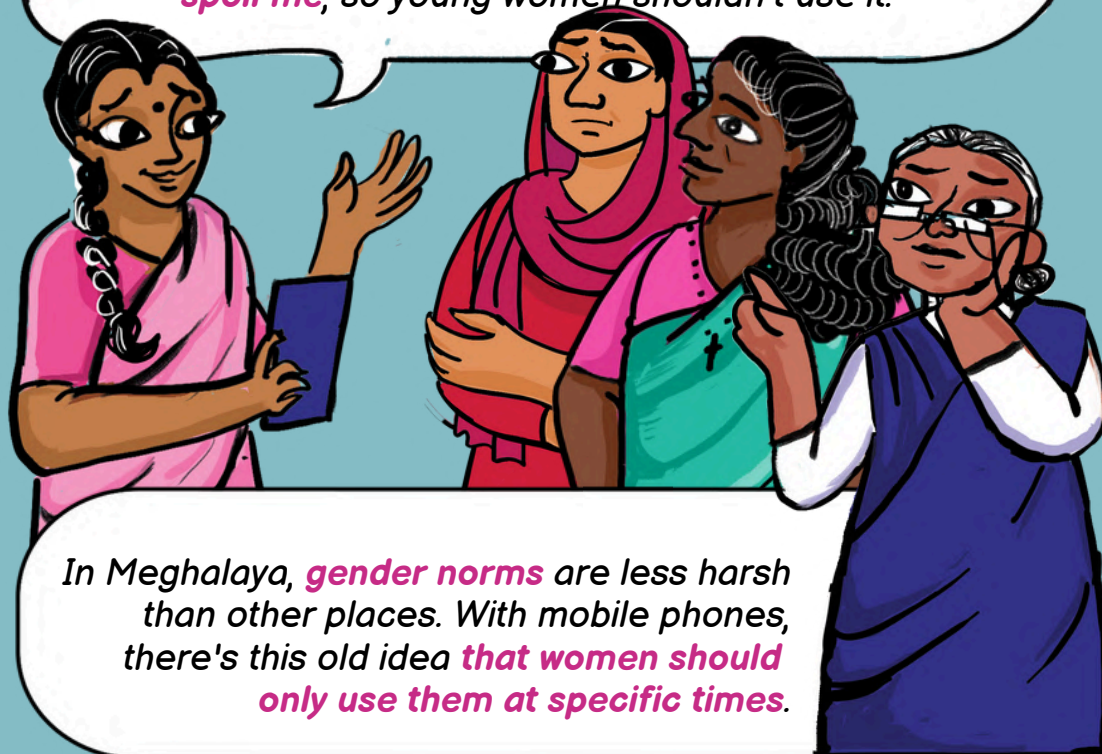
I come from a rural area in Haryana. **When I got a smartphone, my family was so proud of me.** I felt that I could do anything.

RAJBALA
(HARYANA)


BUT NOW I CAN'T EVEN REMEMBER THE LAST TIME I SAT NEXT TO MY DAUGHTERS AND HAD A LONG CHAT. I AM BUSY WITH DIGITAL WORK EVEN AT HOME.



You know, it's shocking how few women actually own a phone. When I became an ASHA worker, **the elders in my family would say that the internet and YouTube would spoil me,** so young women shouldn't use it.



In Meghalaya, **gender norms** are less harsh than other places. With mobile phones, there's this old idea **that women should only use them at specific times.**


A woman in a red sari and pink shawl is speaking to three other women. The woman in the red sari has her hand raised as if gesturing. The three women are listening attentively. One is in a pink sari, one in a green sari, and one in a blue vest over a white shirt with glasses.

Ha! I come from a Dalit family. Women in my family had never touched a smartphone. They were not allowed to.

But I also had to be very careful when I used it in public places. I used to answer only urgent calls. Even now when I use a phone in public, people say,

'LOOK HOW SHE'S WALKING WITH A PHONE TO HER EAR.'

WHAT? REALLY!!

The woman in the red sari is holding a smartphone to her ear. She has a slightly annoyed or determined expression. The three women from the previous panel are looking at her with various expressions of surprise and concern.

We're all trying to do our job, and yet people find reasons to judge us.



RAJASTHAN

Only 10–12% of women own a phone, as gender norms restrict their access to technology.



MEGHALAYA

In Meghalaya, smartphone access is limited. 34.7% of women and 41.2% of men use the internet. Gender disparities in technology use are less compared to other states.

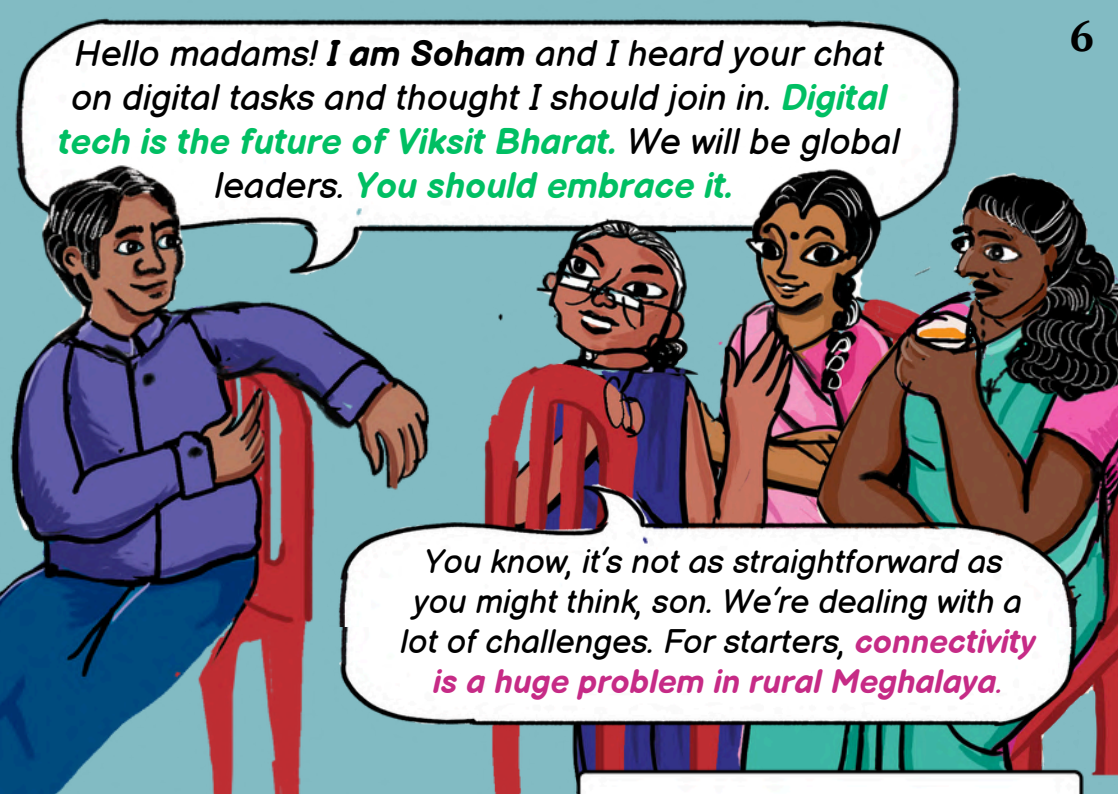


HARYANA

From 2014, ASHAs adopted digital tools, with a significant increase in smartphone use among Dalit and OBC ASHAs by 2021.

KERALA

In Kerala, 95% of people use mobile phones and 62% use smartphones, with one of the lowest gender divides in technology access.



Hello madams! I am **Soham** and I heard your chat on digital tasks and thought I should join in. **Digital tech is the future of Viksit Bharat.** We will be global leaders. **You should embrace it.**

You know, it's not as straightforward as you might think, son. We're dealing with a lot of challenges. For starters, **connectivity is a huge problem in rural Meghalaya.**

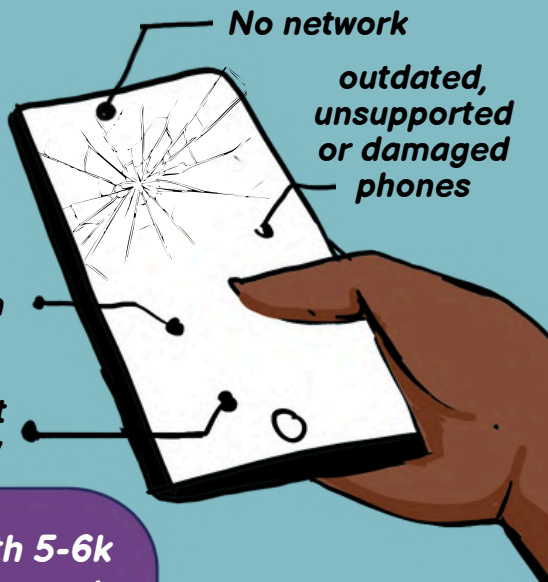
Many do not own a good smartphone to support the many apps that we are supposed to be downloading.




My generation of ASHAs find it particularly hard **because we have not received proper training.** Handling smartphones and tech is particularly challenging.



You know what a good smartphone costs? 15-20k.



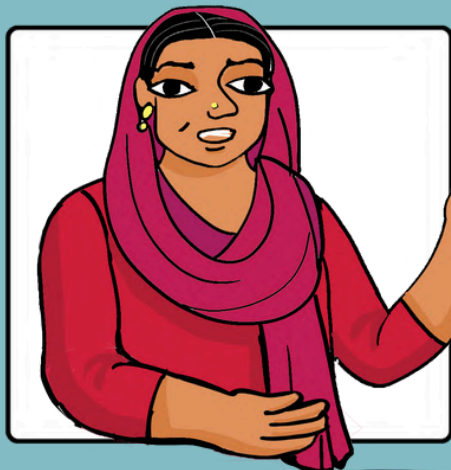
Insufficient storage preventing installation of all apps

Bad internet connectivity

The phones we have are worth 5-6k only. And do you know what we get as salary? Rs 7000 a month .

There's another thing, Soham. **We don't get money for recharging our phones** unless we're using the PCTS app. ASHA workers in some other states don't even get that. Apart from all other costs, **this is just one more thing we pay for out of our pockets.**





In Haryana, we had to go on a strike in 2021 with slogans like,

**ONLINE KAAM BAND KARO,
NAHI TOH TANKHWA KA
PRABANDH KARO**

Haryana government then gave us free smartphones and data.

Soham ji, your presentation is up next. We are keen to hear you on digital technology and how it can help the work of ASHA workers.



I HAVE A BETTER IDEA.

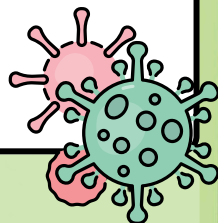


**LET'S HEAR FROM ALL
YOU ASHA WORKERS
ABOUT YOUR DIGITAL
AND TECH EXPERIENCES.**



Let me tell you about Kerala's experience.

I have to say our state did think of digitalisation very early on during **Nipah**, **Kerala floods** and even during **Covid**.



We have conducted **digital surveys** and also supervised **digital OPDs**. We also conduct chats with patients using **telemedicine**. We now use the **Shaili app**.



WHAT IS THE SHAILI APP?

In 2022, the government of Kerala launched an Android App 'Shaili', which was aimed at diagnosing and controlling lifestyle diseases among the people in the state.

HIGH BLOOD PRESSURE

DIABETES

HEART DISEASE

We now use the **Shaili app** to collect data on

LUNG DISEASES

LIFESTYLE-RELATED AILMENTS

CANCERS



Shaili App

Rajasthan was the pioneer in digitalisation, rolling out the **ASHA Soft** app in 2014 and **PCTS** app in 2023

We started using PCTS app in 2023 to track mothers and children in the state. This has become our friend and we find it so useful.



For eg, see this feature. We can track all the tasks that are due and this helps us carry out our **immunisation programs** efficiently.

All the data is entered daily in this. This helps our superiors at the **Block** and **District level** to monitor the data of each woman and child and the services we provide.

And of course there is **WhatsApp** which makes a lot of our community work easy. We can now send messages on immunisation drives



ASHA Soft

The Online Payment and Monitoring System

Let me show you another app - ASHA Soft - which captures all the services we provide and the incentives that we should receive. It also shows if our payments have been made.





WhatsApp is a lifesaver. We put up status about camps, immunisation etc. on WhatsApp and people see them and come in large numbers. WhatsApp also saves us a lot of physical travel.

We use WhatsApp extensively to communicate with other ASHAs but also with higher officials like:



MEDICAL OFFICERS

BLOCK AND DISTRICT ASHA COORDINATORS

ANMS

UNION LEADERS



In Haryana, the ASHApay app has made our payment tracking easy. So that is good.

BUT IT'S NOT ALL SO ROSY.



For eg, we are now asked to do many **digital surveys** like **TB** and **NCD surveys**. First, we have to record everything on paper and then enter it on the app.



This has increased my workload. Most days I end up working till late night, sometimes

up to 2 AM in the morning.



These increasing digital surveys are making it **harder** for us ASHAs to maintain a **strong connection with the community**.



They are taking us away from our essential **community work**. The time I should be spending with my community is now consumed by the digital surveys.



There's this old woman in my ward. *She always felt better after speaking to me.* But with all this workload, I hardly get time to sit with her.

PLUS THESE DIGITAL SURVEYS ARE ALSO CREATING TRUST ISSUES BETWEEN ASHAS AND THE COMMUNITY.



Digital tasks take more time. They eat into the time meant for other paid work, unpaid domestic work, family time.



Right! Most of the digital work is unpaid. The government thinks '*She is a woman who is willing to work for free. Get as much work out as possible*'.

WE ARE INVISIBLE, UNRECOGNISED AND UNDERPAID.





So what you are saying is technology is not all that bad, right? But there are issues!

WE ARE NOT AGAINST TECHNOLOGY AND DIGITALISATION.

Like I said, the **PCTS** and **ASHA Soft app** were designed to make things easy for us. There is greater transparency.



It becomes a challenge for us when it is used just as a **data collection tool**.

Or when **we are only seen as data collection agents**. We've become round-the-clock workers now. Any official can demand data from us at anytime.



For me, using just paper was so much easier. We often don't use the **ASHA First app** for payments and rely on **ASHA facilitators and ANMs** instead. The digital shift is hard but we have to do it.



When we visit homes, we have to take pictures while weighing babies or talking to pregnant women. I didn't know how to use the phone well, so I would write everything on paper and ask someone to help me send it.





Hmm, I hear you. I understand that this transition has been really tough. I'm sure the government has aimed to provide the best training possible in each state?

Soham, it's not just about adapting to new technology. ASHAs often receive **minimal training**.



For instance, we've had only two days of training on the PCTS app. And it's usually in large groups.



Most of us learn from each other or through trial and error, and sometimes even from our children or family members.



Younger ASHAs get through training easily, but for those of us over 50, it's a struggle.

I feel along with the apps, it is important to give us other digital literacy skills as well.

AND WHO WILL TELL THE PEOPLE WHO LOOK AT US USING SMARTPHONES WITH SUSPICION THAT IT IS A NECESSARY PART OF OUR JOB?



Yes. Apart from PCTS, there is generally a lack of training for other apps or digital surveys. We also receive links to apps with basic instructions on WhatsApp, but that's not enough.



Same in Kerala. We're seeing improvements in Kerala with digital literacy efforts and digital skilling training through **Akshaya centres**. But honestly, it's still a bit of a struggle.



HOW CAN 100 PEOPLE REALLY GET THE PERSONAL ATTENTION THEY NEED IN A SINGLE ZOOM MEETING TRAINING SESSION?



IN MEGHALAYA, THE MAJORITY OF US JUST USE **WHATSAPP** BECAUSE ONLY A FEW HAVE THE SKILLS TO USE OTHER APPS.



There is the **problem of language**. In Meghalaya, people speak **Khasi, Hindi** and **English**. But all training happens in Khasi language only. So many of us do not understand what is being taught.



They just gave the mobile and said "You have to click here... You do like this and this...finish."
When I reached home, I got stuck. I did not know what was the next step.



There is another concerning thing about digital technology.

WE HAVE FACED DIGITAL VIOLENCE.



YES! I HAVE RECEIVED SEXUALLY EXPLICIT MESSAGES.



Some of my colleagues have **received angry calls** from husbands of the women we attend to. One young ASHA sister had decided to quit her job because of this. **We had to stop her.**



I'm really sorry to hear that, Rajbala. You're doing such important work, and **you shouldn't have to face these obstacles alone.**



This conversation has given me a lot of food for thought. I am wondering **why we do not include ASHA workers when we are designing** digital technologies and apps.



IF I ASKED YOU WHAT TECHNOLOGISTS LIKE ME SHOULD KEEP IN MIND WHEN WE MAKE APPS FOR THE HEALTHCARE SECTOR WHAT WOULD YOU SAY?

Soham, **community work is my pride**. I get paid very less and sometimes very late. Yet I do this because it is my passion. **Technology must bring me closer to the community that I work with.**



I am beginning to see from Maria and Kamala's experience that digital technology can benefit if it helps us **track a wide range of things related to health and our payments.**



Technology should **reduce our workload, not increase it.**



I should say that digital technology must be **worker centric**.

How do you mean worker centric?

1

AS MY OTHER SISTERS HAVE SAID HERE, IT SHOULD MAKE OUR TASKS EASY AND MAKE IT TRANSPARENT FOR US AND THE COMMUNITY ALSO.

2

TIMELY AND APPROPRIATE DIGITAL TRAINING IN SMALL GROUPS THAT ARE MORE PERSONAL.

3

IT SHOULD MAKE SPECIAL PROVISIONS FOR TRAININGS KEEPING OLDER ASHAS IN MIND.

4

FOCUS ON THOSE WITH LESS DIGITAL LITERACY.



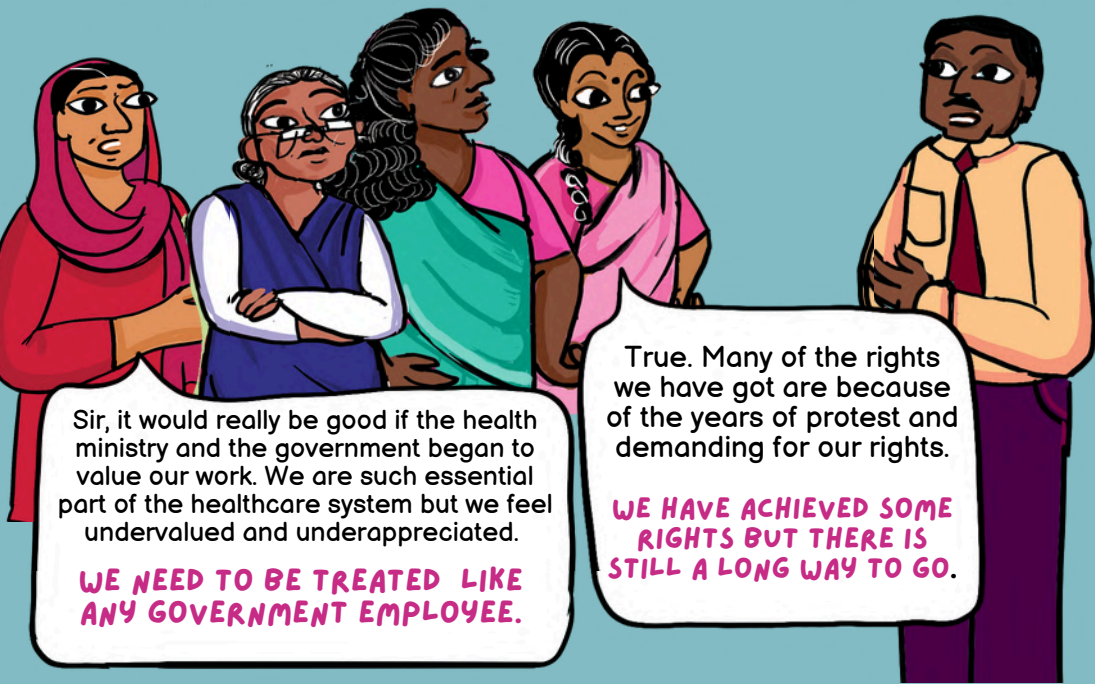
YES. AND TRAININGS NEED TO BE MORE PERSONALISED. AND CLOSER TO WHERE THE ASHA WORKERS ARE SO THEY CAN TRAVEL LESS.



AND TAKE INTO ACCOUNT DIFFERENCES IN LANGUAGES IN THE STATE.



AND IF I MAY ADD, WE MUST BE PAID FULL AMOUNT OF INTERNET AND DATA CHARGES. IN MOST OF OUR STATES, WE HAVE HAD TO PROTEST TO EVEN GET MONEY FOR DATA RECHARGE. AND EVEN NOW, WE GET LESS THAN WHAT WE ACTUALLY SPEND.



Sir, it would really be good if the health ministry and the government began to value our work. We are such essential part of the healthcare system but we feel undervalued and underappreciated.

WE NEED TO BE TREATED LIKE ANY GOVERNMENT EMPLOYEE.

True. Many of the rights we have got are because of the years of protest and demanding for our rights.

WE HAVE ACHIEVED SOME RIGHTS BUT THERE IS STILL A LONG WAY TO GO.

2 MONTHS LATER



You've shown us that real progress requires genuine collaboration. Now, it's our turn to listen and act. Together, we can build a democratic digital future.



The detailed timeline of integration of digitalisation in ASHAs work

MEGHALAYA



2019

NCD [Non communicable Diseases]

WhatsApp

2019

2022

ASHA First App

UWIN App

2023

2023

ABHA Card



HARYANA



2014

Airtel Sim Card (without internet pack)

2017

Digital survey with Divyang Sarthi App

2018

Vodafone Sim card (without internet pack)

2019

WhatsApp

2019

Mobile Academy app

2019

Kilkari app

2020

ASHApay app

2021

Smartphones with Sim card and internet

2021

MDM360 shield

2021

NCD-Gol app

2021

Zoom and Microsoft Teams

2023

ABHA app

2023

Uwin app

PMJAY app

2021





KERALA

2008

PCTS Portal [Pregnancy, Child Tracking and Health Service management System]

ASHA Soft

2015

WhatsApp

2015

NCD Survey [Non-Communicable Diseases]

2018-2019

COVID ASHA Sarvekshan App

2020

TB Survey

2021

2021

Family Planning App

Jan Kalyan App

2021

2021-2022

Nirogi Rajasthan

Aayushman Bharat

2022-2023

2023

PCTS App for ASHA

ABHA Card

2023-2024

2018

WhatsApp

2020

Zoom

2020

E-Sanjeevani telemedicine services at OPD

2021

EasyMan Software

2021

Approval of Phone Allowance for internet

2021

UHID (Unique Health Identification on Card)

2022

Shaili App

2022

OPDs (Out patient department)

ABHA (Ayushman Bharat Health Account Number)

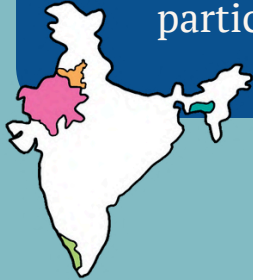
2023



This comic is a tribute to **1 million ASHAs** and their essential community healthcare work.

Based on ISST's study "*Digitalisation at the Frontlines: ASHAs' Experiences across Haryana, Rajasthan, Kerala, and Meghalaya*" the comic brings to life the voices of ASHA workers from Haryana, Kerala, Rajasthan, and Meghalaya as they navigate the digitalisation of their care work. The illustrations, based on direct quotes, emphasise how top-down digitalisation strategies often overlook the diverse needs of marginalised women workers.

The project offers a worker-centric, intersectional perspective and reflects on how inclusive, participatory approaches can lead to more gender-equitable outcomes.



Produced by



Created by



Research: Sreerupa and Sneha Makkad

Concept: Sreerupa, Jahnvi Andharia, Bhanupriya and Monika Sharma, Divya Khanna

Script: Urvi Sawant and Bhanupriya

Illustration: Urvi Sawant

About ISST



The Institute of Social Studies Trust (ISST), established in 1980, is a nonprofit organisation committed to building knowledge on gender, labour, and livelihoods. Acting as a bridge between theory and practice, ISST focuses on the gendered dimensions of work, well-being, and social justice. Using gender transformative approaches, through research, evaluation, and capacity building, ISST informs policy and practice on four key themes: Gender-Based Violence and Work; Informality, Precarious Work, and Care; Gender and Digitalisation of Work; and Women Powering the World of Work. For over two and a half decades, ISST's Saathi and Yuva Saathi Centres, located in the low-income locality of East Delhi, have provided safe spaces for children and adolescents, supporting their learning journeys, and introducing them to a gender lens and constitutional values.

About Behanbox



BehanBox is an award winning, women-led digital storytelling platform that produces in-depth, data driven and ground reports, on women and gender diverse persons in India. We focus on law, governance and policy to understand the implications of state and society on women and the diverse lives they lead. Our work has constantly tried to marry lived realities of women and non-binary people with data and evidence. Our mission is to mainstream gender issues to affect change.