



COVID-19 SOCIAL LISTENING SYSTEM



FRONTLINE WORKER SURVEY FINAL REPORT

Submitted by Institution for Disaster, Emergency & Accidents (IDEA)



ACKNOWLEDGEMENT

Institution for Disasters, Emergency & Accidents (IDEA) is pleased to present the **Final Online Perception Survey Report – Frontline Worker on COVID-19 – 2020** carried out in 14 districts to cover length and breadth of India under the Social Listening System created for World Health Organization (WHO).

The frontline (healthcare) workers are the first line of defence in India for any health emergency consisting of ASHA (Accredited Social Healthcare Attendant), ANM (Auxilliary Nurse Midwife) and AWW (Anganwadi Worker). This cadre of workers have displayed exemplary courage and commitment in their line of duty to serve during COVID-19.

This research was carried out to capture FLW perception on the community concerns, the occupational hazards of FLW that they experience, the mental and emotional distress that they suffer, also how they are coping with their present workload like continuation of essential services and stigma and discrimination related to their occupation.

This survey will facilitate the FLWs to understand, react or feel about the COVID-19 pandemic situation professionally as well as personally. Hardship faced and mitigation coping mechanism developed to deal with such an unprecedented pandemic. This survey can be used to assess further needs, solve problems, answer questions, establish baselines, analyse trends, and set goals for the planning of roadmap. The survey (the whole exercise) can be more enhanced to bring more light/insight in to our present cadre of FLW and design interventions to deal with their challenges more effectively.

We would like to thank the WHO (Country – India) Office for their continued support and guidance. We would also like to place special thanks to the WHO RTLs and field offices in the programme districts to assist us in carrying out this task. Last, but not the least the Government of India, District Collectors as well as concerned government departments of each of the programme districts for their continued support and guidance, without their support it would be impossible to capture the perceptions of frontline warriors.

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1. EXECUTIVE SUMMARY

The Frontline (Healthcare) Workers (FLW) in our country- the ASHA (Accredited Social Health Activist), ANM (Auxiliary Nurse Midwife) and AWW (Anganwadi Worker) form the backbone of our healthcare system in the country. These FLWs are at the forefront of COVID-19 pandemic response and are exposed to, not only infection due to their frequent exposure to the affected individuals with the disease, but also psychological distress, long working hours, fatigue, occupational stigma, and physical violence.

The transmission rate among the FLW is still being studied, but the current figures depicts that the considerable number of FLW allied services like civil defence, police force and sanitation workers have been affected by COVID-19.

These are challenging times for Frontline (healthcare) Workers (FLW), particularly those directly caring for COVID-19 patients. They are likely to be overworked, which makes them vulnerable to errors and possibly increases their risk of getting infected. Compounding this is the fear and mental exhaustion from overwork, death of patients, colleagues falling ill or dying from the infection, and their own safety. **If not attended the “Response / Responders Fatigue” would set in.**

With health-care systems getting overwhelmed, the FLW were involved in range of tasks from community sensitization, contact tracing, risk communication, ensuring home isolation and home quarantine, maintaining essential/ routine services, ensuring supplies and management and range of other tasks. Due to their socio-economical and educational standards they also face stigma from within their families and, they could be separated from their family on quarantine and lockdown or may opt not to go home fearing infection risk to their families.

Impact of social distancing and lockdown does not spare this cadre of healthcare workers, whose children may need to be looked after at home on account of school closures, and along with the care of elderly family members.

Amidst this scenario, the **COVID-19 Perception Survey and Needs Assessment: Grass root level health workers**, was designed and implemented in the 14 programme districts (North India - Chandigarh, Faridabad, Kargil, Ranchi, Delhi, South India- Andaman, Puducherry, Mysuru, East India- Changal (AP), Bishnupur, West India- Daman, Aurangabad, Dadra & Nagar Haveli) of the country based on high burden of COVID-19 cases, urban and rural mix, taking a country-wide approach, equally targeting ASHA, ANM, AWW workers. The survey was conducted in Ten local languages including **English, Hindi, Kannada, Marathi, Punjabi, Tamil, Urdu, Kashmiri, Gujrati and Bengali.**

The objectives of this assessment with the FLW is to understand the current level of engagement of the frontline (healthcare) workers in the COVID-19 scenario between June 20 – August 21, 2020. To analyse their perceptions on the disease, their understanding on the community perceptions related to the disease and finally their anxiety towards completion of their existing tasks. Also, to understand that how is response to COVID-19 different from the rest of the ongoing health initiatives. It was also aimed to understand how they are coping up with their own domestic duties, and what support mechanisms they need to ease their occupational stress during COVID-19 times.

This information is critical in devising risk communication and community engagement and capacity building strategies for FLWs to address the challenge of COVID-19 in the incumbent times and in near future.

The survey questionnaire was developed through a consultative process involving experts from the World Health Organization as well as with the government agencies like National Centre for Disease Control (NCDC), Government of India.

The survey was widely disseminated through the I-Chat Tool an online mechanism to collect data via any social media as well as any other online mechanism. The multi-lingual chat-bot based tool, was easily customized, and disseminated in the 14 districts with the help of Government of India (District Collectors Offices), WHO (Field Offices) and IDEA partners. The data collected was secured and within a month the survey was wrapped up and has been able to provide good insight in to the FLW perceptions related to COVID-19.

The tool used for the survey I-CHAT an interactive Chatbot - Handy Assessment Tool for Evidence Based Approach for Interventions. I-Chat is a part of wider interactive e-learning platform IDEAL developed by team IDEA. A self-driven methodology by using the provided dashboard based on self-input mechanism and minimalism approach and easy to use features. You can easily create a survey, run the survey through any of the defined- social media tools and yield results in the form a live/ dynamic dashboard.



An overwhelmed response was received. A total of 7,719 respondents participated in the survey among which 93.8% were female and 6.2% were male.



The study has exhibited concerns as 30% of the respondents have stated that though, people are welcoming but not willing to provide information.



Almost 15% of the total respondents have said that they are facing violence and aggression against them as accounted by 14% of ANMs, 16% of ASHAs and 17% of AWWs.



Almost, 45 % of ANMs, 38 % of ASHAs and 33% of AWWs have stated that wearing masks or covering their whole face is what they considered as most important practice and usually perform and advise other to enact.



However, due to shift in the requirement for the intervention on health care workers on COVID-19 response, it is evident from the results that routine health services are being affected.



There has been a challenge with regards to supplies of personal protective equipment's (PPE) like masks, gloves, face shield etc.



Also, cases of violence against the frontline health workers, tagged as 'Corona Carriers/Spreader' is another major concern.



Another interesting finding is that majority (30%) of health workers perceive that there are stigma/discrimination issues faced by allied service providers such as Police/Civil Defence/Sanitation Workers.



The frontline healthcare workers as well as the other frontline respondents have been compassionate and resourceful towards the problem and issues of each cadre.



Unfortunately, people in quarantine (20% approx.) and those who have recovered (17%) are also facing discrimination as they can spread the virus among the community. Not only this, but the doctors and nurses (19% approx.) who are working tirelessly day and night for the betterment of the patients are stigmatised by the community. There is a false myth among the community that all the people who are associated with healthcare services will spread coronavirus.

2. INTRODUCTION

The frontline (healthcare) workers are acting as first level of defence the COVID-19 Pandemic. Incorrect attitudes and insecurity in carrying out the work will directly influence practices and lead to delayed diagnosis, poor infection control practice, and spread of disease. This study is aimed to assess the perceptions of the frontline (HC) worker towards COVID-19.

Limited studies have been carried out on COVID-19 response undertaken by the frontline (HC) workers, in country and abroad. One of the studies conducted by a technical publication on Public Health* revealed that the risk of frontline (HC) workers turning positive is high due to their continuous exposure to the community (symptomatic & asymptomatic carriers). Further, coupled up with rising stigma and discrimination now as this study reveals not only limited to this community but also to allied workforces is an issue to be resolved with regular dissemination.

This situation is further compounded with no domestic support in their own lives, along with in-house stigma and discrimination, coupled up with the loneliness (if staying away from the family) and fatigue. All these issues are sensitive and need to be solved within a dedicated timeframe or we could be facing mutiny if we do not begin a soft approach. Like the happiness workshops and other elements of mental well-being in to our regular programme design.

This survey is a part of the Social Listening System developed for the World Health Organization (WHO) by Institution for Disasters, Emergency & Accidents (IDEA) and is a sincere attempt in that regard, so that the voices of the ground could be heard, deliberated, and resolved. The FLWs concerns, insecurities, needs could to be heard and solved and support systems strengthened by capacity building of this cadre.

Hence, the information collected, collated, analysed, and presented is critical and needs to be shared at the right forums to bring risk informed policy making.



“We salute the dedication & commitment of all the frontline healthcare workers who have tirelessly served the community in testing times.”

Team, IDEA

3. METHODOLOGY



An Anganwadi centre, Aurangabad

Methodology

COVID-19 Perception Survey and Needs Assessment: Grass root level health workers including ASHA, ANM and AWW has been carried out in 14 districts of the country. The selection of these districts was based on high burden of COVID-19 cases, country-wide coverage, and representing thin and dense workforce of FLW along with rural and urban mix.

The objective was to target 37,137 FLW cumulatively in these districts of South Andaman, Changal, Chandigarh, Bishnupur, Dadar, Aurangabad, Puducherry, Kargil, Faridabad, Ranchi, Mysuru, Daman, Delhi and Kolkata as a population represented for this cadre of healthcare workers through the Social Listening System platform.

Table 1, shows the distribution of districts and support sought from the agency.

Districts	Field Support
South Andaman	WHO FS
Changal	IDEA
Chandigarh	WHO FS
Bishnupur	IDEA
Dadar	WHO FS
Aurangabad	WHO FS
Puducherry	WHO FS
Kargil	DC Office
Faridabad	WHO FS
Ranchi	IDEA
Mysuru	DC Office
Daman	WHO FS
Delhi	WHO FS
Kolkata	WHO FS

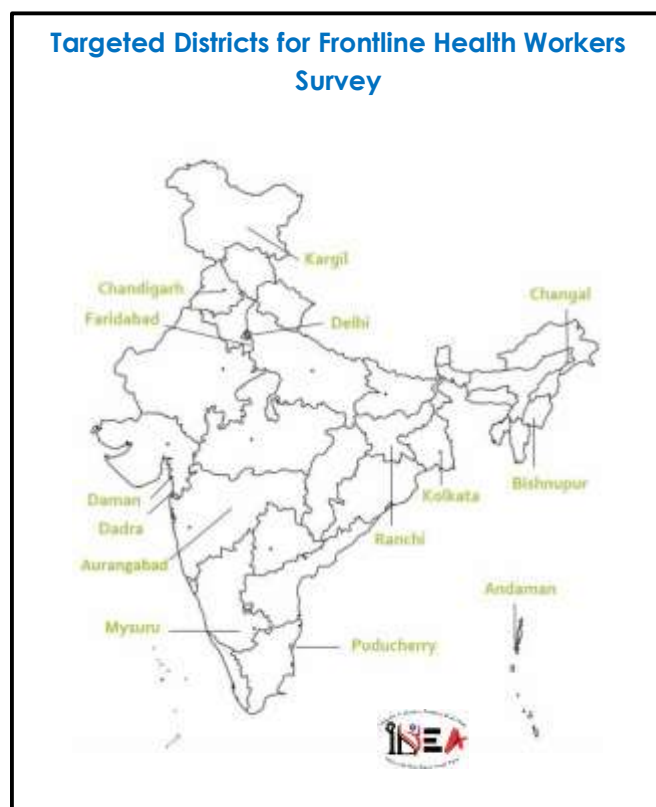


Table 2 below shows the number of ASHA/ ANM/ AWW in each of the survey districts.

District	ASHA	AWW	ANM
South Andaman	138	372	102
Changal	298	449	65
Chandigarh	21	450	176
Bishnupur	238	972	76
Dadar	332	303	145
Aurangabad	2143	3591	494
Puducherry	246	661	279
Kargil	271	677	125
Faridabad	1066	1275	248
Ranchi	60	312	43
Mysuru	1820	2860	435
Daman	77	62	46
Delhi	4000	10,000	1400
Kolkata	705	0	104

The survey tool used in this is called **“I-CHAT”** a chatbot based tool developed in Ten languages to cater the FLW cadres in the selected 14 districts of the country. This survey tool has created a wholly new perspective in “Survey Technology” right from reachability, privacy, time adaptability, attractiveness, presentation all these attributes have been complacently adhered too.

The data backend is equally flexible and dynamic in nature, with each Survey Tool being represented with its own stand-alone dashboard creates a unique sense of independence and flexibility in the data. Representation of the data can be manifested in to pie-charts, bar graphs and other infographics.

The peculiar norms highlighted by the target audience in this Survey (FLW) was that they were able to submit their inputs at their own convenient time, in their own convenient language and had privacy with full understanding of the question being asked. This brings a huge amount of authenticity to the data collected.

The number of responses keyed in might not be huge, but have covered 95% confidence measure at confidence level of 4*. Thus, enabling us to justify the same in terms of the fall of data.

The methods of carrying out the data was simple, links were shared with WHO field teams (FT), targeted District Collectors offices and some CBOs where necessary.

WHO FT further liaised on our behalf where necessary, in some of the districts IDEA Team independently approached the local government and propagated the survey.

The responders once received the link, filled in the survey at their own convenience and data was accumulated. Also, we need to take this in to account that, each responder could take as much time as needed in pondering over the data, there was absolutely no hurry in filling up the survey.

This relaxed time, certainly has provided more authenticity to the findings. Also, in terms of data security, just to emphasize that there is a two layered security on the database on top of limited access granted to programme staff only. The data once stored can be accessed even after a long time and can be revisited to deliberate on future findings.

Table of district wise and language wise response rate.

District	Response Rate (geotagged)	Language	Response Rate
South Andaman	74	Bengali	920
Changal	413	English	1294
Chandigarh	64	Gujarati	520
Bishnupur	34	Hindi	1669
Dadar	114	Kannada	1116
Aurangabad	1755	Kashmiri	146
Puducherry	547	Marathi	1216
Kargil	157	Urdu	204
Faridabad	310	Punjabi	214
Ranchi	219	Tamil	514
Mysuru	1181		
Daman	18		
Kolkata	321		
Dadar & Nagar	114		

4. SURVEY ANALYSIS



An ASHA worker in Kolkata

Survey Analysis

Frontline (HC) workers, the first line of response to COVID-19 in our country, have aroused an increasing interest within the nation on themselves and how they are delivering the work.

However, the community does not have a clear understanding of what is the routine line of duty for a health worker. There are gaps in the evidence with regards to frontline health worker's role under COVID-19 response/ and its action plan, though, the media bulletins are filled with news of COVID-19 and its underlying executive steps.

The frontline (HC) workers play an indispensable role in reducing health disparities within the under-served communities.

They act as an interface between the community and the public healthcare system by providing maternal and child services and other public health-care services under the guidance of National Health Mission (MOHFW). India has three cadres of grass-root level Community Health Workers;

- Auxillary Nurse Midwives (ANMs),
- Anganwadi Workers (AWWs),
- Accredited Social Health Activists (ASHAs)

They play a crucial part in informing the communities regarding the prevalent health issues, sanitation & hygiene, nutrition etc.

These frontline workers like ANMs, AWWs and ASHAs are playing a great role as “warriors” in these uncertain times of COVID-19 by spreading awareness among the communities and taking actions for early detection and further referral of suspected COVID-19 cases.

These frontline workers have been working in a determined manner throughout the COVID-19 outbreak till date, to contain the spread of the virus.

In addition, they have been facing difficulties like inadequate receiving of proper protective equipment (PPE) masks, gloves, disposable gowns, shoe covers and other safety items for carrying tasks like contract tracing and door - to-door survey.

The FLW have also been subjected to stigma and discrimination and in certain cases also been violently targeted by the community and in some cases even by their families.

The survey tool (questionnaire) was developed through regular consultation and brain storming, through the support from government agencies.

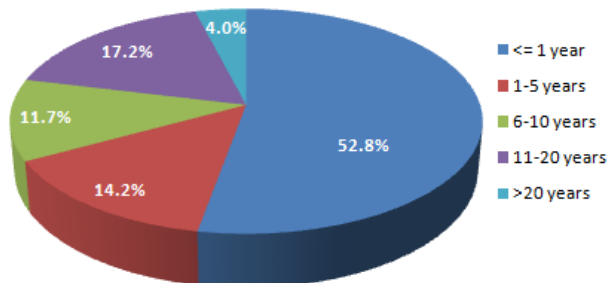
The survey has been designed to bring out the health workers perceptions on the key issues including community concerns, coping mechanism, difficulties in carrying out routine work, stigma, and discrimination, etc.

Number of Years of Work Experience

A total number of 2,516 respondents attempted this question from 14 districts. 52.8% of the respondents have worked 1 year or less than one year as health worker, followed by 14.2% who have experience of 1 to 5 years in the community health service field. **Therefore, more than 50% of the respondents were young. Though a significant number of respondents have work experience of 1 to 5 years. However, 4% of respondents have experience of more than 20 years.**

53% (approx.) of the respondents have 1 or less than 1 year of work experience.

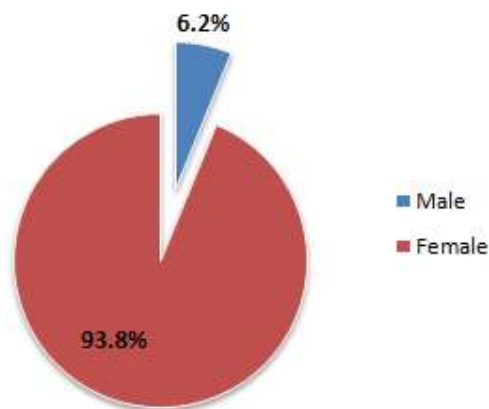
Figure 1: Number of years of work experience of Respondents (N=2516)



Number of Male Vs Female Respondents

94% (approx.) of the respondents are female frontline health workers

Figure 2: Gender profile of Respondents (N=2967)



Health care sector is women – dominated, and therefore we can see, **that of total respondents, 93.8% of health workers are female. Only 6.2 % of the respondents are as male.**

Time Since Involved in Covid-19 Response- Serving As COVID Warrior

Figure 3: Time since when working in COVID-19 Response (N=2137)



85% (approx.) of the respondents are working in the field since the beginning of the pandemic.

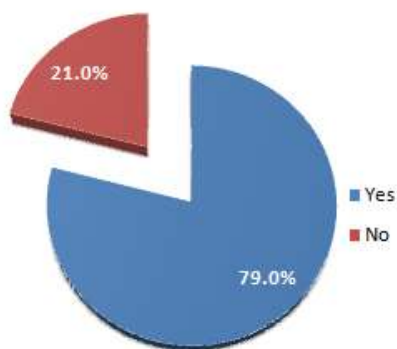
Health worker are the frontline warriors who interact with community and perform various tasks such as contact tracing of the suspected/ confirmed cases, immunization, vaccination and provide other essential healthcare services.

Figure 3 highlights the time since when the respondents got engaged in the COVID-19 response. There is an overwhelming consensus that majority of the frontline (HC) workers engaged themselves in COVID-19 response/management from the initiation.

Education, Awareness or Sensitization Training on COVID-19 Management

79% of the respondents have received training on COVID-19 management

Figure 4: Have you received any training on COVID-19 management (N=2063)



From the figure 4, it has been noted that around four-fifths of the respondents have received some sort of synchronized COVID-19 training. This indicates that majority of the respondents have benefited from the training programmes which was managed by the concerned authorities during COVID-19 initial response action plan.

Since the beginning of COVID-19 response customized training programmes, FLW tool kit various IEC materials in several languages, inspirational and motivational messages were specifically designed and targeted for FLW by the Ministry of Health and Family Welfare, World Health Organization and State Health authorities.

Modality of Working

84% (approx.) of the respondents are reporting to the concerned health centres during this pandemic.

Figure 5: Modality of working (N=2016)



Majority of the responded health workers are reporting to the Health Centres and hence the modality of the work is still field based.

Since the onset of this pandemic the way of working and the modality of business has changed significantly while most of the essential services like service delivery and education have migrated to the online mechanisms of working, health care services being at the centre of pandemic response have continued to ensure the services continuity functioning 24/7 through their regular business mode.

Despite of newer regulations and technologically enabling frameworks like tele-medicine and virtual consultation came into medical practice.

The functioning of quintessential frontline healthcare workers has remained unchanged which is evidently visible and reaffirmed through the survey response.

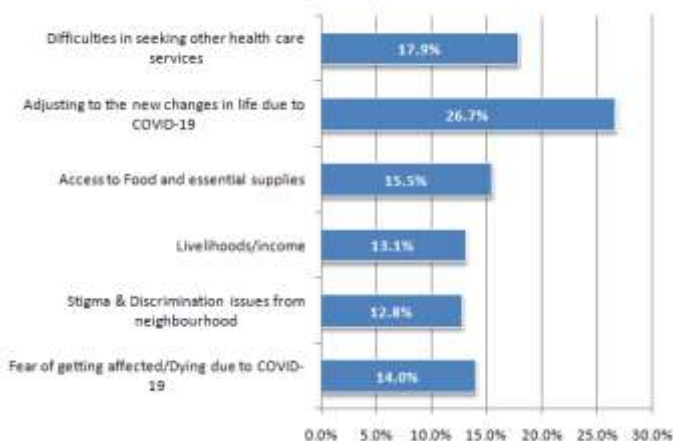
Community's Major Concerns During COVID-19 Through the Eyes of Frontline Healthcare Workers

This pandemic has disturbed the Society, and it is difficult for the Society to accept the "new changes" like lockdowns, social distancing, wearing mask etc. which is becoming the "new normal".

This along with rapid increase in the number of confirmed cases of COVID-19, misleading information about the disease symptoms and cure created confusion and fear among the society. Circling of fake news and rumour further have complicated the situation.

27% (approx.) of the respondents stated that community is concerned about the new changes in life due to COVID-19.

Figure 6: What are some of the major community concerns (N=3858)



According to health workers perceptive (ANM- 59%, ASHA- 40%) community is concerned about the 'new normal'. About 26.7% of the responders said that people are unable to adjust with new situation is their life due to COVID-19. This concern can be social or economic in nature and needs to be further investigated as in both ways the society is getting affected.

Secondly, 17.9% respondents stated that people are facing difficulties in seeking other health care services. However, according to 13% (approx.) respondents, community is concerned about the stigma and discrimination they are facing/ might face in this pandemic scenario.

Moreover, 13% of the respondents stated that people are concerned about their livelihood and income. During the pandemic, many skilled and semi-skilled labours have lost their jobs and are/were forced to migrate to their native places.

During lockdown phases, food insecurity is/was another major concern. Especially, the vulnerable and slum population has been adversely affected by this. About 16% (approx.) of the respondents said that people are concerned about the food and other essential supplies as there was a mismatch in demand and supply cure during the pandemic.

About 13.1% of the respondents have stated that their main concern is Livelihood and income, even authorities have recognised this fact, and hence a big push on skill development and employment generation and relaxation of dues is being extended by the govt.

Around 12.8% of the respondents are still worried about the stigma and discrimination issues from the neighbourhood. This showcases the fear of being "labelled/ tagged".

Interestingly, only 14% respondents' said people were afraid that they will be infected from coronavirus. Hence, still despite huge number of cases in our country, still the risk perception towards the disease is low within the community, so we need to further enhance the RCCE interventions for the community to stop this "risk taking behaviour".

Further, on **second interpretation of the same data we can conclude that misleading information about disease's symptoms and traditional cure have confused the community and hence created fear among the society.**

Frontline healthcare workers are eyes and ears of the community. The concerns identified by the community is reflected by them and hence the magnitude of the problem existing within the Society identified.

The findings on the community concerns are also in line with those observed in the Risk Perception Survey carried out in the urban slum community of 10 cities in India as the part of the Social Listening System.

Therefore, raising awareness and maintaining positive flow of information is essential within the society.

Psychosocial Health Care

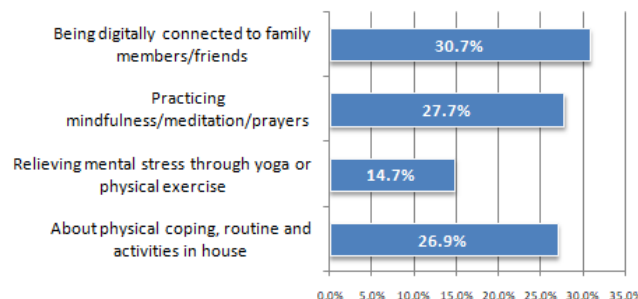
For many people, the uncertainty surrounding COVID-19 is the hardest thing to deal with. Issues like, the extent of impact, how long will it last, how worse the situation can be, etc have spiral out into panic, anxiety, and fear. COVID-19 due to its unpredictable and unprecedented properties have implicated the Society not just with mortalities and morbidities but grave psychological implication too.

COVID-19 has also brought a physical divide in the way community, families and friends interact with each other. India as a country, quickly adapts and is resilient to these vulnerabilities to certain extend.

Even during COVID-19 times, during the period of extended lockdowns the Indian Society revisited several practices like doing yoga and physical exercises at home, creating better bonding within the family, and getting adjusted to new normal.

31% (approx.) of the respondents have suggested community to be in touch with their family/friends digitally.

Figure 7: How are you supporting/advising families to cope with current COVID-19 crises (N=3066)



Health workers are advising families to stay connected with friends and families through digital medium (31%), followed by practicing **meditation/prayers (27.7%)** and **advise about coping, routine, and activities in-house (27%)** to cope up with the anxiety and confusion they were facing during national level lockdown due to rapid spread of COVID-19 pandemic.

Along with it the frontline health workers are making people aware about our traditional practices like yoga and physical exercise (15%) to relieve their mental and physical stress.

50% of ASHA and AWWs, 36% of ASHA workers are signifying that spending more quality time with family rather than watching, reading, or listening to news about COVID-19 and seeking information from trusted source will reduce the distressed level among the community.

The role of frontline healthcare workers has been very important in advising communities not just for COVID-19 related management and for comprehensive well-being.

The presence and the interaction of the frontline healthcare workers with the community instilled a sense of confidence among themselves as well, which further motivates them in managing range of issues from COVID-19 symptoms to comprehensive fear and stress management. This shows that rather than just providing health care services, health workers are looking after the community's overall well-being.

Impact on Their Own Mental Health

Although, the frontline (HC) workers are at the forefront in the battle of COVID-19, they are also part of the Society and have been facing lot of challenges in discharging their duties personally and professionally.

Feeling under pressure, stress and feelings associated with it are experienced by the frontline health workers. Due to fear with stigma associated with COVID-19 as well as prolonged and difficult working hours the frontline healthcare workers were bound to be affected by mental health issues.

But at the same time the need and demand of their services is enormous within the community, most of the frontline healthcare workers have responded beyond of the scope of their services without caring about their own mental and physical well-being.

40% (approx.) of the respondents are unable to pursue personal interests due to increased care giving responsibility.

Figure 8: Describe impact of COVID-19 on your own mental and emotional well-being (N=2680)

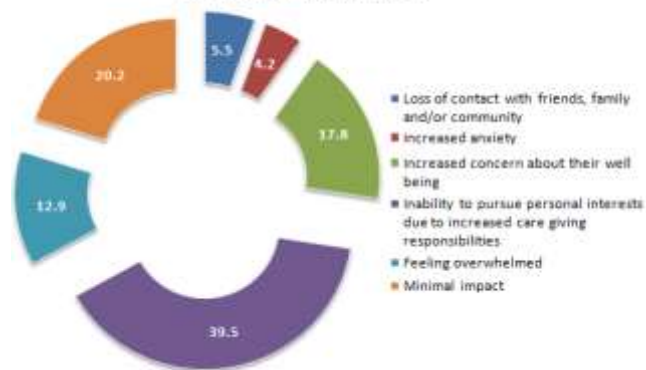


Figure 8 represents health workers' concern about their own mental and emotional well-being.

Majority of the respondents stated that inability to pursue personal activities due to increased job responsibilities and risk associated with it has impacted adversely on their daily routine. About 17.8% of the respondents have said that they are having increased concerns about their own well-being. Almost 12.9 % are feeling overwhelmed with the situation, they do not know how to manage the situation.

Long working hours and the risk of getting infected have increased anxiety among the community health workers (4 %). Inability to interact with their loved ones and friends has also impacted the healthcare workers mentally is (5.5%). Almost 13% of the respondents stated that they have lost contact with their friends, family, or neighbourhood.

On the other hand, 20% of the respondents have stated that the COVID-19 response has minimal impact on their life. This can be due to continuous work load that they face throughout the year/period.

It is becoming apparent from the results that the mandatory long duty hours and the risk associated with it, have not permitted the health workers to work on their personal interests or on their hobbies or any kind of recreation this has deeply impacted them mentally.

Challenges While Working

News like several frontline (HC) workers getting infected or dying due to COVID-19 have impacted health workers' mental strength adversely.

The limited supply of personal protective equipment, close interaction with the suspected COVID-19 case, long working hours in the field dealing with never dealt issues before like dead body management and

25% of the respondents are worried about their family's safety

increased workload on the healthcare workers has resulted into a host of challenges and anxiety among the frontline healthcare workers. The fear of getting themselves and their family infected and at certain times inability to take care of their children and family members developed the constant psychological impact on the FLWs.

As we can see in figure 9, majority of the respondents are anxious about themselves and their family's safety (25%). Additionally (22.2%), they have raised concern about difficulties in taking care of their loved ones. Almost (23%) face the threat of **Discrimination and fear of infection has forced them to stay away from their family (39% ANMs, 28% ASHA, 24% AWWs).**

Almost (12%) say that they are feeling exhausted and tired. About (9.8%) feel mental exhaustion due to over-work/ and witnessing

31% (approx.) of respondents says though people are polite but do not share information with them.

death of patients. Also, (8%) feel that they lack any kind of domestic support.

Indeed, providing health care is a humanitarian profession and the health workers have a duty to take care for the sick. **Occupational safety and mental health concerns emerged as one of the key findings during the COVID-19 FLW response analysis.**

Undertaking Home Visits

The FLWs performed the challenging task of door to door visits for contract tracing, case identification, sample collection, counselling and psychosocial support to the communities and various other tasks of ensuring maternal and child care, routine immunization and vaccination continuing treatment for diseases like leprosy, tuberculosis, and hypertension, etc.

But during the coronavirus pandemic, most of the frontline health care workers visit homes around the country to provide vital services as shown in figure 10.

Figure 9: Challenges faced at home (N=3238)

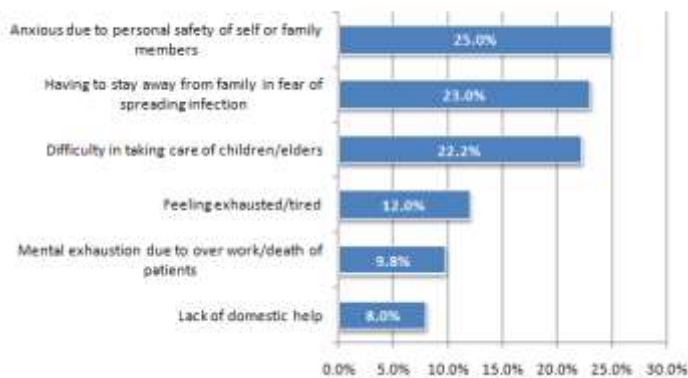
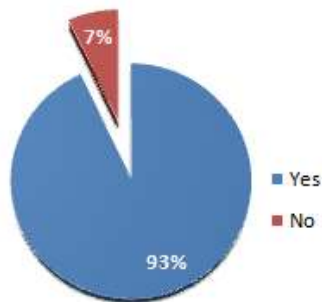
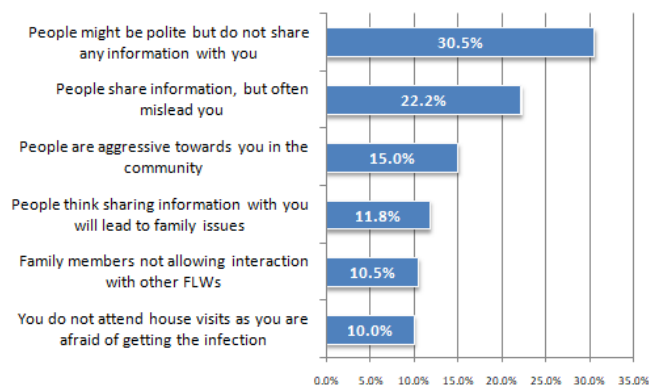


Figure 10: Are you undertaking house-to-house visits regularly (N=1463)



As we can see that about **93% of the health workers are undertaking home-to-home visits to check upon the COVID-19 patients as part of contact tracing** and to make people aware of the preventive measures.

Figure 11: Concerns impeding undertaking of house-to-house/community visits (N=1982)



There has been a rampant prevalence of misinformation and stigma within the community with regards to spread of COVID-19.

Healthcare workers spreading the infection was one of the common perceptions. At the same time various other stigma related to the treatment and mismanagement of the COVID-19 cases in the hospitals was also leading to confusion.

Thus, people started hiding the information with regards to symptoms and other community members getting affected from the frontline workers. **The survey results clearly points out the trust gap between the community and healthcare workers.** This dimension has also resulted into community coming together to prevent healthcare workers to undertake home visits and at certain times resulted into violent attacks on the frontline healthcare workers which was a major concern within the healthcare community.

In order to address this issue, the government amidst the ongoing response brought into practice a modification to the 1897 Epidemic Act and provide the legal immunity for the safety and security of health care workers. However, **this has also raised concerns as 30% of the respondents have stated that though, people are welcoming but not willing to provide information.**

This shows that though the community is acknowledging the role of the role the FLW play in saving lives and keeping your loved ones safe, but mislead them by providing wrong information in the fear to COVID-19 investigation.

Moreover, it was been noticed that a large section of health workers (15%) on duty are **facing violence and aggression against them as accounted by 14% of ANMs, 16% of ASHAs and 17% of AWWs.** It damages and hampers the work of frontline (HC) and may ultimately affect the health care services/ response of COVID-19 to the public. According to 12% of respondents people are still afraid to talk about their families and domestic issues. According to national and international journals and reports issues like domestic

violence and sexual abuse have increased periodically during the lockdowns. **IDEA, had also conducted a follow-up study in the ten selected cities in which the urban slum risk perception survey was carried out and it was evident that domestic violence is on the rise and playing havoc with the lives of women and children of already saddened community.**

Almost (11.8%) of the respondents say that community still do not mingle with FLWs for the fear of catching infection. Protection of the health workers who are willingly working to provide essential health care services during this pandemic is must. We need to notice that 10% of the respondents have also conveyed that they are not undertaking house to house visits.

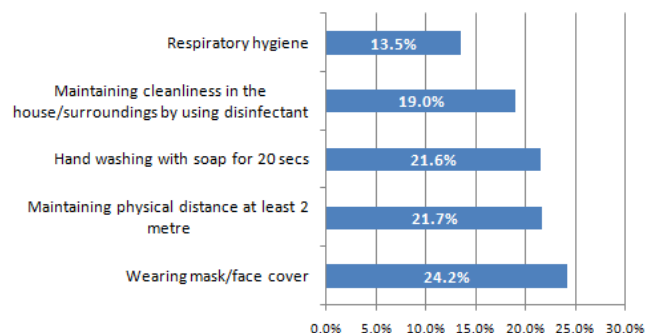
Key Preventive Behaviours to Promote

To contain the spread of the Coronavirus, health experts have tried to enhance protective behaviour amongst the community, such as maintaining proper hygiene like wearing mask, hand wash with soap, maintaining social distance etc.

According to figure 12, majority of the respondents keep the preventive norms in kind while serving the community. Wearing masks and maintaining physical distance and sanitizing hands more often are key behaviours that health workers **usually perform and advising others to enact.**

According to the 25% respondents wearing mask/ covering face is the key protective behaviour they impart

Figure 12: Which are most appropriate behaviour for COVID-19 prevention that you should impart? (N=4136)



45 % of ANMs, 38 % of ASHAs and 33% of AWWs have stated that wearing masks or covering their whole face is what they considered as most important practice.

Similarly, (21.7%) of the respondents that is 45% of ANMs, 37% of ASHAs and 32% of AWWs have tried to maintain 2 metres of social distancing norm while working. Along with that health workers are making people aware about the preventive measures like respiratory hygiene (14%) and (19%) say maintaining cleanliness by disinfecting the essential supplies and the surrounding regularly. Also, hand washing techniques (22% approx.) have been taught to the communities by the health workers.

This reflects that though, they have long working hours and must keep extra precaution, still the health workers are **practising the protective measures and making other understand the effectiveness of it by their actions.** Adequate risk communication with regards to preventive measures, personal and respiratory hygiene, hand washing and physical/ social distancing have been repeatedly reiterated through various media and communication platforms including digital print and electronic media by the Government of India, Ministry of Health and Family Welfare, WHO and other organizations have successfully converted into protective behavioural practices adapted by the community and the health care workers.

Around and equal percentage of weightage given to the preventive practice demarks the sensitivity to preach and practice each one of those.

Activities/Programmes Affected by COVID-19 Response

The frontline healthcare workers play a key role to roll out and implement several community-based health care interventions and act as a last mile resource to the enormous healthcare infrastructure. They are the frontline agents of change, helping to reduce health disparities in under-served communities.

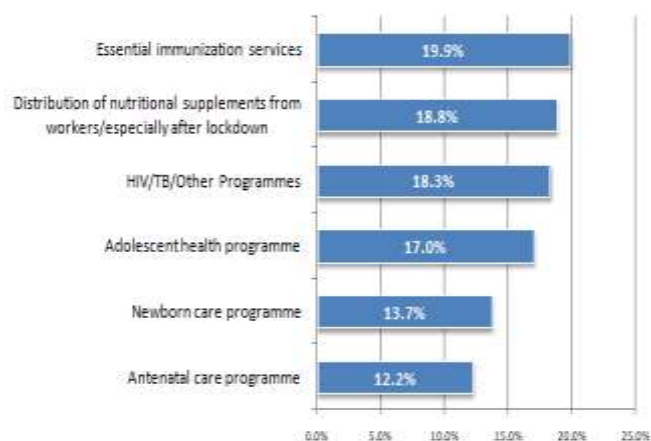
Providing health care services to pregnant and lactating mothers and to infants, medical screening, and providing emergency services to adults, immunization, and vaccination. In addition, issues like domestic violence, discrimination and children food & nourishment are also considered to be taken care by health workers.

However, due to shift in the requirement for the intervention on health care workers on COVID-19 response, it is evident from the results that routine health services are being affected.

Sizeable proportion (20%) of frontline health workers said that essential immunization services are being affected followed by distribution of nutritional supplements (19%) and HIV/TB/Other programmes (18%) are adversely affected.

Though, health workers are trying their best but it seems that COVID-19 pandemic has significantly affected the continuity of other essential healthcare services.

Figure 13: Routine health services affected due to COVID-19 duty (N=3577)

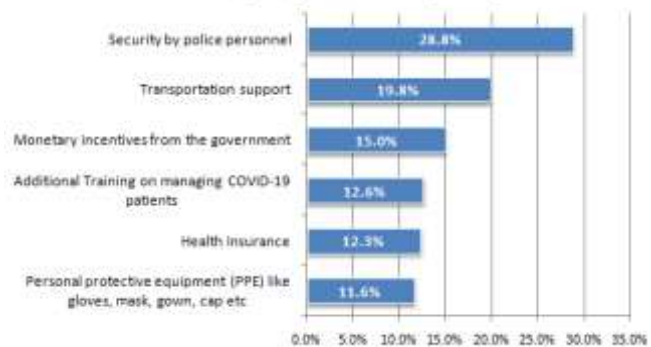


Safety & Security of Health Workers

Though, the health workers are ensuring our safety, but their safety and security is highly compromised during the pandemic response. As the virus spreads, it is of increasing importance that health workers protect themselves. **There has been a challenge with regards to supplies of personal protective equipment's (PPE) like masks, gloves, face shield etc. Also, cases of violence against the frontline health workers, tagged as 'Corona Carriers/Spreader' is another major concern.**

29% (approx.) of the respondents requested for security by police

Figure 14: What are your additional needs before visiting community hotspot for COVID-19 (N=3650)



Interestingly, (29%) majority of health workers (45% of ANMs, 38% of ASHAs and 27 % of AWWs) said that security by police personnel is what they require the most before visiting hotspot for COVID-19.

This was followed by Transportation support (20%). Community's possible hostile behaviour towards health workers has the potential to impede COVID-19 prevention and management.

Furthermore, the respondents have said that incentives like extra pay (15%) and health insurance (12% approx.) is what they required for their safety. Interestingly, about 13% of the respondents have asked for additional training on managing COVID-19 patients.

A lot of state government and health departments have acknowledged the role of frontline healthcare workers and the health insurance cover of a significant amount has been allotted to protect the FLWs. This has led to a surge in the sense of safety and security among the healthcare workers.

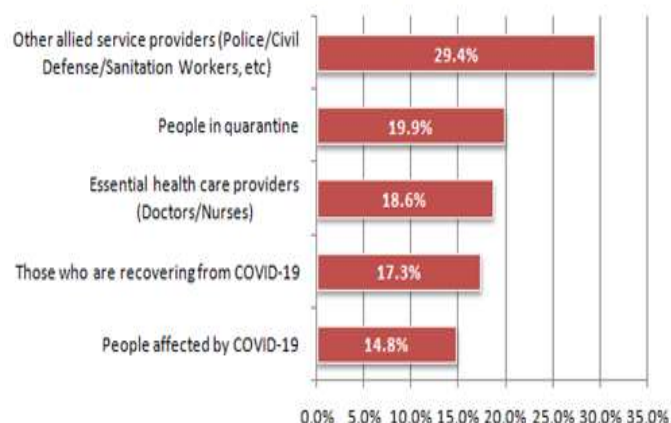
Stigma and Discrimination for Different Groups

Stigma associated with COVID-19 poses a serious threat to the lives of healthcare workers, patients, and survivors of the disease.

COVID-19 has created unprecedented panic in the minds of people. Social stigma is attributable to unscientific belief and improper understanding which is also influenced by misleading and fake news circulated on social media.

50% of the respondents said that they are not allowed to come near their children after going home.

Figure 15: Are there stigma/discrimination issues in any of the following groups (N=2492)



Another interesting finding is that majority (30%) of health workers perceive that there are stigma/discrimination issues faced by allied service providers such as Police/Civil Defence/Sanitation Workers. The frontline healthcare workers as well as the other frontline respondents have been compassionate and resourceful towards the problem and issues of each cadre.

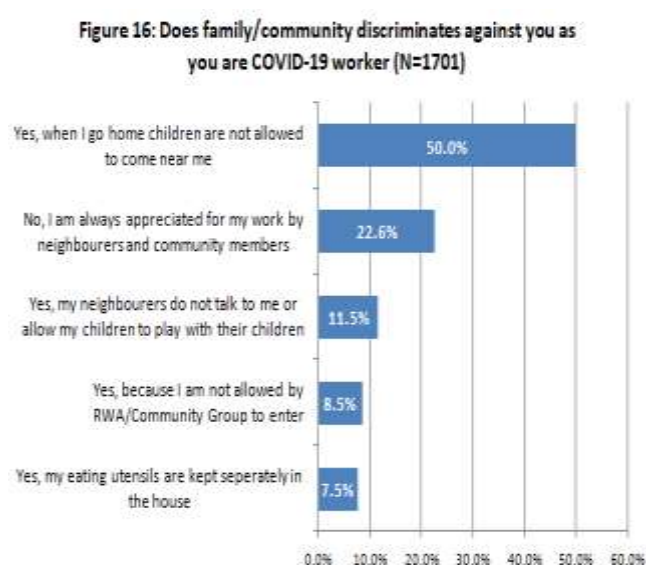
They have also tried their bit to ease out the issues related to stigma and discrimination with their colleagues. Unfortunately, people in quarantine (20% approx.) and those who have recovered (17%) are also facing discrimination as they can spread the virus among the community.

Not only this, but the doctors and nurses (19% approx.) who are working tirelessly day and night for the betterment of the patients are stigmatised by the community. There is a false myth among the community that all the people who are associated with healthcare services will spread coronavirus.

This also calls for a long-term community level behaviour change initiative. Stigma related to COVID-19 can only be countered through proper education and awareness generation as well as countering the fake news, myths information and false perception related to diseases.

Stigma and Discrimination by Families or Community

Some healthcare workers have unfortunate experiences of avoidance by their family or community owing to stigma or fear. This can make a challenging situation far more difficult to deal with. Media reports reveal that the health workers dealing with COVID-19 patients are facing substantial social discrimination like vacate the rented homes, being attacked while working, etc.



Almost 50% of the respondents are experiencing (38% of ANMs, 36% of ASHAs and 32% of AWWs) family discrimination against themselves, as the family believes that they can spread the infection to the other family members, friends.

However, on the positive note, 23% of the respondents stated that they are being appreciated for their contribution by their families and community. Frontline healthcare workers are forced to leave their localities (9%) while few who stay with their family must use different utensils and other care-items at home (8%) to ensure the safety of their family.

The complexities of COVID-19 and its mandatory precautionary measures as well as call of the duty have accumulated as a stragglng factor for frontline healthcare workers to stay away from families and friends for prolonged duration, risk of getting infected and at times hostile behaviour from their neighbourhood.

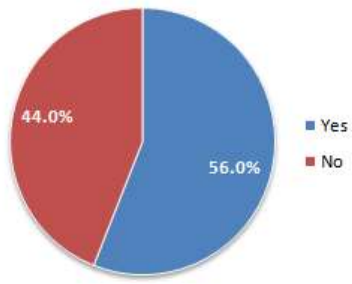
In certain cases where the family support has been evident to deal with the psychological stress experienced by frontline healthcare workers more effectively. The Honourable Prime Minister of India on several occasions have appreciated the contribution of FLWs and educated the society to show compassion and respect towards those risking their lives on a call for duty for the sake of others.

Scenario Based- Sanitation Workers Are Being Stigmatised

In the survey a situation-based question was provided. It's an interesting study as 56% of the respondents stated that the sanitation workers and allied workers are being stigmatized and discriminated by communities in the fear that they are the Corona Carriers are will infect them.

However, 44% of the respondents responded negatively which gives us this impression that either they do not know, they are being stigmatized. Either, the community welcomes the health and sanitation workers in the community and appreciate for their hard work. Community sensitization and behavioural change pattern eventually sets within the community after prolonged sensitization through various mode of risk communication.

Figure 17: If Sanitation worker at neighbourhood clinic is not allowed in community? Is this stigma issue (N=1128)



4. SHORTCOMINGS AND LIMITATIONS



An ANM working in the community

SHORTCOMING

- The survey questionnaire with 12 questions was possibly found to be too long by the respondents. Hence, all the subsequent surveys and feedback process with this kind of survey methodology and target respondents might need to have fewer questions.
- The questionnaire should include direct and demand specific questions. It creates confusion for what to write. For instance, question regarding the work experience as health workers should have been divided into two direct question where one is related to number of year experienced whereas other regarding their designation.
- Tools need to be in further, local language to connect with the local population.
- Alternate social media platforms are needed as literacy and technology-based capacities become a challenge (both IVRS and WhatsApp were used to connect along with physical interviews) with vulnerable groups within the Society. Districts that were not part of the original survey and to overcome this challenge the responses were geo-tagged to filter out the responses from non-assessment cities.
- Dissemination of survey via social media platforms could help in bringing wider perspectives and more data inputs.

LIMITATION

- A total of 6,996 participants responded to the survey against the total 7,719 screened respondents. Not all screened respondents participated in the survey, which resulted in this shortfall.
- Screening in frontline health worker was done by WHO RTLs and the District Administration. As this was a social media driven perception survey, hence respondents with phones were selected, and there could be a selection bias. Due to limited scope to explain questions, some questions might not have been comprehended by the respondents; hence there could be some information bias.

5. KEY RECOMMENDATIONS



An ANM and an ASHA worker in a PHC in Aurangabad

Major Observation	Key Recommendation
<p>We observed that majority of the survey respondents had fewer number of years of work experience.</p>	<p>This could indicate that the younger group of the health workers participating more in the survey is more receptive to receiving new information and involve in dialogue related to COVID-19 prevention and management. This aspect should be leveraged in our interventions and “younger” group could be effective champions for change in the fight against COVID-19.</p>
<p>Though 79% of the health workers said that they had received any training on COVID-19 management, another 21% said that they had not received any such training.</p>	<p>This aspect needs consideration and attempts should be made to train the remaining 21% frontline health workers in COVID-19 prevention and management.</p>
<p>Respondents felt that other health care services are being affected including essential immunization and other pertinent services, such as the national programs such as HIV and TB.</p> <p>Majority of health workers feel that increased responsibilities due to COVID-19 duty is adversely affecting their personal lives, including the stigma and discrimination they are facing at their home and neighbourhood. This could have long term psychological impact on health workers and may deter their COVID-19 duty and may have “Responders/ Response Fatigue”, which will affect their other duties related to other ongoing health programs.</p>	<p>Strategic Planning and effective intervention is required to ensure other pertinent health services are not disrupted due to predominant emphasis on COVID-19 management.</p> <p>This aspect needs policy consideration. Initiatives on psychological support to the health workers should be developed to prevent any adverse impact on health services delivery due to this psychological impact on the large health workforce at the peripheral level.</p>

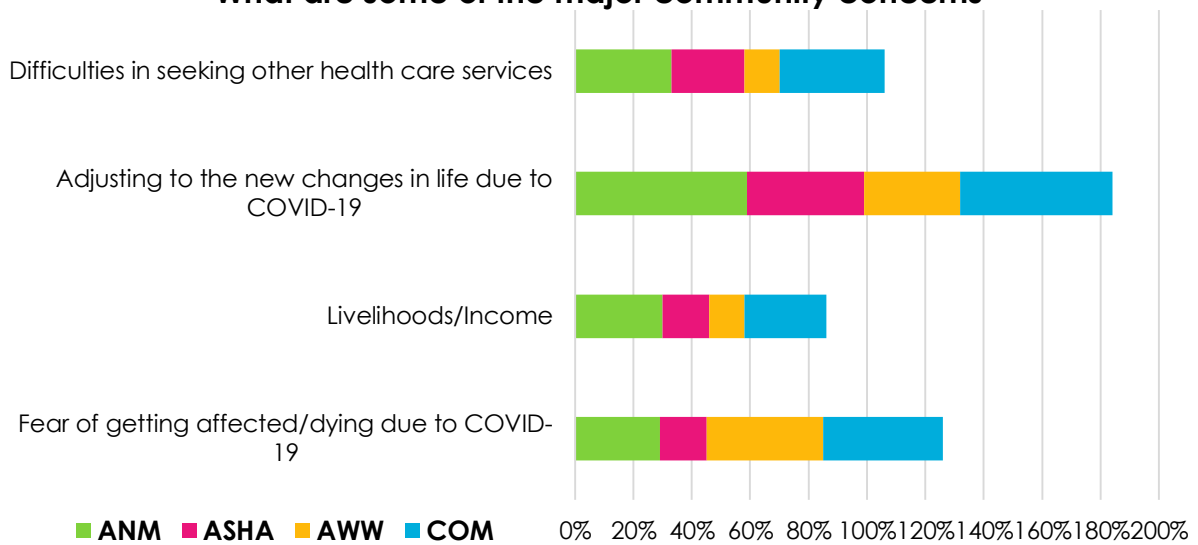
Major Observation	Key Recommendation
<p>People not sharing information or sharing misleading information is another discouragement faced by the health workers.</p>	<p>Targeted IEC interventions are needed to educate the community in this direction.</p>
<p>Though health workers did enumerate and respond to some of the key preventive behaviors essential for COVID-19 prevention, we found that this response was not uniform across the respondents.</p>	<p>There is a need of regular refresher trainings for health workers for their capacity enhancement in this direction.</p>
<p>Interestingly, majority of health workers (29%) said that security by police personnel is what they require the most before visiting hotspot for COVID-19. This was followed by Transportation support (20%)</p> <p>Another interesting finding from this study was that majority (30%) of health workers perceive that there are stigma/discrimination issues faced by allied service providers such as Police/Civil Defence/Sanitation Workers.</p>	<p>Community's possible hostile behaviour towards health workers has the potential to impede COVID-19 prevention and management. This concern needs policy consideration and effective intervention in this direction.</p> <p>There is a need for community level behaviour change through effective IEC.</p>

6. ANNEXURE

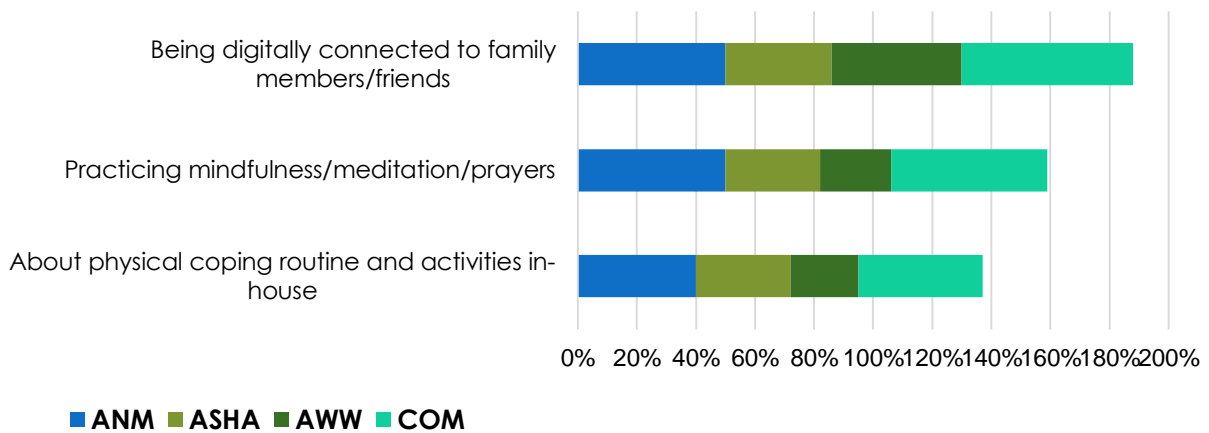


Health Worker's Contribution

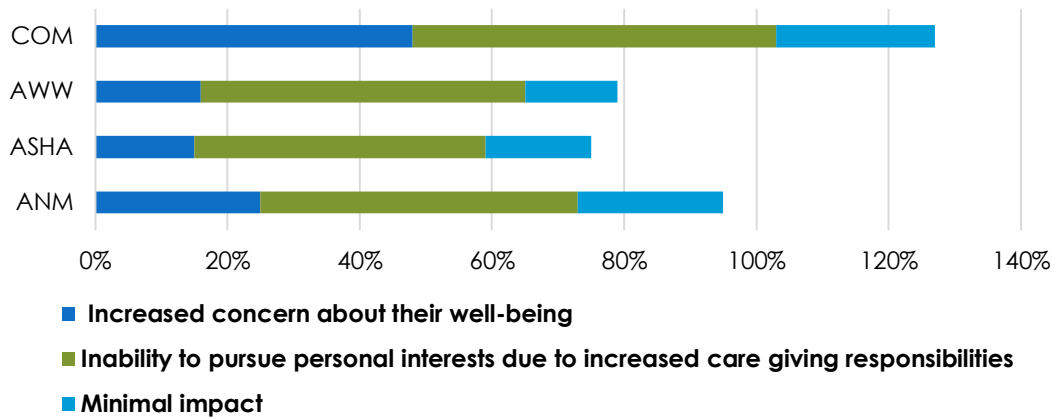
What are some of the major community concerns



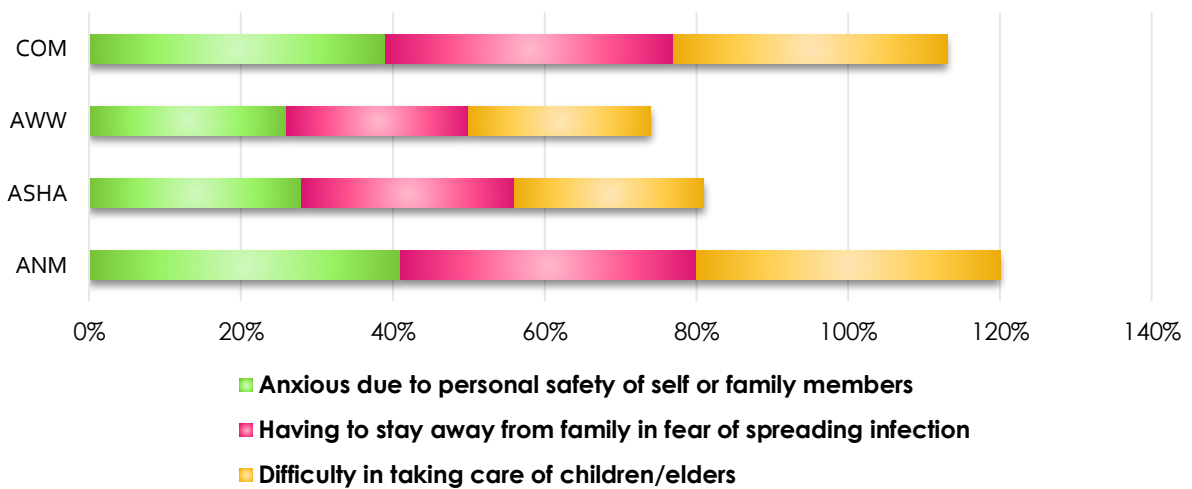
How are you supporting/advising families to cope with the current COVID-19 crises?



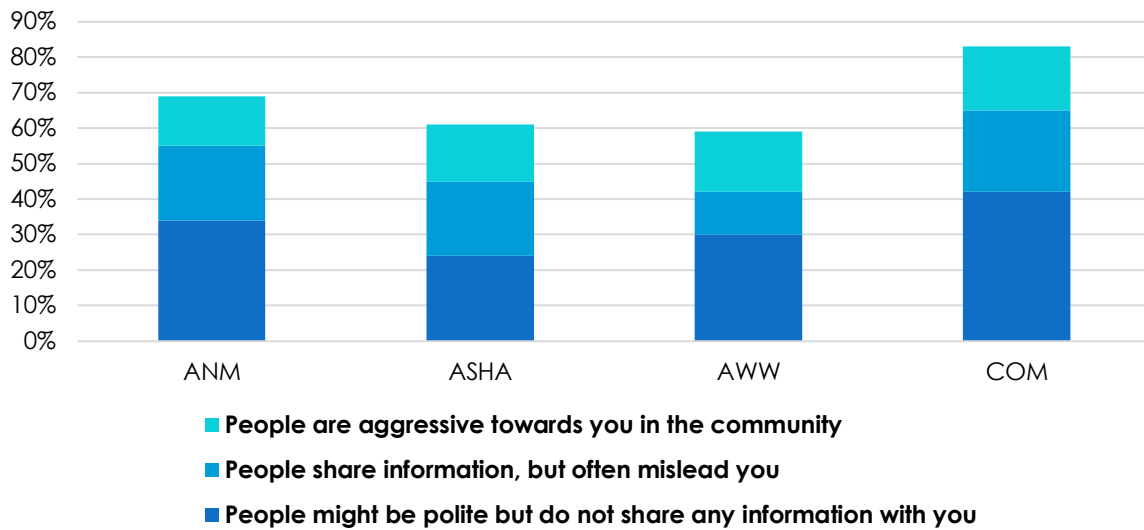
Describe impact of COVID-19 on your own mental and emotional well being



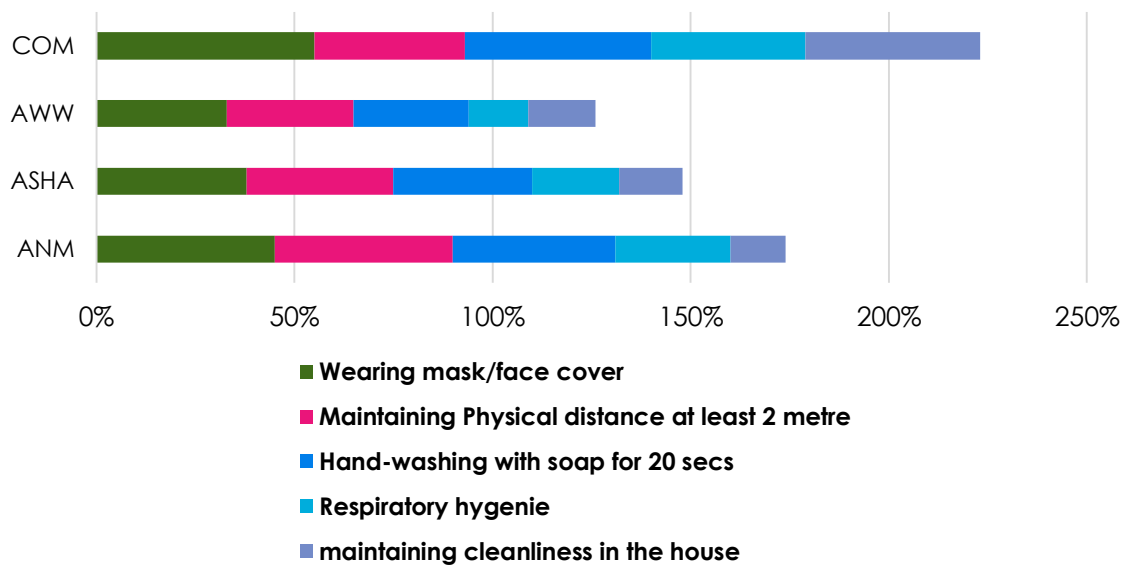
Challenges faced at home



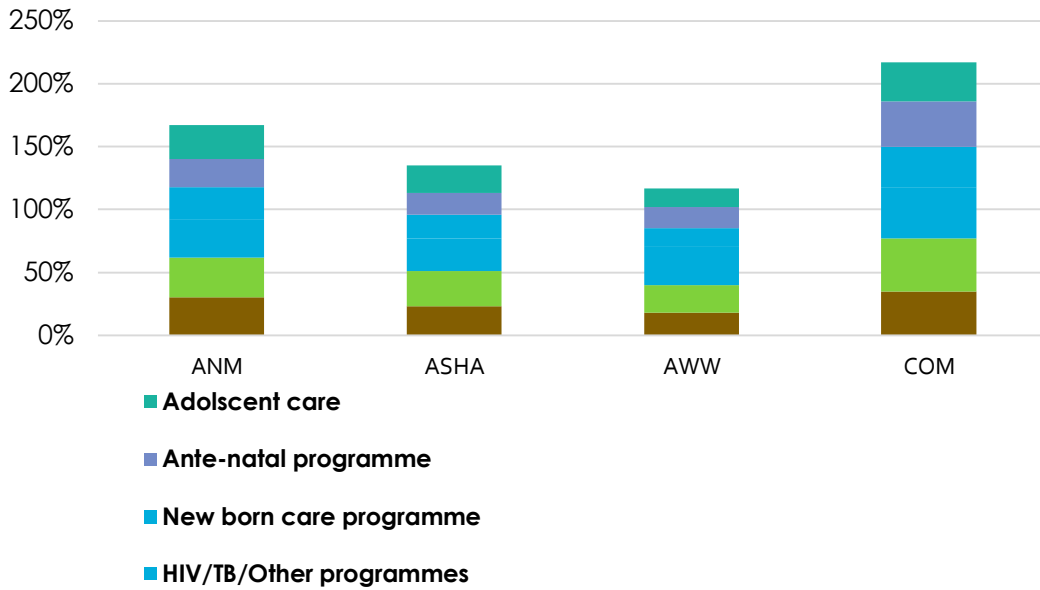
Concerns impeding undertaking of house-to-house/community visits



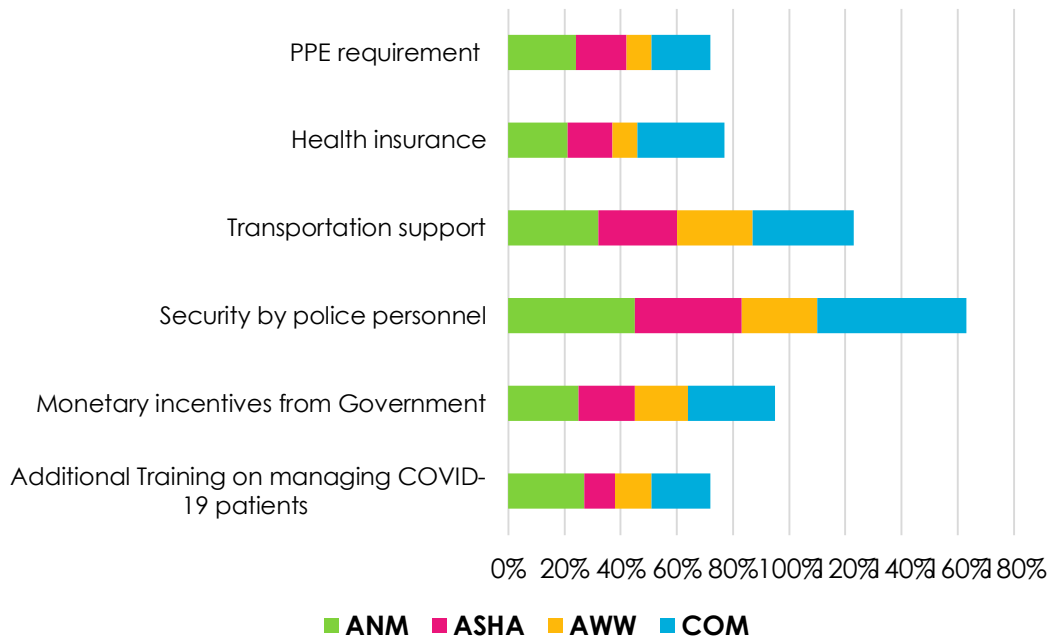
Which are most appropriate behaviour for COVID-19 prevention that you should impart?



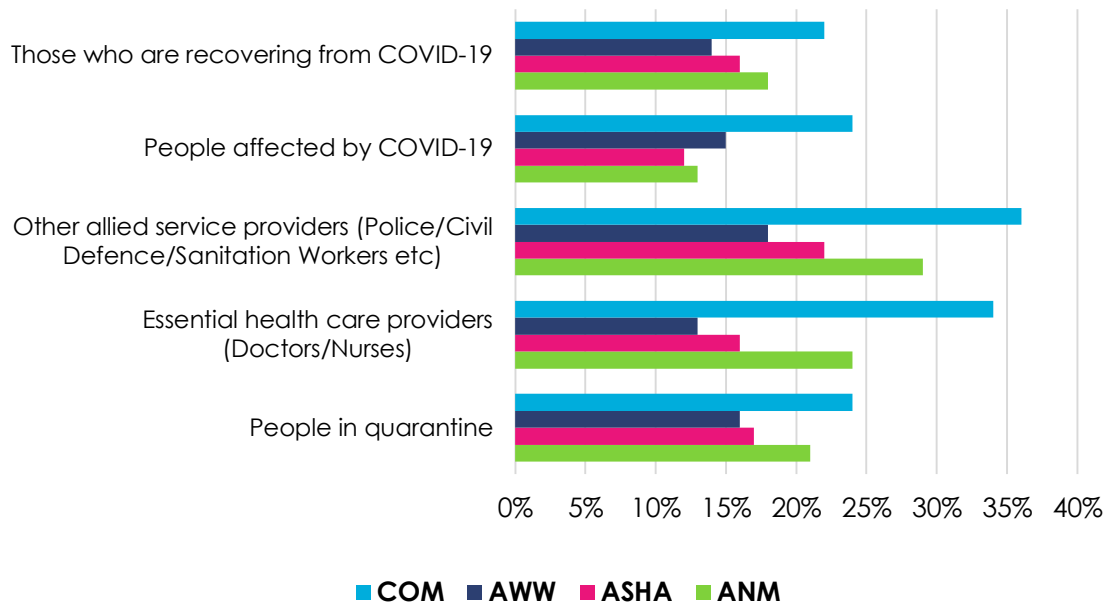
Routine health services affected due to COVID-19 Duty



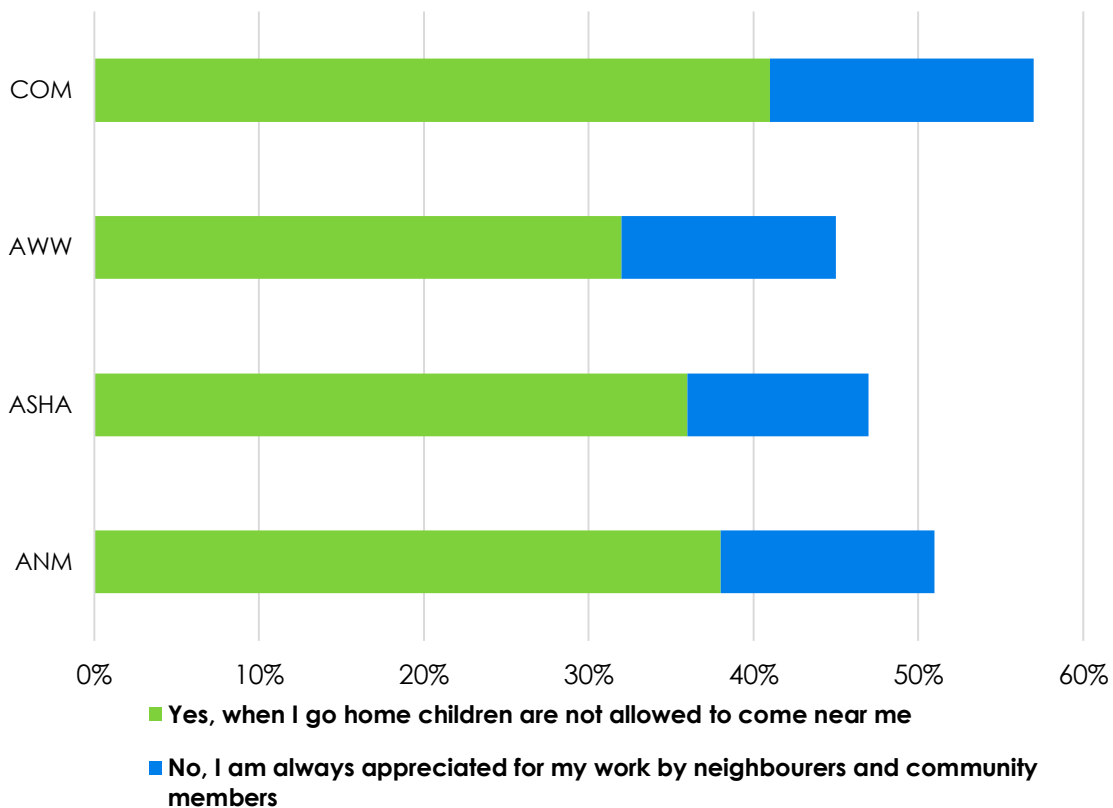
What are your additional needs before visiting community hotspot for COVID-19



Are there stigma/discrimination issues in any of the following groups

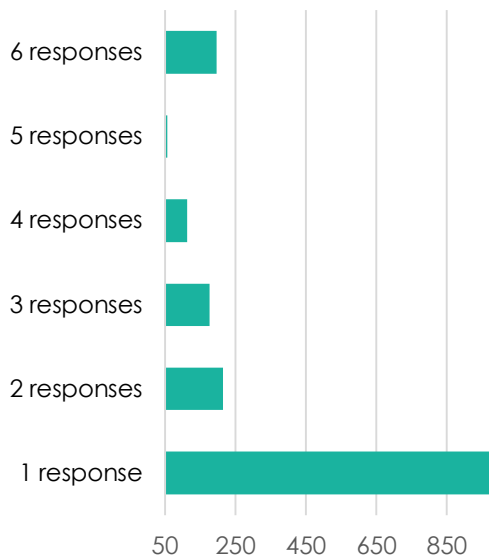


Does family/community discriminates against you as you are COVID-19 worker



Data-Option Wise

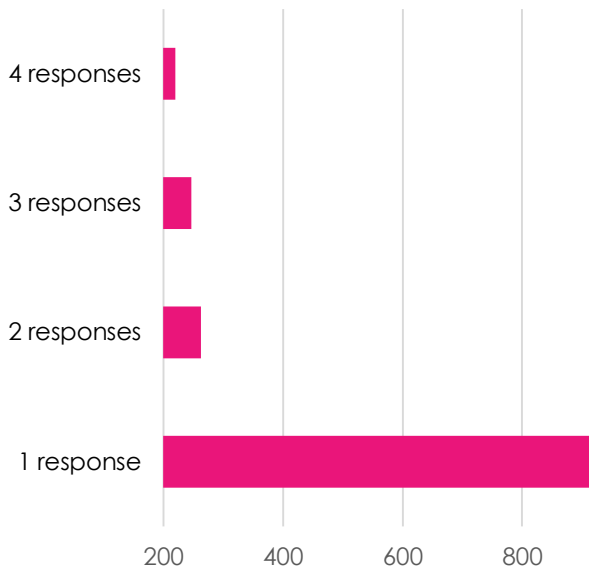
What are some of the major community concerns as if now?



What are some of the major community concerns as if now?

- a) Fear of getting affected/ dying due to COVID-19 Stigma & discrimination issues from neighbourhood
- b) Livelihoods/income
- c) Access to Food and essential supplies
- d) Adjusting to the new changes in life due to COVID-19
- e) Difficulties in seeking other health care services

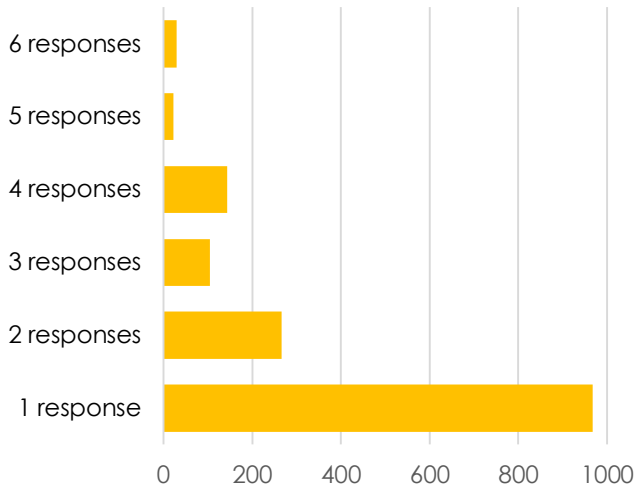
How ar you supporting/advising families to cope with the current COVID-19 crises?



How are you supporting/advising families to cope with the current COVID-19 crises?

- a) About physical coping routine and activities that can be in the house
- b) Relieving mental stress through yoga or physical exercise
- c) Practicing mindfulness/ meditation/ prayers
- d) Being digitally connected to family members/ friends

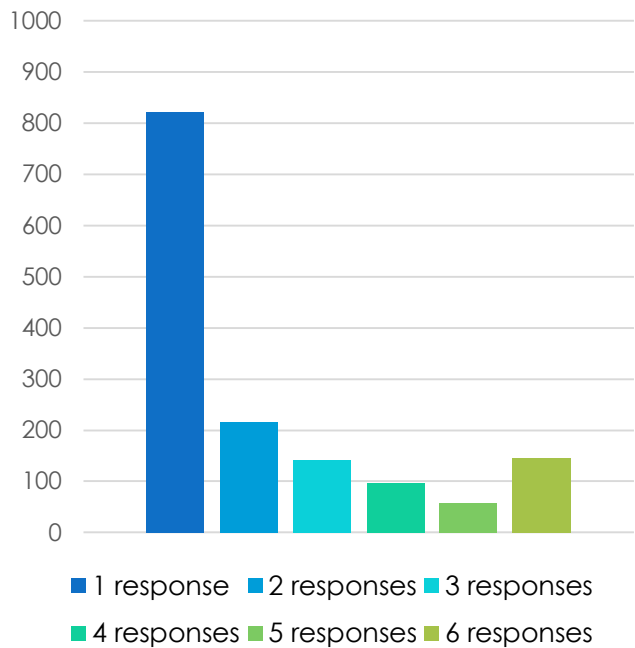
How would you describe the impact of COVID-19 on your own mental and emotional well-being?



How would you describe the impact of COVID-19 on your own mental and emotional well-being?

- a) Loss of contact with friends, family, and/or community
- b) Increased anxiety
- c) Increased concern about their well being
- d) Inability to pursue personal interests due to increased care giving responsibilities
- e) Feeling overwhelmed
- f) Minimal impact

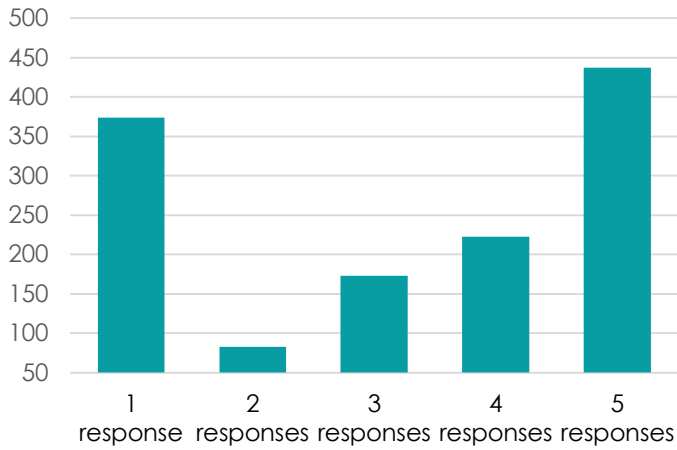
What are the likely challenges you are facing at home



What are the likely challenges you are facing at home?

- a) Feeling exhausted/ tired
- b) Mental exhaustion due to over work/death of patients
- c) Anxious due to personal safety of self or family members
- d) Having to stay away from family in fear of spreading infection
- e) Difficulty in taking care of

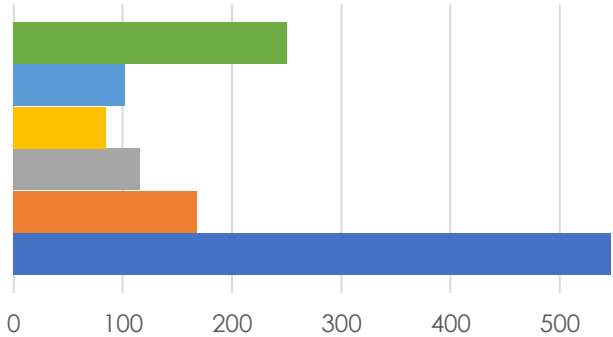
According to you what are the most appropriate behaviour about COVID-19 prevention that you should impart?



According to you, which are the most appropriate behaviour about COVID-19 prevention that you should impart? (click all relevant options) TBC

- a) Wearing mask/ face cover
- b) Maintaining physical distance at least 2 metre
- c) Hand washing for soap with 20 secs
- d) Respiratory hygiene
- e) Maintaining cleanliness in the house/ surroundings by using disinfectant

Which of your routine activities are being affected due to COVID-19 duty?

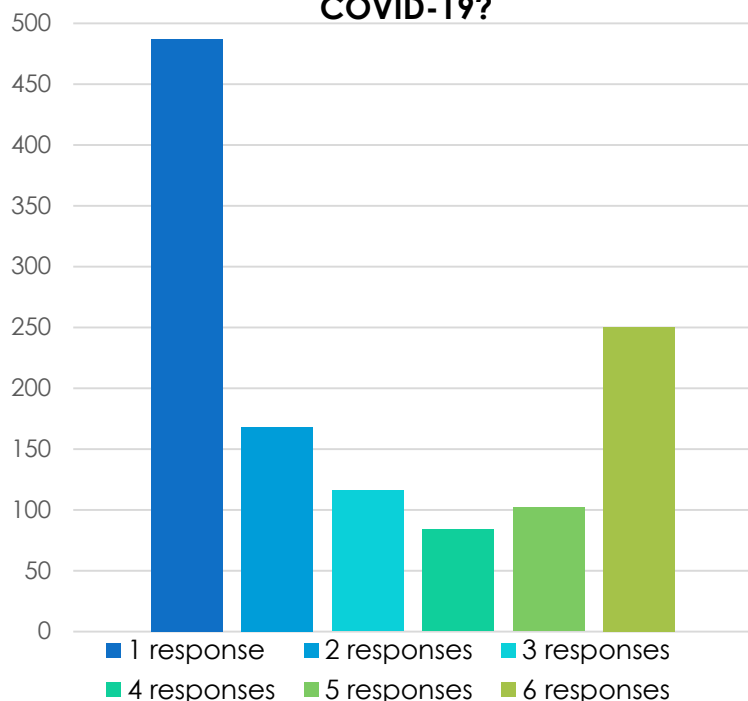


Which of your routine activities are being affected due to COVID-19 duty?

- a) New Born Care programme
- b) Distribution of nutritional supplements from workers/especially after lockdown
- c) Essential immunization services
- d) Ante-natal care programme
- e) Adolescent health programme
- f) HIV/ TB/ other programmes

- 6 responses
- 5 responses
- 4 responses
- 3 responses
- 2 responses
- 1 response

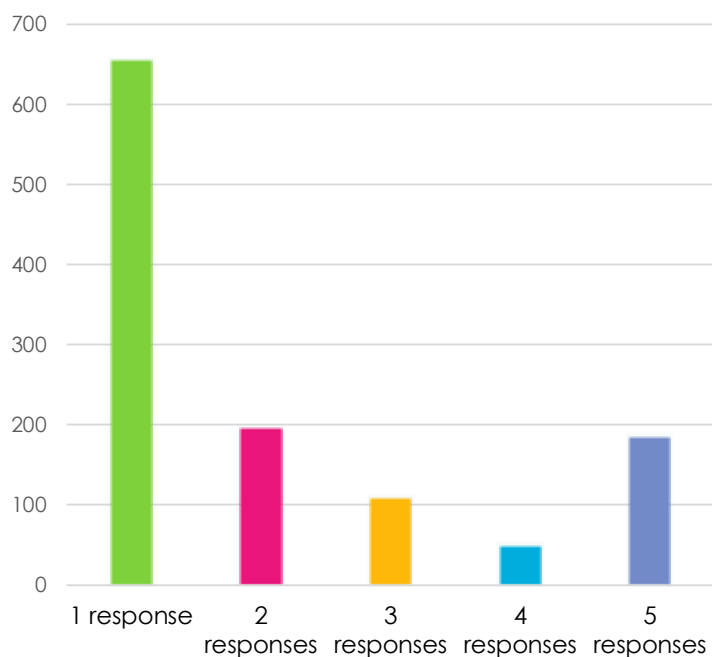
As community health workers, what are your additional needs before visiting the community hotspot for COVID-19?



As community health workers, what are your additional needs before visiting the community hotspot for COVID-19? (Tick all relevant options)

- a) Additional Training on managing COVID-19 patients
- b) Personal protective equipment (PPE) like gloves, mask, gown, cap etc.
- c) Health Insurance
- d) Monetary incentives from the government
- e) Security by police personnel
- f) Transportation support

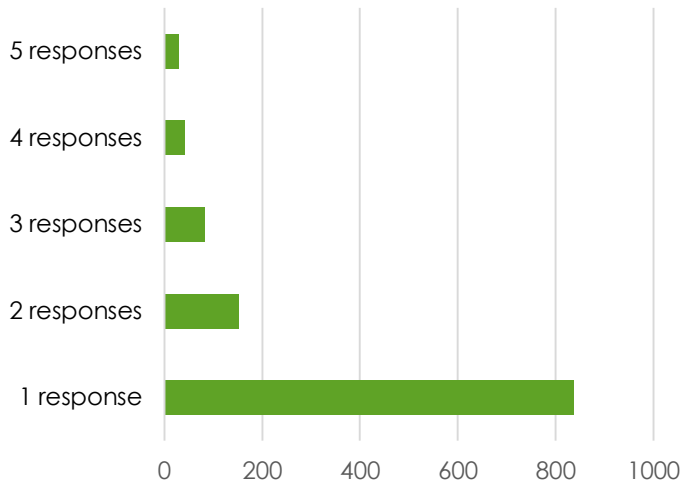
Are you aware of the stigma and discrimination issues in any of the following groups in your community?



Are you aware of stigma and discrimination issues in any of the following groups in your community?

- a) People affected by COVID-19
- b) People in quarantine
- c) Those who are recovering from COVID-19
- d) Essential health care providers (Doctors/ Nurses)
- e) Other allied service providers (Police/ Civil Defence/ Sanitation Workers etc.)

Do you think that your family/community discriminates against you as you are supporting COVID-19 interventions?



Do you think that your family/community discriminates against you as you are supporting COVID-19 interventions?

- a) Yes, when I go home the children are not allowed to come near me
- b) Yes, my eating utensils are kept separately in the house
- c) Yes, my neighbours do not talk to me or allow my children to play with their children
- d) Yes, because I am not allowed by RWA/Community Group to enter
- e) No, I am always appreciated for my work by neighbours and community members



WE THANK AND SALUTE ALL THE HEALTHCARE WORKERS FOR ALL THAT THEY DO! THEY ARE THE REAL HEROES AND WE VALUE EVERY SINGLE EFFORT TO SAVE EVERY LIFE.

TEAM IDEA



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