



# COVID-19 Perception Survey for Needs Assessment of Nurses/ Paramedics/ EMTs



**Nurses/ Paramedics/ EMTs PERCEPTION SURVEY  
FINAL REPORT**  
Submitted by Institution for Disaster, Emergency & Accidents (IDEA)



# ACKNOWLEDGEMENT

Institution for Disasters, Emergency & Accidents (IDEA) is pleased to present the **Final Report- "COVID-19 Perception Survey for Needs Assessment and concerns of Nurses/ Paramedics/ EMTs"**, carried out PAN India and created for the World Health Organization (WHO). The survey was disseminated after consultations of the World Health Organization (WHO) and Ministry of Health & Family Welfare (MoHFW).

Nurses, EMTs and Paramedics are playing an indispensable role in any healthcare Institution during the on-going COVID-19 Pandemic. They acted as the first line of defence in the fight against COVID-19. From transporting to treating patients with utmost care and dedication, these frontline warriors are sincerely completing their duties and responsibilities. However, these segments of the society have faced several challenges like safety issues, mental health problems, stigma/ discrimination and many others.

This research was carried out to understand the issues faced by the Corona Warriors i.e Nurses/ Paramedics / EMTs amidst the COVID-19 response. The various underlying objectives include a) Capturing the experiences faced by Nurses, EMTs and Paramedics during COVID-19 response b) Assessing the provision and availability of essential services (PPE etc.), protection and safety protocols c) Assessing the impact on Mental Well-being of these cadres in dealing with this ongoing COVID-19 Pandemic.

The survey results can be used to address the most prominent challenges faced by these cadres amidst COVID-19 in India, apart from assessing further needs, solve problems, answer questions, establish baselines, analyse trends, and set goals for the planning of roadmap. It can help design interventions to effectively deal with these challenges.

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 District Health Societies, Indian Nurses Council of India/ State Nurses Council of India, GVK EMRI, Paramedic associations and several medical colleges for their assistance in disseminating this survey.

# CONTENTS

<b>1. EXECUTIVE SUMMARY</b> .....	4
<b>2. INTRODUCTION</b> .....	6
<b>3. METHODOLOGY</b> .....	7
<b>4. SURVEY ANALYSIS</b> .....	10
<b>5. SHORTCOMINGS AND LIMITATIONS</b> .....	16
<b>6. KEY FINDINGS &amp; RECOMMENDATIONS &amp; WAY FORWARD</b> .....	18

# EXECUTIVE SUMMARY

Nurses, Paramedics and EMTs play a vital role in the health system. Without their expertise and support, no healthcare institutions can effectively function. These cadres are at the forefront of COVID-19 response to protect the community at large. Amidst the COVID-19 Pandemic, their responsibilities manifold and was associated with the risk of COVID-19 infection. Despite all such risks, they acted as the role models by discharging their duties with great dedication. However, several challenges were faced by these cadres like overburdened schedule, mental well-being issues, discrimination and many others.

In light of this, the **COVID-19 Perception Survey for Needs Assessment of Nurses/ Paramedics /EMTs** was designed and disseminated PAN India from February 1-12, 2021. The objectives of this assessment are to a) Understand the experiences faced by Nurses, EMTs and Paramedics during COVID-19 response b) Assess the provision and availability of essential services (PPE etc.), protection and safety protocols c) Gauge the impact on Mental Well-being of these cadres in dealing with this ongoing COVID-19 Pandemic.

The survey questionnaire was developed through a consultative process involving experts from the World Health Organization (WHO) and Ministry of Health, Family and Welfare (MoHFW). The survey was widely disseminated through the "Survey&an" tool, an online evidence collection mechanism to collect data via any social media platform across globally.

**These cadres though being directly involved in treating/ transporting the COVID-19 patients were at a greater risk of contracting COVID-19 yet the results were a bit astonishing, as only a few had been infected.** Almost half of these cadres have not been vaccinated yet, which should have been done on a priority basis.

**Majority of the respondents are not worried about safety issues while handling the COVID-19 patients;** however those who feel unsafe was mainly due to the COVID-19 associated stigma they have to face. The other main reason includes lack of protective gears. A small proportion of the respondents works with minimum/no PPE or reuses the PPEs which is also not a healthy practise.

Talking about the most crucial aspect; Mental Health; sleeplessness, anxiety and mood swings are some of the common symptoms faced by these cadres. **40% of the institutions/ organizations failed to provide facilities to help these cadres cope with the mental health issues.** Almost half of the respondents had been overburdened with work, the main reason being the shortage of staff amidst the surge in COVID-19 cases.

Even after one year, stigma/ discrimination by the communities continue to affect these cadres. Hence, more awareness needs to be spread in this regard. Trainings in various aspects (Vaccination, Infection, Prevention & Control (IPC), Clinical Management etc.) should be provided.

This collected evidence is very crucial in designing interventions to address the challenges faced by these cadres and further assist in Informed Policy Making.



Majority of the respondents were in the age-group of 20-30 years. The participation of the nurses was the highest (56%) followed by Paramedics (30%) and EMTs (14%).



72% of the respondents have not been infected by COVID-19. Though 48% of the respondents are still to be vaccinated as of Feb 1 -12, 2021.



86% of the respondents received adequate PPE and have been provided trainings on how to use the PPE. This is a very good case in point as our country has fared really well in the area of protection of care givers hence such as less number of care givers were infected.



Majority 72% of the respondents feel safe while handling COVID-19 patients which indicate their resilience towards the COVID-19. The remaining cadres need to be equipped with necessary protection gears and trained.



Sleeplessness (30%), mood swings (25%) and anxiety (24%) are the three major impacts of the Pandemic on these cadres which is indicative of their overburdened work schedules. 40% of the institutions/organization did not provide any facility to these cadres to cope with the mental health problems.



47% of these cadres have not been provided with Comprehensive Health Insurance (that covers COVID-19) by their organization.



48% of the respondents still face a lot of neglect and are stigmatized by the community due to lack of awareness.



47% of the cadres were compelled to work for extra hours. Shortage of staff (46%) followed by surge in cases (22%) were some of the major reasons which have overburdened these cadres.



The cadres need trainings equally on all these aspects i.e. Vaccination (26%), Clinical Support and Management (26%), Infection, Prevention & Control (IPC) (25%), Risk Mitigation Measure Communication Strategies (23%).

# INTRODUCTION

COVID-19 has brought the entire world to a standstill devastatingly impacting health, economy and livelihood. In the global war against the pandemic, these cadres; Nurses', Paramedics' and EMTs' contribution has been commendable and quite noteworthy. They worked tirelessly starting from spreading community health awareness to transportation of patients to identification and diagnosis of the disease to working for the speedy recovery.

Extended duty hours, lack of facilities, lack of protective gears, impact on mental health and many others were some of the problems faced by these cadres during this Public Health Emergency. Hence, the current study is aimed to understand the the issues faced by Nurses/ Paramedics / EMTs amidst the COVID-19 response and address the stated challenges.

Parel et al. (2020) conducted a study on the impact of COVID-19 on the Nurses and found that a significant proportion of nurses had Depression (41.3%), anxiety (49.1%) and stress (29.5%)<sup>1</sup>. A spike in COVID-19 cases also resulted in increase in the suicides among the nurses<sup>2</sup>.

Cases of violence/ stigma/ discrimination against these cadres have increased during this period<sup>3</sup>. Similarly, the pandemic has posed other challenges for these cadres.

Researches on limited topics have been conducted in India; majorly focused on mental health and COVID-19 stigma. However, limited researches have been conducted to comprehensively gauge the needs assessment of these three cadres after assessing the challenges they faced.

The issues faced by them are sensitive and need to be solved within a dedicated timeframe by the relevant authorities.

This survey was launched after expert consultations of the World Health Organization and Ministry of Health & family Welfare (MoHFW) to understand the challenges faced and devise practical solutions for the same.

Hence, the information collected, collated, analysed and presented is critical and needs to be shared at the right forums to devise policies/interventions in this crucial aspect according to the present context.



<sup>1</sup> <https://www.longdom.org/open-access/feeling-the-early-impact-of-covid19-pandemic-mental-health-of-nurses-in-india.pdf>

<sup>2</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7553098/>

<sup>3</sup> <https://pmj.bmj.com/content/early/2020/08/18/postgradmedj-2020-138496>



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# METHODOLOGY

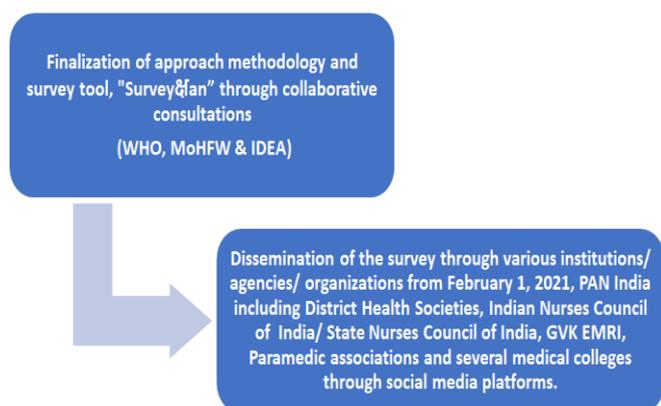
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A questionnaire on “COVID-19 Perception Survey for Needs Assessment of Nurses/ Paramedics/ EMTs” along with the approach methodology was finalized by the World Health Organization (WHO) & Ministry of Health & Family Welfare (MoHFW). It was disseminated widely PAN-INDIA through various agencies/ organizations/ Institutions like District Health Societies, Indian Nurses Council of India/ State Nurses Council of India, GVK EMRI, Paramedic Associations and several medical colleges through social media platforms.

The survey tool used for this is called “Survey&fan”. It is a chat bot developed to collect evidence in multi-languages. It provides a facility to make a comprehensive survey incorporating different types of questions like single select, multi-select, text type along with the provision to directly skip the question according to the chosen option. Representation of the data can be manifested in to pie-charts, bar graphs and other infographics at the end of the survey (visible to the users) as well as in the backend in the dashboard.

This survey tool has created a wholly new perspective in “Survey Technology” right from accessibility, privacy, time adaptability, attractiveness, presentation; all these attributes have been complacently adhered to via this chat bot.

The methodology chart for the survey conducted from February1, 2021-February12, 2021 is shown below.



Once the respondents received the link through Whatsapp, Facebook, Email or any other platform, they filled in the survey at their own convenience and the data gets accumulated at the backend.

The figure below shows 23 states from where the responses were captured. Maximum responses were captured from Karnataka, Delhi and Tamil Nadu.

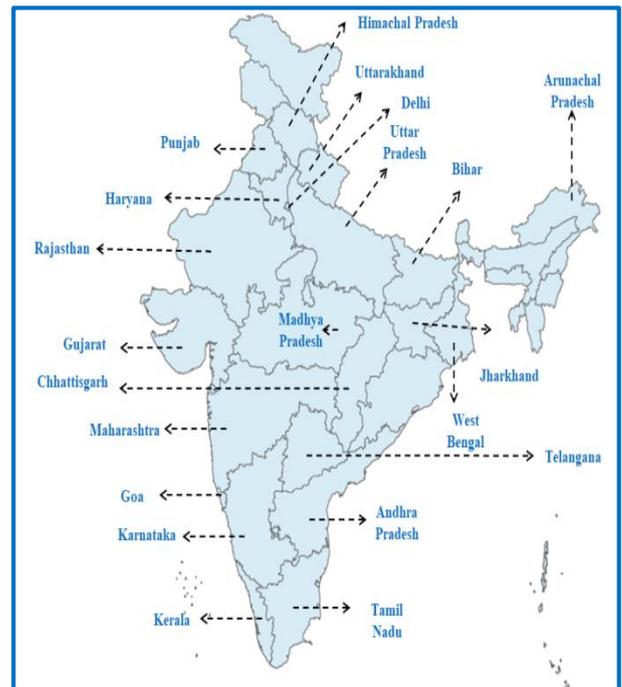


Table 1 shows the number of respondents from a state who participated in this survey.

Table 2 shows the districts/cities of a particular state covered in the survey.

Table 1: Number of respondents from a state who participated in this survey

S.No.	State	No. of respondents
1	Madhya Pradesh	4
2	Karnataka	130
3	Gujarat	12
4	Assam	4
5	Delhi	120
6	Bihar	8
7	Haryana	9
8	Himachal Pradesh	4
9	Tamil Nadu	80
10	Kerala	6
11	Chattisgarh	8

Sr. No.	State	No. of respondents
12	Uttar Pradesh	6
13	West Bengal	5
14	Telangana	25
15	Uttarakhand	30
16	Punjab	15
17	Maharashtra	6
18	Andhra Pradesh	8
19	Andhra Pradesh	9
20	Rajasthan	10
21	Goa	2

Table 2: Districts/cities of a particular state covered in the survey

S.No.	State	District/ City
1	Madhya Pradesh	Bhopal
2	Karnataka	Bangalore, Chikkamagalur, Chitradurga, Dharwad, Hebbal, Hennur, Kammanahalli, Mangalore
3	Gujarat	Ahmedabad, Anand, Banaskantha, Baruch , Surat
4	Assam	Dhubri,
5	Delhi	North, South, East and West Delhi
6	Bihar	Aarah Bhojpur, Gaya
7	Haryana	Fraidabad, Gurgaon, Jind, Mewat, Sonipat,
8	Himachal Pradesh	Mandi
9	Tamil Nadu	Chengalpattu, Chennai, Coimbatoor, Dharmapura, Kallakuruchi, Kancheepuram, Kanyakumari, Krishnagiri, Madurai, Vellore
10	Kerala	Alapuzza, Ernakulum, Idukki,Kollam, Kottayam, Kannur
11	Chattisgarh	Durg, Raipur

Sr. No.	State	District/ City
12	Uttar Pradesh	Agra, Allahabad, Bagpat, Firozabad, Gautam Buddha Nagar, Hapur, Lucknow, Sitapur
13	West Bengal	Kolkata
14	Telangana	Hyderabad, Hagital, Medchal,
15	Uttarakhand	Almora, Nainital, Uttar Kashi, Rudrapur, Haldwani
16	Punjab	Moga, Jalandhar,
17	Maharashtra	Mumbai, Nagpur
18	Andhra Pradesh	Lohit
19	Andhra Pradesh	Guntur, Kadapa
20	Rajasthan	Alwar, Chitthor, Jaipur, Karauli,
21	Goa	Panaji

# SURVEY ANALYSIS

The COVID-19 pandemic has seriously posed several challenges (e.g. mental health issues, stigma, overburdened schedule, and many others) for these frontline warriors; Nurses, Paramedics & EMTs. To capture these problems faced and further address it, a questionnaire was developed through regular consultation and brain storming with WHO and MoHFW.

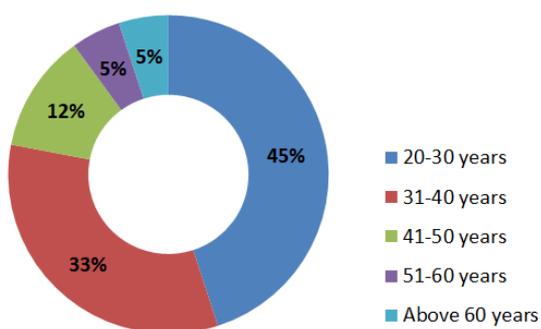
This survey has been designed to bring out these cadres' perceptions on the key issues including mental health, associated stigma, working hours and many others.

The survey brings to surface an interesting analysis.

### Age-group of the respondents

A total of 501 respondents attempted this question from PAN India within given timeframe (February 1 – 12, 2021). A good proportion of the respondents (Nurses/ Paramedics / EMTs) falls in the age group of 20-30 years (45%) and 31-40 years (33%). Only 10% of them fall in the age group above 50 years (Figure 1).

Figure 1: Age group (N=501)



**78% of the respondents fall in the age-group of 20-40 years, therefore the views reflected are of younger professionals.**

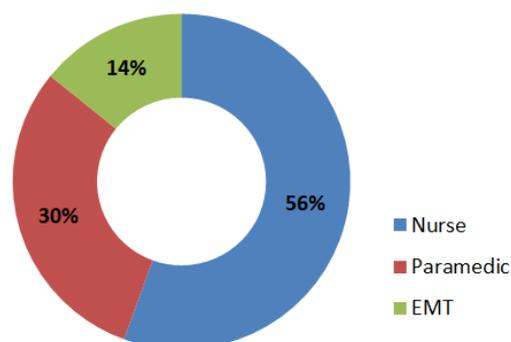
### Profession

Out of the three cadres, the participation of nurses is the highest (56%) followed by Paramedics

(30%) & EMTs (14%) (Figure 2).

Nurses form one of the largest cadres of the healthcare workforce and are the key means of healthcare service delivery, however during emergency and public health events, the pre-hospital and community health perspective comes into play hence the role of healthcare providers like EMTs, Paramedics and other frontline healthcare workers are essentially required and long-term strengthening and capacity building of all the cadres is equally important.

Figure 2: Profession (N=452)



**Nurses' participation in the survey is the highest (56%) followed by Paramedics & EMTs, therefore findings of the survey should also be viewed in the same light.**

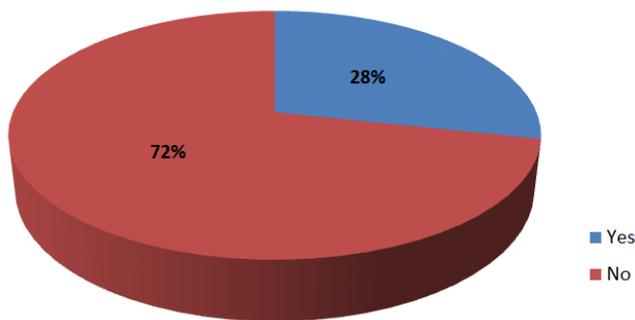
### COVID-19 Infection

Being the Corona warriors, Nurses, Paramedics & EMTs are certainly at the risk of contracting the disease. As compared to other countries like UK, researches have been done which indicate that frontline workers including nurses had been highly infected than the community<sup>4</sup>. This has not been reflected in the present survey which shows a healthy rate of 72% of these cadres not being infected by COVID-19.

<sup>4</sup>[https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30164-X/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30164-X/fulltext)

**This indicates their high immunity level and resilience.** In addition to it, in India right from the beginning adequate trainings on Infection, Prevention and Control (IPC) and PPEs usage has been provided to these cadres by the Ministry of Health & Family Welfare (MoHFW) and the government also ensured the availability of protective gears. However 28% of them were infected (Figure 3)

**Figure 3: Have you been infected by COVID-19? (N=401)**



**72% of these cadres were not infected by COVID-19.**

### COVID-19 Vaccination

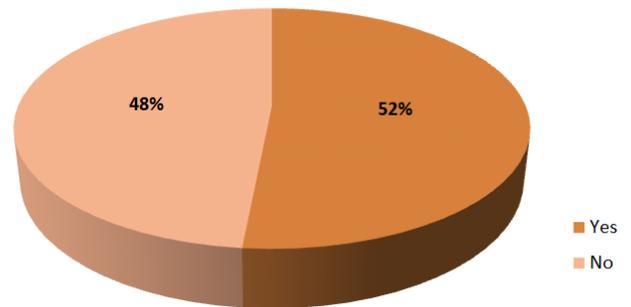
The largest vaccination drive in India began on January 16, 2021 in a phased manner with indigenously produced vaccines; Covishield and Covaxin, which is again an achievement in itself. Nurses were also trained on how to administer these vaccines. Healthcare workers (Government and Private Sector) including Integrated Child Development Services (ICDS) are being vaccinated in the first phase. As on February 27, 2021, 77% of the healthcare workers have been administered first dose while 70% have been administered the second dose of COVID-19 Vaccine<sup>5</sup>.

The responses obtained in the current research shows that majority of the respondents were vaccinated (52%) and

<sup>5</sup> <https://www.hindustantimes.com/videos/news/covid19-how-many-health-workers-have-been-vaccinated-in-india-centre-informs-101614442462860.html>

almost equal numbers of **respondents were not vaccinated (48%)**, therefore the remaining cadres should be vaccinated as early as possible (Figure 4).

**Figure 4: Have you been vaccinated against COVID-19? (N=394)**



**52% of the respondents have been vaccinated.**

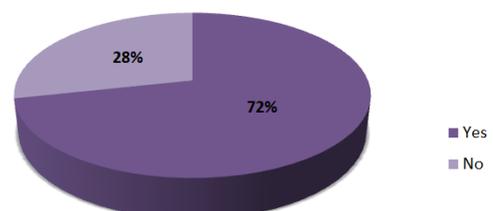
### Safety issues amidst COVID-19

COVID-19 has questioned the safety of these healthcare workers across the country as they are directly involved in treating and transporting the COVID-19 patients. In addition to keeping themselves safe they have to battle with stigma they face from the community as they work to safeguard the society from COVID-19.

However, majority of these respondents (72%) feel safe while handling the COVID-19 patients which indicate their **resilience** towards the disease and also the efficacy of repetitive trainings on IPC and PPE provided by the Ministry of Health.

28% still feel that they are unsafe and hence should be equipped with necessary protection gears. One reason can be the improper execution of SOPs (Figure 5).

**Figure 5: Being a Paramedic or a Nurse, do you feel you are safe while treating and transporting a COVID-19 patient? (N=383)**

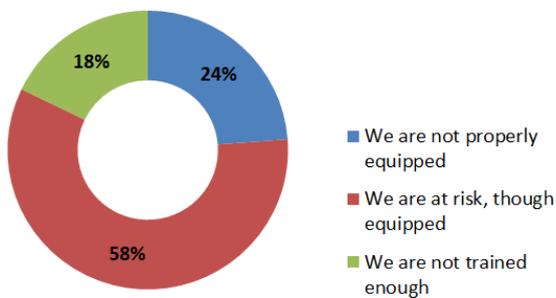


**72% of the respondents feel safe while transporting/treating COVID-19 patients.**

Also 58% of the respondents, who said that they feel unsafe, are mainly due to COVID-19 induced stigma practiced by the society. Hence, it is necessary to create awareness among them so that such practices are discontinued.

Lack of protective gears (24%) and training (18%) are the other reasons for feeling unsafe while handling COVID-19 patients. Hence, all these factors should be addressed as soon as possible so as to put these fears to rest (Figure 6).

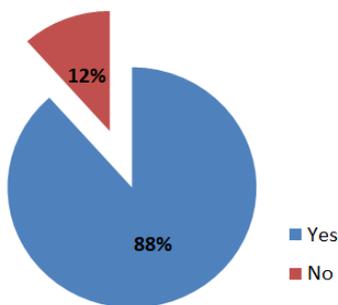
**Figure 6: If no, why do you feel so? (N=101)**



### Training on PPE

The cadres are heedful towards the training imparted on using PPE (88%); however there is still scope for ameliorating it (12%) (Figure 7).

**Figure 7: Have you been provided training on using PPE during the COVID-19 pandemic? (N=372)**

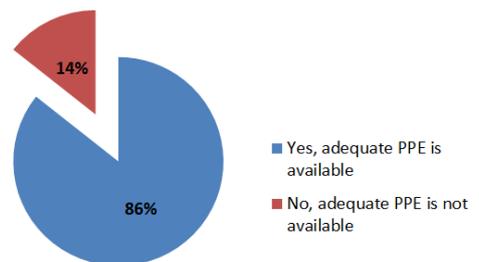


**88% of these cadres have been provided PPE training.**

### Availability of PPE

Training on using PPE is important but even more important is to first ensure required availability of protective gears to reduce the chance of contracting COVID-19 infections. Majority of the respondents have been provided with the required PPEs (86%). India has significantly ramped up the production capacity in terms of PPE production. From zero production of PPE before March, India has created the capacity to produce more than 500, 000 PPE on a daily basis<sup>6</sup>. Some (14%) of the respondents haven't received the adequate PPE, hence such arrangements should be made for the remaining at the earliest.

**Figure 8: At your workplace, have you received adequate PPE to protect yourself from COVID-19? (N=363)**



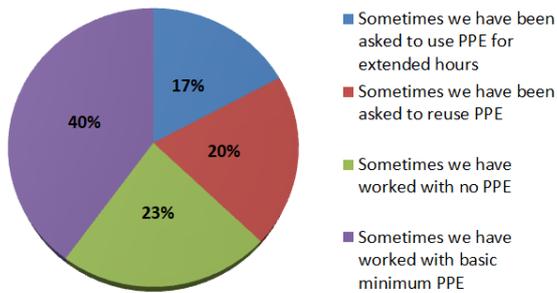
**86% of these cadres worked with adequate PPE**

Out of the total only 14% of the cadres had to work with inadequate PPEs, among the 14% majority have worked with no or minimum basic PPE, which entails more risk of being infected.

Reusing PPEs or using PPEs for extended hours is also not a healthy practice. Hence, healthcare Institutions should acknowledge the possible risks the respondents are exposed to if they are not provided with adequate PPE and should provide the same.

<sup>6</sup> <https://www.livemint.com/news/india/focus-on-boosting-supply-chain-for-medical-devices-11608053496793.html>

**Figure 9: If no, how is it being managed presently? (N=52)**

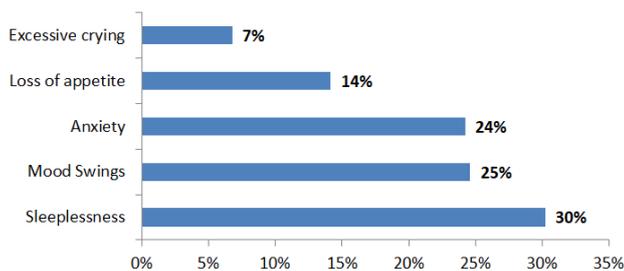


## Impact of COVID-19

Amidst the COVID-19 Pandemic, these cadres had to face several difficulties which had a major impact on their mental health & lifestyle. Their experiences include **sleeplessness (30%)**, **mood swings (25%)** and **anxiety (24%)** are the three major side-effects of the Pandemic on these cadres indicating their **overburdened** work schedules. Loss of **appetite (14%)** and **excessive crying (7%)** are the other symptoms faced.

The respondents should be given rest at regular intervals and the institutions should provide services to provide psychosocial support as they themselves can be patients as well as care-givers, hence they should be provided skills to be mentally strong in order to cope with these challenges (Figure 10).

**Figure 10: Have you experienced any of the symptoms during this Pandemic? (N=349)**



**The pandemic had a devastating impact on their mental health.**

The other burnout symptoms faced by these cadres are allergy in palms and cheeks, forgetfulness, body ache, dryness in mouth, fever, exhaustion, headache, homesickness,

high blood pressure, memory loss, nightmares, pneumonia and vomiting.

To cope with these symptoms, the responders asked for support from Care Hospital Counselor, Covid-19 Care Center, Department Doctors, District Hospital, Nearby Clinic, Hospital Management, Local Municipality Hospital\* .

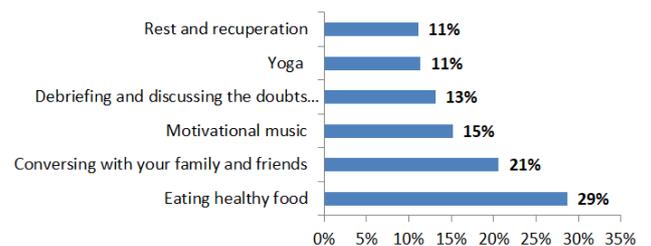
\*But no help was provided at the local municipality hospital, so they had to consult others

## Personal well-being

With the insurmountable challenges that COVID-19 has brought for these cadres; maintaining personal well-being was much needed.

Art (15%), spending time with families/friends (21%) and adopting healthy food (29%) and life practices (11%) have helped the respondents cope with the prevailing situation. Rest and recuperation helped only 11% of these cadres, indicative of their overburdened schedules (Figure 11).

**Figure 11: How did you maintain your personal well-being? (N=323)**



**Healthy food habits (29%) and support of family/friends (21%) helped them maintain their personal well-being to a great extent.**

## Organization's Efforts- Mental Health Needs

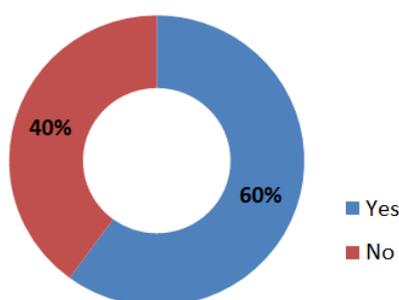
Mental Health complements Physical Health. The challenges of the Pandemic have a major impact on the mental well-being of the

cadres due to overburdened schedules, stigma and many others.

Organizations/ Institutions play a major role in responding and taking care of the Mental Health needs of their health staff.

A good proportion of the respondents have been imparted support by their organization to maintain their mental well-being (60%). This is a good piece of information, as there was a lack of understanding in terms of how responsive the institutions are in responding to the needs of their staff. **However, 40% of them haven't received any such support. This issue should be addressed on an urgent note by strengthening the support system** (Figure 12).

**Figure 12: Did your organization initiate efforts in meeting the Mental Health needs?**  
(N=318)

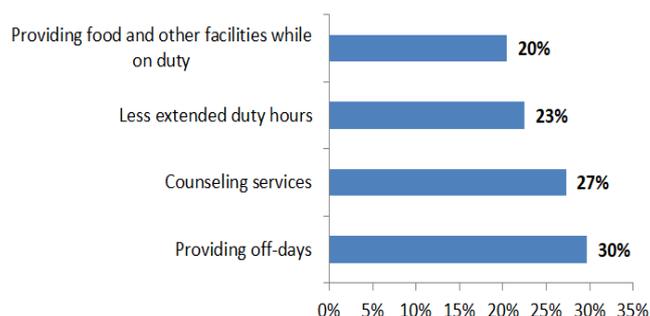


**40% of these cadres did not receive any Mental Health Support.**

60% of the cadres were supported by their organization/institution by means of regular off-days (30%) with less extended duty hours (23%) as well as food (20%) and other counseling services (27%) have helped the respondents in tackling the physical and mental exhaustion due to the prevailing situation (Figure 13).

**Understanding this context, we need to make provisions such as “happiness corners, and counseling services” as a regular feature within such stressful environment, especially when we are talking about the care-givers.**

**Figure 13: Ways in which your organization assists you in dealing with mental stress/ physical exhaustion?**  
(N=185)



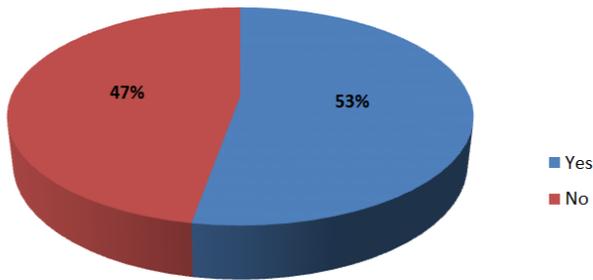
**Regular breaks (30%), counseling services (27%), less extended duty hours (23%) are the major ways in which the organization provided support.**

### Health Insurance Coverage

A comprehensive Health Insurance Policy offers coverage related to pre, post, and during hospitalization along with other services. ‘Pradhan Mantri Garib Kalyan Package Insurance scheme’ was approved by the Central Government for all health workers fighting COVID-19 in March 2020 covering private and government health staff as well as other responders.

With only 53% of the respondents covered under the health insurance, **a large portion of the respondents still need to be covered under the same (47%) (Figure 14). It indicates that though the scheme was present yet there was less awareness regarding the procedure to avail the scheme.** The operational issues in terms of employee welfare have also not been properly met by the organizations. **This lack of awareness regarding insurance coverage is a salient but strong issue as we need to consider that these professionals also have dependent families with them.**

**Figure 14: Did your organization provide you with comprehensive Health Insurance that covers COVID-19? (N=305)**



**47% of the respondents are not covered under Health Insurance.**

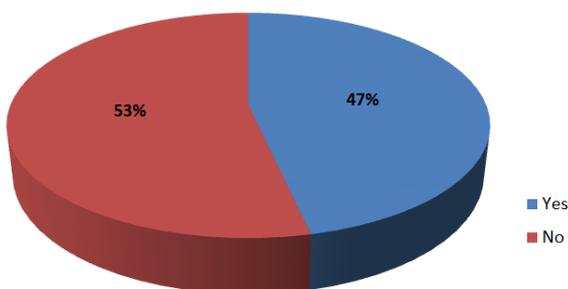
### Working Hours

This Public Health Emergency is normally characterized by over-burdened schedules for these cadres. **It is encouraging to know that 53% of the respondents were not over-worked.** A research shows that in UK almost half of the nurses faced moderate to high work burnout amidst this pandemic<sup>7</sup>.

**However, In India, efficient Human Resource Management has played a significant role in mitigating this burnout stress among the healthcare workers and Human Resource crisis mitigation.**

47% of the cadres were heavily engaged for a longer period. Over-burdened work schedule hampers the physical and mental well-being; hence this issue needs to be addressed (Figure 15).

**Figure 15: Were you compelled to work for extra hours? (N=303)**

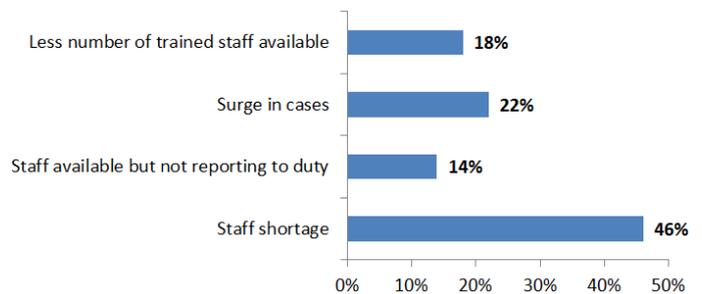


**53% of the respondents were not compelled to work for extra hours.**

<sup>7</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7320259/>

Shortage of staff (46%) followed by surge in cases (22%) were some of the major reasons which have overburdened these cadres. Shortage of staff is more dominant in COVID-19 hot spots. **Recruitment and training especially in government healthcare facilities should be taken up as required without any delays. The issue of unavailability of trained staff (18%) also needs to be addressed at the earliest by providing trainings on Pandemic Management.** Available staff should be encouraged to report regularly (14%) (Figure 16).

**Figure 16: What were the reasons for working extra hours? (N=140)**



**Remaining cadres who felt burdened was primarily due to shortage of staff.**

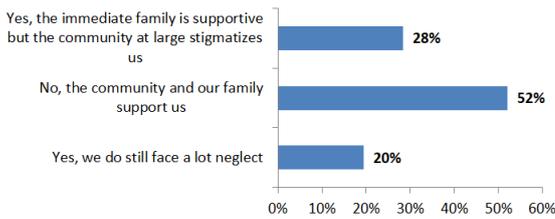
Other reasons for working extra hours included injuries on duty, miscommunication, staff on the higher position did not come so they were pressurized to work for extra hours.

### Stigma/ Discrimination

At the initial phases of the Pandemic, COVID-19 stigma and resistance towards the health worker plagued the minds of the community. Still, the healthcare workers fall prey to it. Hence, awareness needs to be spread regarding this.

**48% of the respondents did face a lot of neglect and are stigmatized by the community due to lack of awareness. Sometimes these cadres are being addressed as “Corona”.** 52% of the respondents did not face stigma/ discrimination from the society (Figure 17).

**Figure 17: Have you faced any stigma/discrimination from the community since as you treat/transport COVID-19 patients? (N=292)**



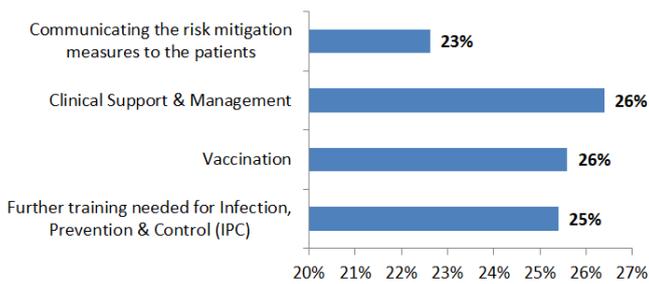
**Resistance towards the healthcare workers is still rampant.**

**Training Needs**

To deal with a Public Health Emergency of such a great magnitude, trainings should be provided to these cadres to effectively manage and respond to it. Lack of trained staff also results in the over-burdening of schedule.

The cadres need trainings equally on all these aspects i.e. Vaccination (26%), Clinical Support and Management (26%), Infection, Prevention & Control (IPC) (25%), Risk Mitigation Measure Communication Strategies (23%).

**Figure 18: Enlist your training needs for further response? (N=280)**



**Trainings need to be given equally on all the following aspects.**



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# **SHORTCOMINGS AND LIMITATIONS**

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## SHORTCOMING

- The time duration of the survey was short.
- As the target group is still working under COVID-19 response hence their participation could not be garnered in strength.

## LIMITATION

- The survey was online and as this cadre is busy in the work and have less time for leisure hence they were not in a position to check social media.
- The target group complained about shortage of time

# KEY FINDINGS & RECOMMENDATIONS

Major Observation	Key Recommendation
<p><b>88% of these cadres have been provided training on the usage of PPEs. However, 12% haven't been trained yet.</b></p>	<p>Training should be provided to the remaining 12%. Every time physical training has a limited recall value, so repeated practical examples should also be customized in videos through proper IEC and Risk Communication tools.</p>
<p><b>About 72% of the respondents feel safe while treating and transporting the COVID-19 patients.</b></p> <p>The rest 28% feel unsafe being COVID-19 induced due to stigma (58%) attached to it followed by equipment issues (24%) and training issues (18%).</p>	<p>Stigma issues need to be addressed, though only among the total respondents 14% faced it.</p>
<p><b>Sleeplessness (30%), Mood swings (25%) and anxiety (24%) are the three major impacts of the Pandemic on these cadres indicating that their overburdened work schedules.</b></p> <p>Apart from these, several other problems were also faced like home sickness, nightmares, home sickness, memory loss and many others.</p> <p><b>40% of them did not receive any mental health support from their institution/ organization.</b></p>	<p>The respondents should be given rest at regular intervals and <b>psychosocial support service</b> should be provided by the concerned institution to cope with these challenges. There is a need to promote mental health resilience not only among the healthcare workers but also among the youth.</p> <p><b>Specific attention need to be given in this under-invested sector. It is the responsibility of the institution/ organization to help them deal with these mental health problems. It needs to be duly addressed through policy and by leveraging the technology.</b></p> <p>Efforts should be made in strengthening the support system. Also, there is a need for systematic framework for receiving the feedback.</p>
<p><b>47% of the cadres are not covered under the Comprehensive Health Insurance that covers COVID-19.</b></p>	<p>There is a need to spread awareness about the present schemes on COVID-19 Health Insurance among the cadres. Also, the organizations should put the necessary efforts in addressing this issue of employee welfare.</p>

Major Observation	Key Recommendation
<p><b>53%</b> of the respondents were not compelled to work for extra hours</p> <p>But the rest had to work, due to shortage of staff (46%) followed by surge in cases (22%), lack of trained staff (18%) and staff not reporting to duty (14%).</p> <p>Other reasons being miscommunication, staff at higher position not reporting to duty and injuries at the work place.</p>	<p>The issue of staff shortage can be solved by recruiting more cadres to address this challenge. More important it is to train the staff on holistic Pandemic Management.</p>
<p><b>48%</b> of the respondents still face a lot of neglect and are stigmatized by the community due to lack of awareness.</p>	<p>Targeted IEC interventions related to spreading awareness about the negative impacts of stigma/ discrimination should be made for the general public.</p>
<p>The cadres need trainings equally on all these aspects i.e. <b>Vaccination (26%), Clinical Support and Management (26%), Infection, Prevention &amp; Control (IPC) (25%), Risk Mitigation Measure Communication Strategies (23%).</b></p>	<p><b>Trainings</b> should be provided in all these areas by the government to help these cadres actively respond to such emergencies.</p>

S.NO	Areas	Way Forward
1	Strengthening of public health system	A systematic framework for receiving feedback from all cadres of staff
2	Mental health resilience among public health system staff	Introduction of "CALM" Calamity Affected Lifestyle Management" programme to be introduced on regular basis and should be a part of all their trainings.
3	Raising awareness on available schemes	Multiple channels/ regional platforms/ official/ community level all types of routes should be adopted so that at least the existing facilities are being availed by the public health system staff.



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