

## COVID-19 challenges and preparedness in rural India

### Report of the rapid assessment with health and nutrition frontline workers (FLWs) in three states - Bihar, Chhattisgarh and Jharkhand

#### BACKGROUND

The second wave of COVID-19 pandemic in India has pushed the country into a state of humanitarian crisis of significant proportion. The scale and impact are of such never-seen-before magnitude that it has pushed the entire health care and governance system into disruption. While the second wave of COVID-19 has started to ebb in urban India, higher caseloads are being reported from semi-urban and rural demographics. The community based public health and nutrition workers, like the Accredited Social Health Activists (ASHAs)<sup>1</sup>, Anganwadi Workers (AWWs) and Auxiliary Nurse Midwives (ANMs), or the 3-As as they are popularly referred to, have been at the frontline of educating rural communities, encouraging them to adopt COVID-19 compliant behaviours and facilitating contact tracing.

For past six years, Digital Green (DG) has been working closely with National Health Missions and Rural Livelihood Missions in the state of Bihar, Odisha, Jharkhand, Chhattisgarh, Uttarakhand and Assam, directly reaching close to a million people to bring positive health and nutrition behaviour change by leveraging technology. [Click here for more information on Project Samvad.](#) It is this experience that prompted us to reach out to the FLWs and understand how they are handling and coping with the COVID-19 pandemic.

Digital Green conducted a rapid assessment in May 2021 to understand —

- the challenges experienced by the FLWs in dealing with Covid-19 pandemic on ground,
- the issues related to testing and vaccination for COVID-19, and
- the support that the FLWs and community need to respond to the pandemic.

The findings of this survey are expected to contribute to efforts of the central and state governments, district health officials, non-government and other voluntary organizations, as well as the donor community to provide a comprehensive response to COVID-19 in rural and semi-urban India.



Photo courtesy: Sumit Saraswat / Shutterstock.com

<sup>1</sup>An ASHA is a member of an all-women cadre of community health worker constituted by India's Ministry of Health and Family Welfare under the National Health Mission in 2006 to act as the first point of address for any health-related issues faced by the rural population.

## SURVEY MECHANICS

Mindful of the restrictions on inter-personal interactions during the lockdown, a telephonic survey was deemed to be the most appropriate method of data collection. Using a using a semi-structured study tool to collect the responses, the survey was conducted in the three states of Bihar, Chhattisgarh and Jharkhand, where Digital Green has ongoing initiatives with healthcare extension workers.

The selection of districts and blocks was purposive in nature, based on DG's presence in the three states and the availability of contact details of health and nutrition frontline workers. 154 randomly selected frontline workers were interviewed using a 10-question telephonic survey. The survey was administered telephonically from May 11 to May 14, 2021, at the peak of the second wave of COVID-19 in the country.

### Respondent profile

The survey, which was conducted with frontline workers (FLWs), included a range of demographic questions to better understand the characteristics of the respondents.

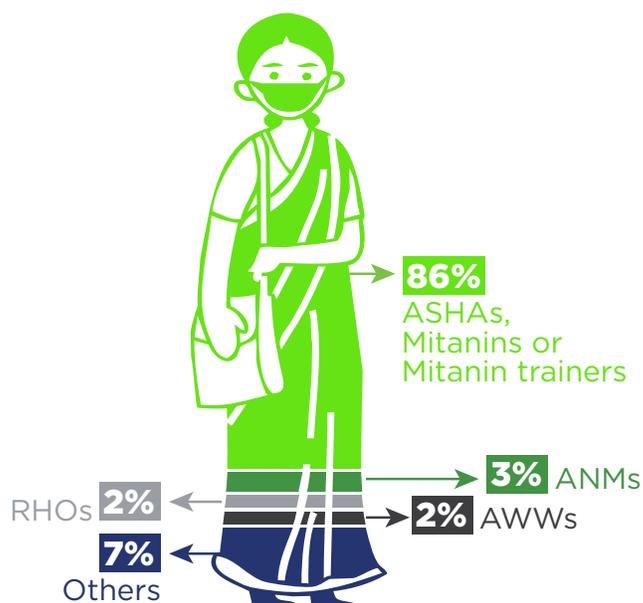
Most of the respondents (86%) are either ASHAs (95 of the 154), or Mitanins<sup>2</sup> or Mitanin trainers (37 of the 154).

AWWs (3), ANMs (4), Regional Health Officers (3) and other frontline workers (12), like ASHA Facilitators and Block Coordinators, were the other respondents.

Nearly all the respondents (97%) are women.

The respondents were from five districts in Bihar, two districts in Chhattisgarh and four districts in Jharkhand, but three states accounted for an equal number of respondents – Bihar (50), Chhattisgarh (50) and Jharkhand (54).

**Figure 1** Frontline workers respondents' profile (N=154)



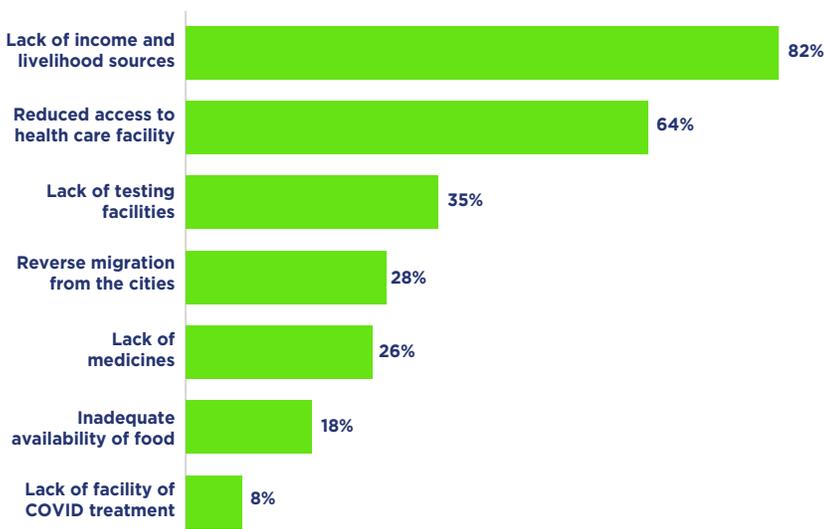
## KEY FINDINGS

### 1. Challenges faced by the community

FLWs reported **loss of livelihood sources and income** (82%) as the greatest concern among the communities they serve. Many FLWs also reported that the rural denizens are also concerned about more and more **people returning to their villages** (28%) from the urban centres of employment.

**Decreasing access to healthcare services**, especially during the pandemic, emerges as another growing concern in rural communities.

**Figure 2** Challenges faced by community during the COVID-19 pandemic, as reported by the frontline workers (N=154)



<sup>2</sup>Swasthya Mitanin, or Mitanin for short, is a precursor of ASHA and is a village-based health facilitator in Chhattisgarh state. She is responsible for early detection of health-related problems and are helping in improving overall community health status.

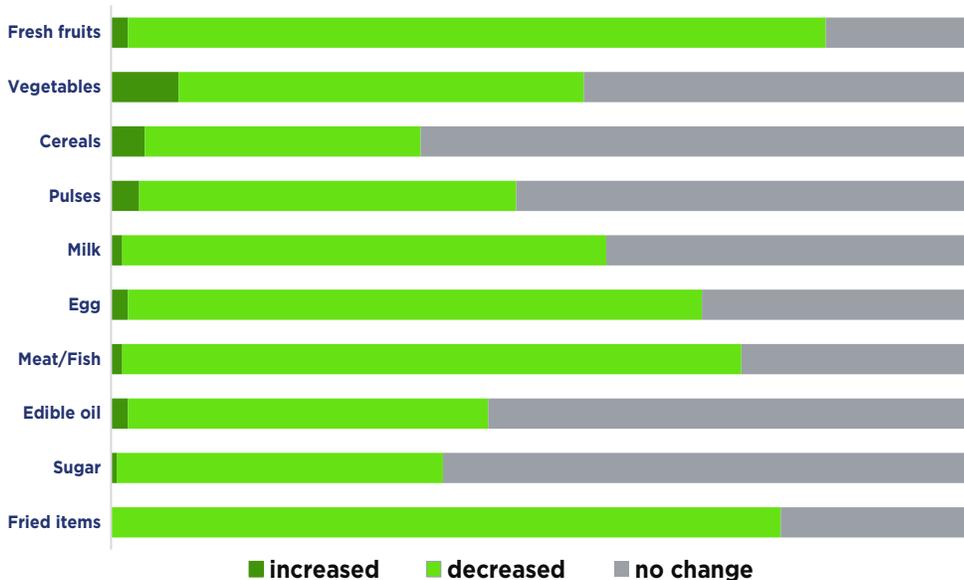
FLWs reported communities experiencing **reduced access to maternal, child and other healthcare facilities** (64%), **lack of laboratory services** (35%) to get themselves tested for COVID-19 and **shortage of medicines** (26%), in addition to **lack of COVID-19 treatment facilities** (8%).

A little over one in six FLWs reported communities experiencing **poor availability of food supplies** (18%) in their areas. This was probed further to understand which food products are short in supply.

Fruits (81%), ready-to-eat cooked food/ fried food (77%), meat/fish (71%), egg (66%) and milk (56%) were reported by majority of the FLWs as reduced in availability.

Majority of the FLWs reported that availability of staples, like cereals (64%), sugar (61%), edible oil (56%) and Pulses (53%) remain unchanged.

**Figure 3** Change in people's access to food items, as reported by frontline workers (N=154)



The opinion of availability of vegetables was divided, with 47% FLWs reporting decreased availability and 45% FLWs reporting no change in availability of vegetables.

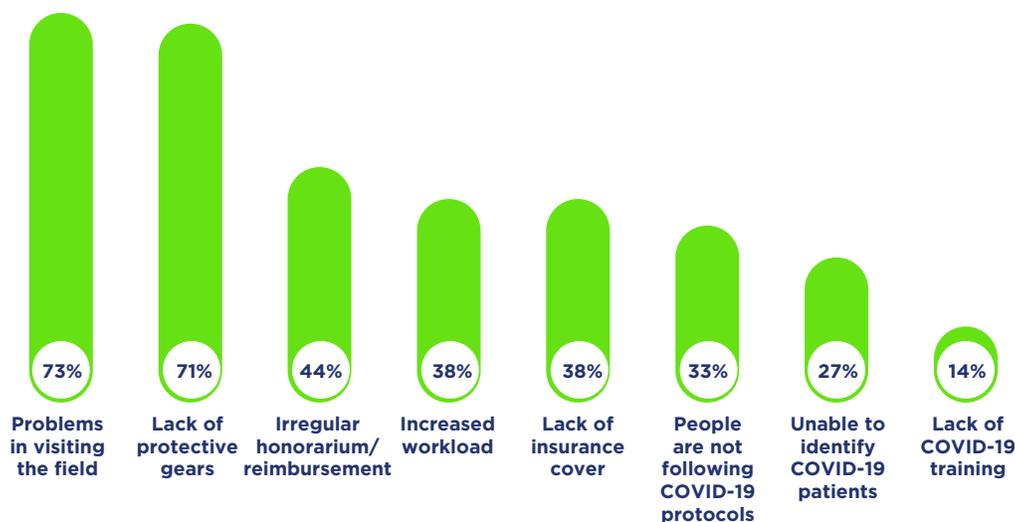
## 2. Challenges faced by the frontline workers

There is a heightened concern about **vulnerability to COVID-19** as majority of the FLWs expressed concerns about **doing field work** (73%), with nearly as many FLWs reporting **lack of protective gears** (71%) to safeguard against the infection. They also shared that **communities**

**are not following COVID-19 protocols** (33%) and a **lack of any safety net**, like medical or life insurance, for them (38%) in case they succumb to the infection.

The pandemic has increased the **workload of FLWs** (38%), with the added responsibilities of door-to-door contact tracing and educating communities about COVID-19. This, along with **irregularities in payment** (44%) of their honorarium and reimbursements, is another area of grave concern to the FLWs.

**Figure 4** Challenges faced by the frontline workers in performing their task (N=154)



Many FLWs reported their lack of preparedness to respond to COVID-19, as nearly 27% of them were concerned about **lack of information to correctly identify COVID-19 symptoms** (27%) in people and **lack of training** (14%) to manage and support COVID-19 patients in their communities.

### 3. COVID-19 testing

Although nearly all the FLWs reported that **COVID-19 tests are being conducted** (94%) in the communities they serve yet they had suggestions to speed up and scale up testing services.

Majority of the FLWs observed that **increasing availability of COVID-19 testing facilities at the village level** (82%) and communicating benefits of COVID-19 testing in rural communities and **encouraging them to go for testing** (77%) will further enhance the uptake of COVID-19 testing services.

### 4. Vaccination against COVID-19

Nearly all the FLWs reported that **vaccination against COVID-19 is happening** (98%) in their catchment, but only 71% FLWs reported that it is happening regularly.

Majority of the FLWs observed that increasing communication with rural communities, enhancing their awareness on COVID-19 vaccines and **encouraging them to get vaccinated** (90%) will help in overcoming vaccine hesitancy.

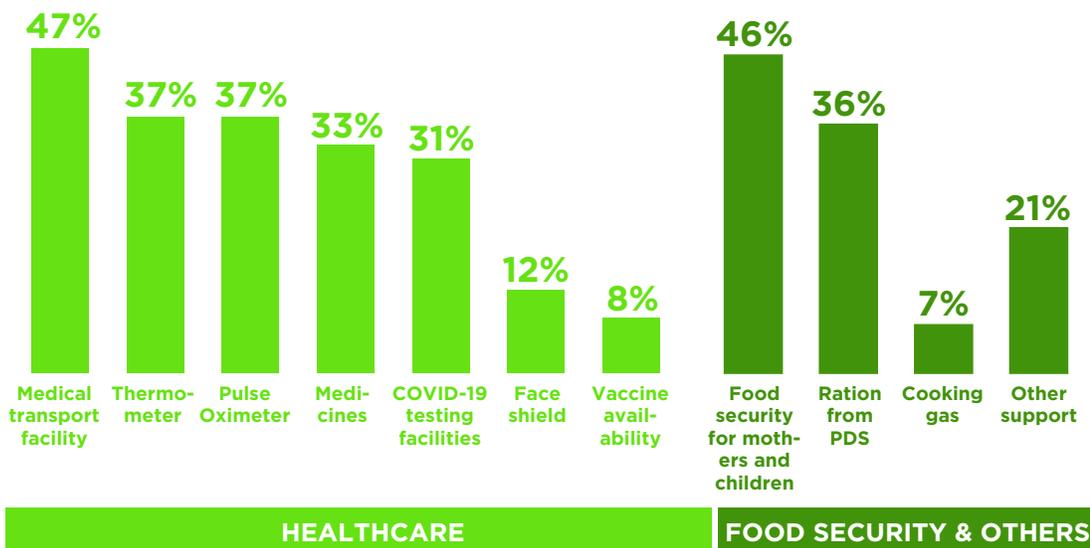
Many FLWs observed that by **bringing the vaccination centres closer to the village, or in the villages** (62%), one will be able to further improve the uptake of COVID-19 vaccines. Some FLWs observed that **regular availability of the vaccines** (41%) in their catchment will be able to speed up the vaccination drive.

### 5. COVID-19 related support needed by the community

FLWs observed that enablers like **availability of transportation facility** (47%) between their villages and the nearest healthcare facilities for COVID-19 affected facilities; making medical devices like **thermometer**

(37%) and **pulse oximeter** (37%) at household levels, **medicines** (33%) and protective gears like **face shields** (12%) will further enhance access to healthcare and COVID-19 related services. FLWs also commented that communities need to get more **easily accessible COVID-19 testing facilities** (31%) and **regular availability of vaccines** (8%) to help them respond to COVID-19.

**Figure 5** Support required by the rural community during the pandemic, as reported by the frontline workers (N=154)



The second area of support the FLWs reported is related to securing food and nutrition. They observed that **mothers and children should be provided food regularly** (46%), with regular **food ration from the Public Distribution System (PDS)** (36%) outlets in the village and **cooking gas as fuel** (7%) for preparing food.

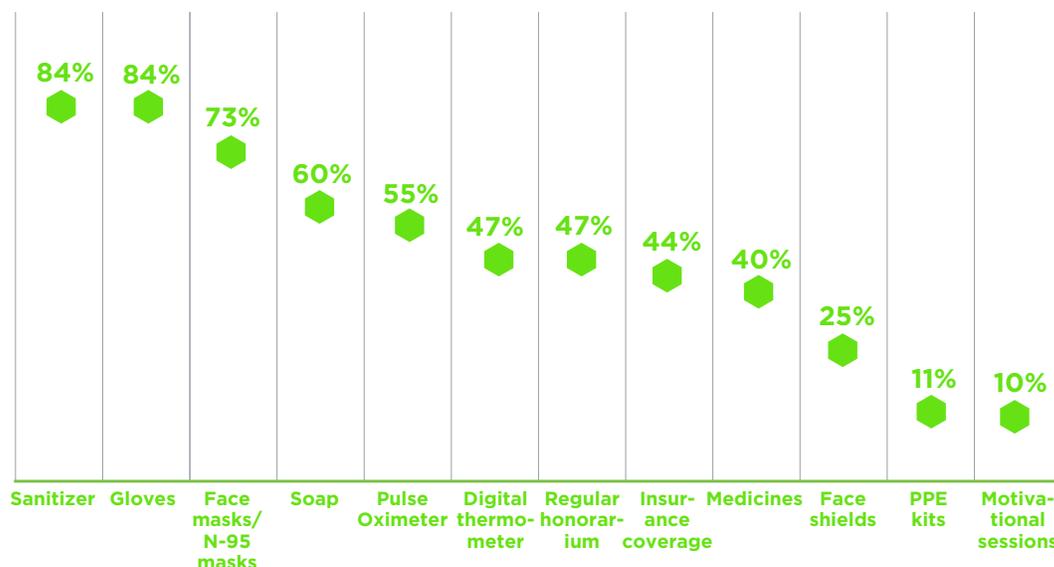
## 6. COVID-19 related support needed by the frontline workers

FLWs sought products to protect themselves when performing their tasks. Most FLWs asked for **sanitizers** (84%) and **gloves** (84%), followed by **face masks** (73%), **soap** (60%) **face shield** (25%) and **personal protective equipment** (PPE) kits (11%).

They also sought **Pulse Oximeters** (55%), **Digital Thermometers** (47%) for identifying COVID-19 cases and **medicines** (40%) to provide symptomatic relief.

Some of the FLWs also shared some other concerns related to their **timely honorarium, access to medical**

**Figure 6** Support the frontline workers require during the COVID-19 pandemic (N=154)



**insurance** and **need for regular interaction with higher level officers** to keep their motivation going.

## RECOMMENDATIONS

Based on the rapid assessment findings, Digital Green has identified the following core needs and priorities for addressing COVID-19 in rural communities.



### Equip the frontline workers with protective gears and essential medical devices

The FLWs require protective gears, like face masks, face shields and hand sanitizers, which are essential to minimise their risk of exposure to COVID-19. In addition, they need to be equipped with medical equipment, like pulse oximeters, digital thermometers and medicines to effectively deliver COVID-19 related services in the communities they serve.

Concerted efforts must be made to ensure that FLWs are informed about the government schemes for their health and safety and assured of the support available to them.



### Easing access to COVID-19 testing and vaccination services

A large proportion of rural population either do not have access to smart devices or don't have adequate digital literacy to register for vaccination using the online platform or to access COVID-19 testing services.

Civil Society Organizations (CSOs) and local NGOs can be engaged to facilitate setting up of vaccination registration kiosks in rural areas and to guide the registered beneficiaries to the nearest vaccination centers. On-the-spot registration of vaccination beneficiaries should also be considered to overcome the technology and access gap in the rural areas.

Efforts needs to be made to ensure that rural families receive clear and timely messages on the time and place of vaccination and testing services.



## Encouraging communities to adopt COVID-19 appropriate behaviours

Our study highlights three areas for communication during the pandemic. Firstly, reinforcing information on various aspects of COVID-19, from following COVID-19 compatible practices (wearing masks, hand sanitisation and physical distancing), symptoms of COVID-19 and breaking the myths and misinformation around the infection, its prevention and management. Secondly, equipping the FLWs with correct information and practical guidance to effectively and continually deliver COVID-19 services. Thirdly, generating positive and related case stories from the community to encourage positive behaviours.

A social and behaviour change communication (SBCC) campaign that uses multimedia tools, like videos, audios and interactive voice responses (IVRs) to deliver messages from credible sources is the need of the hour. This can be highly effective in reaching the rural communities and bring about the desired behaviour changes.



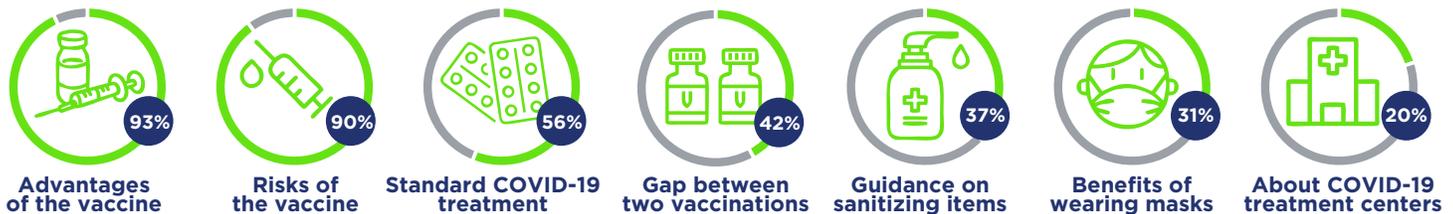
## Ensuring essential nutrition services

Many FLWs reported concerns in the community about shortage of supplies of milk, fruit, eggs and vegetables, which could potentially compromise nutrient supply to pregnant women, new mothers and young children.

The government, non-governmental organizations and corporate through corporate social responsibility (CSR) resources should make concerted efforts to ensure that healthy, micronutrient-rich and balanced diet is available to all rural households, especially the beneficiaries of the supplementary nutrition program.

Nutrition and health education (NHE), using short informative videos and audios, should be undertaken with all communities, but more so with the marginalised and vulnerable communities. It should focus on the importance and benefits of balanced diet and how to achieve it in resource poor settings.

**Figure 7** COVID-19 related information needs of people, as reported by the frontline workers (N=154)



It is critical that a comprehensive plan is developed to mitigate the spread of COVID-19 in rural India and is implemented on a war footing. This is also an opportunity to leverage the role, and convergence with non-governmental agencies, community-based organizations and other entities to build resilience, while providing relief and ensuring recovery.