



# COVID-19 Needs Finding

Preliminary Report-2 | April 15, 2020

*YosAid Health Innovation Foundation is a non-profit dedicated to patient and caregiver education and works to improve patient outcomes through better family engagement and education through the Care Companion Program (CCP). YosAid Innovation Foundation is an associate partner of Noora Health in India. Noora Health is a non-profit, born out of Stanford University and incubated at Y Combinator, that empowers families of patients with high-impact medical skills making them an integral part of healthcare delivery.*

*This brief report is an early update on an ongoing needs finding initiative that YosAid and its partner organizations are conducting in India. We conducted surveys with **1237 community members and 8 healthcare workers** between April 1-15, 2020. This is an initial analysis of how COVID-19 is being understood by community members and healthcare workers and their responses to the outbreak. We received ethical clearance for this data collection from the ACE Independent Ethics Committee. This is our second COVID-19 needs finding report. To see the first report, please click [here](#).*

*Of note on April 14 2020, the Government of India announced an extension of the ongoing lockdown until May 3, 2020. Additionally, on April 4, 2020, the Ministry of Health and Family Welfare issued an advisory that all individuals wear some sort of mask when outside.<sup>1</sup>*

*We've bolded key insights throughout the report. If you have questions please reach out to us at [covid19@noorahealth.org](mailto:covid19@noorahealth.org) or [covid19@yosaid.org](mailto:covid19@yosaid.org).*

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## SUMMARY OF KEY FINDINGS

### Communities

- **COVID-19 Knowledge:** 99% of all participants in the survey had heard about COVID-19, however there are still people who had not heard about COVID-19 at all. Furthermore, knowledge of COVID-19 symptoms and preventive behaviors varied (e.g. how, why, and when to perform specific behaviors) indicating that awareness campaigns need to still continue.
- **Risk Perceptions:** Throughout the last four weeks, positive risk perceptions have changed across all four states (decreased in Punjab, fluctuated in Maharashtra and Madhya Pradesh, and stayed relatively the same in Karnataka (March 23-April 15). In qualitative interviews, respondents with low COVID-19 risk perceptions mentioned that they were vigilant and were following government recommendations and rules. Those who did report that they were at risk, did so because of the increasing spread of COVID-19.
- **Prevention Strategies:** Participants most commonly cited handwashing as a prevention strategy, followed by wearing a mask and avoiding going outside. In response to an open-ended question asking about preventive behaviors practiced, participants mentioned drinking hot water, avoiding cold food items and avoiding meat. Similar to the previous report,

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<sup>1</sup> <https://www.mohfw.gov.in/pdf/Advisory&ManualonuseofHomemadeProtectiveCoverforFace&Mouth.pdf>

handwashing was not difficult for participants to practice but participants did raise concerns about availability of soap due to supply shortages or challenges in traveling to the market.

- **Sources of Information:** Television continued to be the most preferred source of information across all states. Qualitative survey participants also mentioned television, radio, healthcare workers, and religious institutions as sources they relied on.
- **Health seeking behavior:** If participants had COVID-19 symptoms, they most often cited that they would go to a healthcare facility, compared to other options such as calling the government helpline. Across all the states there are still people who reported not knowing what to do if they or someone in their family had COVID-19 symptoms.
- **Mental Health:** More than half of the participants in Maharashtra, Madhya Pradesh, and Punjab reported worry about their family's health. In the qualitative interviews, compared to responses from March 23-31st, participants' general anxiety about the uncertainty of COVID-19 has shifted toward more specific issues such as financial and employment concerns, availability of funds for daily needs, and potential medical challenges.

### Health Care Workers

- **Hospital Preparedness:** Hospitals have continued to receive and follow State and Central Government policies and guidelines, which included directions to close down general outpatient departments, train all staff, create isolation wards, segregate biomedical waste, and partner with private facilities for supplies. States continue to vary in terms of availability of personal protective equipment.
- **Shift in patient load:** Some hospitals have mentioned that in addition to COVID-19 suspected patients, their facilities have only allowed emergency cases and saw an increase in patient volume from peripheral hospitals. For example, some participants mentioned an increase in deliveries at district hospitals.
- **Personal protective equipment availability:** All respondents across states reported concern over the availability of PPE, though a respondent mentioned the hospital had been receiving PPE kits in a planned and rationalised manner
- **Other Preventive Behaviour:** Staff across all the states were confident about their knowledge and awareness of how to handle COVID-19 patients, and had a good understanding of preventive measures which they follow for their own family
- **Handwashing:** Health care workers of all the staff affirmed that the handwashing facility in terms of clean running water and soap are available at their hospital, although in certain places a few non-medical staff may still need help to understand the seriousness of the situation.
- **Training:** Hospital administrators, doctors, and nurses had all reported some level of COVID-19 training.
- **Communication with patients:** Hospitals currently have limited means of communicating the current and ongoing changes to the wider communities, and are hence utilizing technologies (Public Announcement systems, mass media, recorded messages) as well as human resources (like ASHA, ANMs, security guards) to help spread the message and educate patients
- **Mental Health:** Health care workers also feel anxious and terrified about the current COVID-19 situation and they are worried about their family members

## **METHODOLOGY**

### *Communities*

We reached out to family members previously enrolled in our Caregiver Training programs in Punjab, Madhya Pradesh, Maharashtra and Karnataka. We administered a 20 minute survey over the phone to a majority of the participants, and to a smaller subset, a 30 minute qualitative semi-structured interview to understand current COVID-19 knowledge, risk perception, knowledge or preventive behaviors. Many of the survey questions were multiple choice (except the yes/no questions), hence the proportions described below may not add up to 100%. We recruited participants through a convenience based sampling strategy and called these individuals from April 1-13, 2020.

### *Healthcare Workers*

We called healthcare workers (HCWs) across different healthcare facilities in Punjab, Karnataka, Maharashtra, and Madhya Pradesh to understand how hospital facilities plan to prepare for COVID-19, on the supply and use of personal protective equipment, shifts in patient load, challenges, and potential areas of support required. We spoke with individuals who otherwise support and implement the Care Companion Program (CCP), which is a patient education program providing families with the education and skill on key preventive behaviors which aims to reduce health complications and hospital readmissions.

Calls were made to 5 staff nurses, 2 administrators and 1 doctor with a semi-structured interview guide. These calls were conducted from April 1-13, 2020.

### *Global Response Materials*

We searched for publically available articles, videos, digital posters and any communication on the internet and catalogued them by content and type of material.

## SECTION 1: COMMUNITIES

This report consists of data compiled through calls with 1,218 families from our neonatal database with the survey tool and 19 with the semi-structured interview guide across Punjab (PB), Maharashtra (MH), Karnataka (KA), and Madhya Pradesh (MP). We called mothers or other family members from our ongoing neonatal studies; these families had a newborn in their home, and had given birth at district hospitals. For this formative research, we spoke with mothers, fathers, or any other caregiver in a household. These individuals reside in Tier 1, Tier 2 cities, and smaller cities.<sup>2</sup>

Among 1,218 participants, 43% were mothers, and 57% were other family members. Out of these participants, 10 % reported no education; 19% at least primary education (5th standard); 34% at least secondary education (10th standard); 20% at least 12th grade/Pre-university course ; 13% graduation (college level); and 4% post graduation education. Among total participants, 34% were homemakers; 16% self employed/small business ; 17% were daily laborers; 1% had a private sector job; 2% had a public sector job; 13% other; and 4% were unemployed. More than half of these families (56%) are below poverty line beneficiaries.

### Total interviews done - State Wise

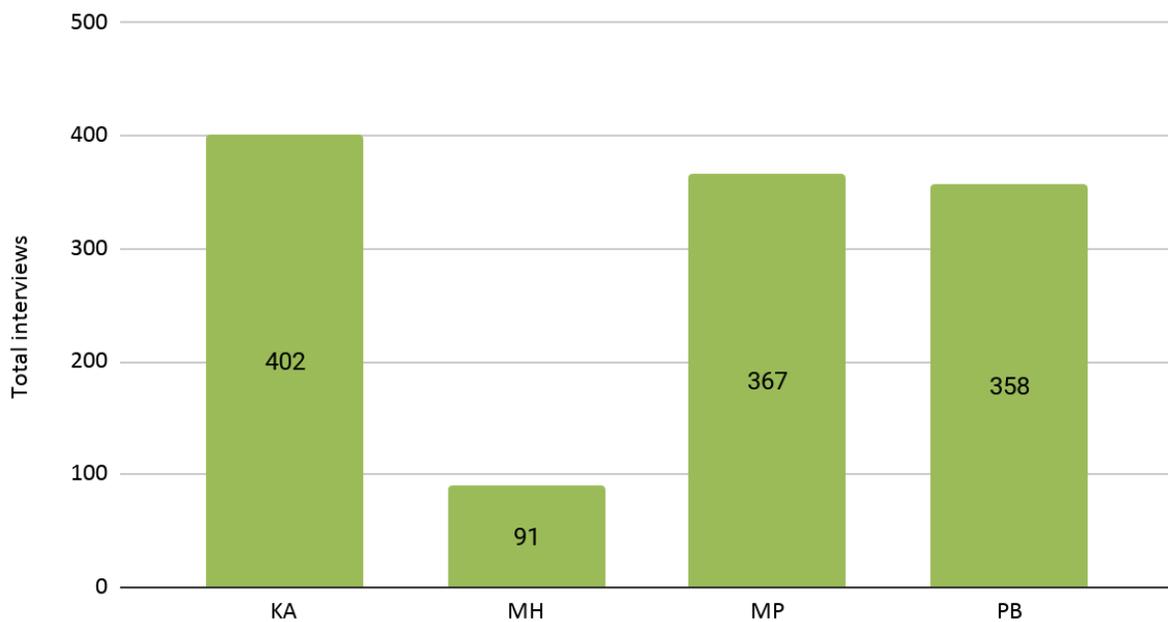


Figure 1: Interviews done by state, [Karnataka (KA), Maharashtra (MH), Punjab (PB), and Madhya Pradesh (MP)]

<sup>2</sup> Tier 1 includes cities with more than 1,000,000 in population; Tier 2 between 500,000-999,999 in population; Reserve Bank of India—Notifications. (n.d.). Retrieved April 2, 2020, from <https://www.rbi.org.in/Scripts/NotificationUser.aspx?Id=9817#an4>

An additional 30 individuals participated in the qualitative semi-structured interviews in Punjab (9), Maharashtra (8), Karnataka (2), and Madhya Pradesh (11).

**99% of all participants in the survey knew about COVID-19. From the qualitative interviews, the majority of the people who were interviewed had heard about COVID-19 and had a general idea about it except for 3 in Punjab who said that they didn't know what COVID-19 is.** When asked about their knowledge regarding COVID, most of them talked about it being contagious and how proper use of mask and sanitizer can help in its prevention. Interviewees also mentioned the concept of social distancing and staying at home quite a few times. On asking as to how one gets infected from COVID-19, some answered by saying that eating raw meat, going out in a crowd or shaking hands could lead to the disease. Some also said that coming in contact with a person with cold and cough, foreigners, and people from China may also trigger the spread of COVID-19.

### 1.1 Risk Perception

Positive Risk Perception - Percentage of Respondents who think they or Family are at Risk of Infection

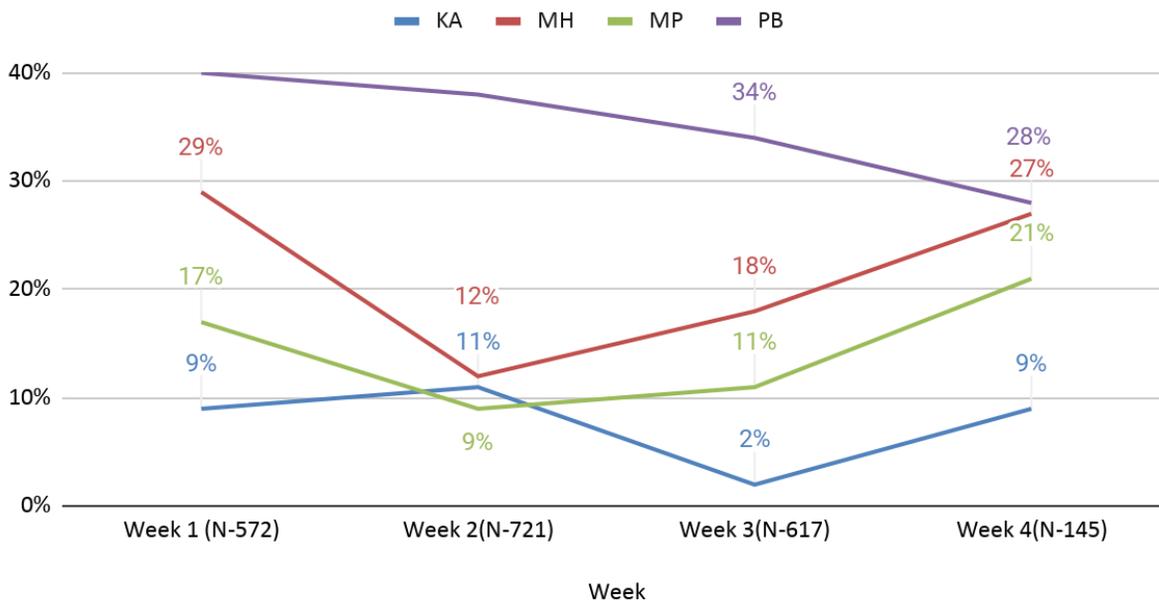


Figure 2: Change in risk perceptions over four weeks, from March 23-April 15.

**From the qualitative interviews, participants largely echoed that they weren't at risk because they were taking necessary prevention measures, and they were "vigilant" and taking measures like washing their hands, not going outside, and generally staying healthy (alluding to the fact that they didn't have any symptoms).** A few of the participants who said they weren't at risk framed their understanding in relation to following the rules and protective measures the government put out.

Participants also mentioned that they weren't at risk because they lived in rural areas with no case load, or that they didn't travel outside of the country.

Those who thought they were at risk, said so because of how serious COVID-19 could be. One individual from Punjab mentioned that they could be at risk "because we don't know who is suffering." Another individual from Maharashtra emphasized that "it's a contagious disease, anyone is at risk." When asked who was at most risk, participants mentioned elderly population and children (who have lower immunity), people who traveled and those who weren't wearing masks. Other types of people who are at risk included foreigners, those who are already sick, and travellers. One or two families mentioned that they themselves could be at risk.

*"Yes, because the disease is bad and is life-threatening." Madhya Pradesh*

*"No, we take sufficient care. We are not going outside, not getting in contact with outside people, always washing our hands with soap." Maharashtra*

## 1.2 Prevention Strategies

### Prevention - What are Some of the Things you are Doing to Prevent Infection? (N = 1,218)

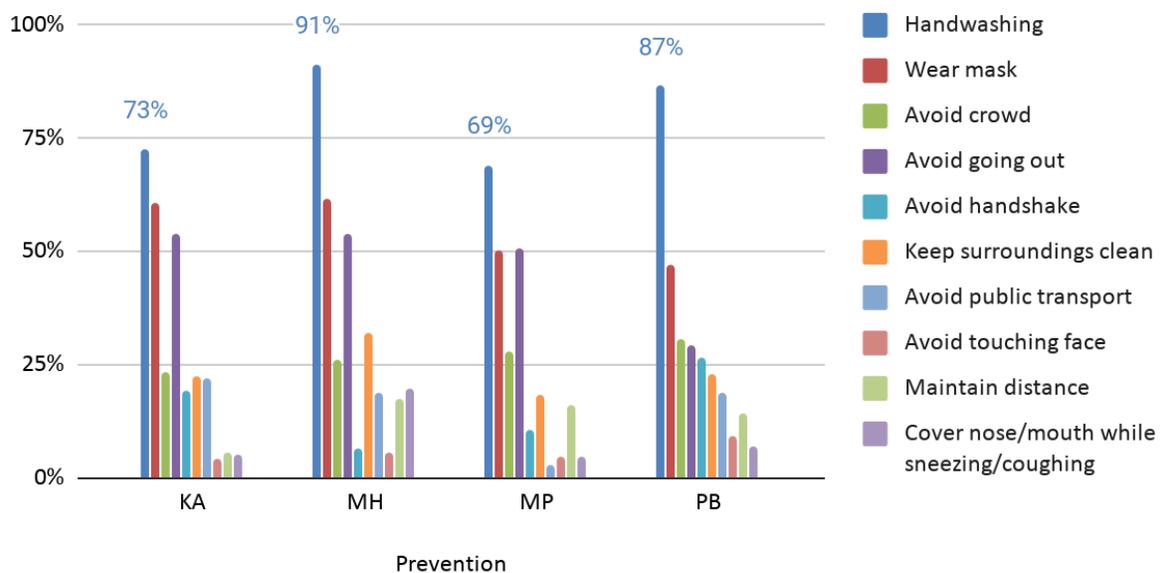


Figure 3: COVID-19 prevention strategies, by state.

**From the qualitative interviews, when asked about what prevention strategies they have heard about, almost everyone from all the states focused on the proper use of masks and sanitizer, maintaining distance from affected/suspected people and staying at home.** A few people from Punjab and Karnataka also mentioned drinking hot water or gargling with hot water along with

avoiding cold food and beverages. People with newborns at home relied on appropriate hand washing techniques and taking care of their basic hygiene before touching, feeding or playing with the babies. Some interviewees talked about quitting the consumption of meat (in case they accidentally eat raw meat) and food cooked outside the home. Sanitising the house was amongst the less common prevention strategies mentioned.

Most of the participants reported practicing proper hand washing, regular and appropriate use of masks, social distancing and were not stepping out of the house in order to prevent infection of any kind. A few also shared how praying to god is helping them to keep calm in the present scenario. Families everywhere are exercising these methodologies as they appear to be the best approach for preventing the spread of infection, protecting their families and to keep themselves healthy.

**For handwashing, respondents did not mention that it was difficult to wash hands as a result of the importance they ascribed to it.** One respondent did raise concerns for hand washing when outside of the home, given that water and soap may not be universally available. There was no mention of water being difficult to obtain. Participants get water supplied from various sources - 24 hour taps, community water pumps, or water tankers daily. For some water availability is limited to specific hours of the day. Acquiring soap was also not difficult. **However participants from Maharashtra and Punjab did raise some concerns--specifically due to shortages of soap in the market, curfew in their village, and the distance between their home and the city where they buy items.**

People mentioned that social distancing included standing apart from others (ranging from 1 meter to 10 meters), staying at home, not going to crowded places, and avoiding contact. Though people hadn't heard about it by name specifically, people had heard some aspects of social distancing. For social distancing, only 4 participants hadn't heard about it. One person in Maharashtra reported difficulty with social distancing given their large family size.

# Wearing masks - Percentage of Respondents that Say Everyone should Wear Mask?

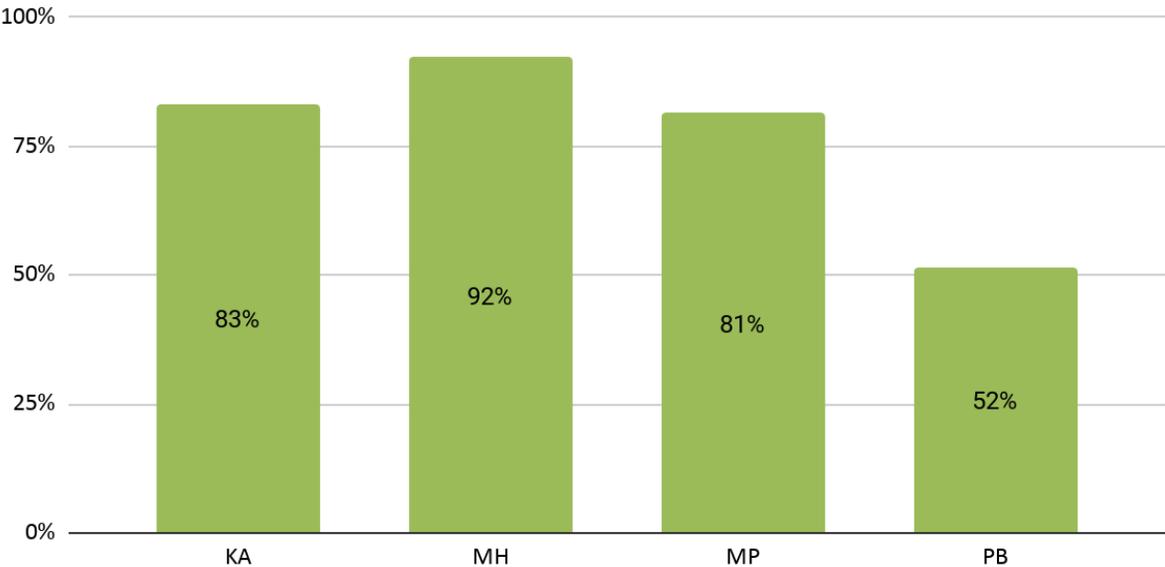


Figure 4: Percentage of people who thought everyone should wear masks.

### 1.3 Knowledge of symptoms

#### Knowledge of Symptoms (N = 1,218)

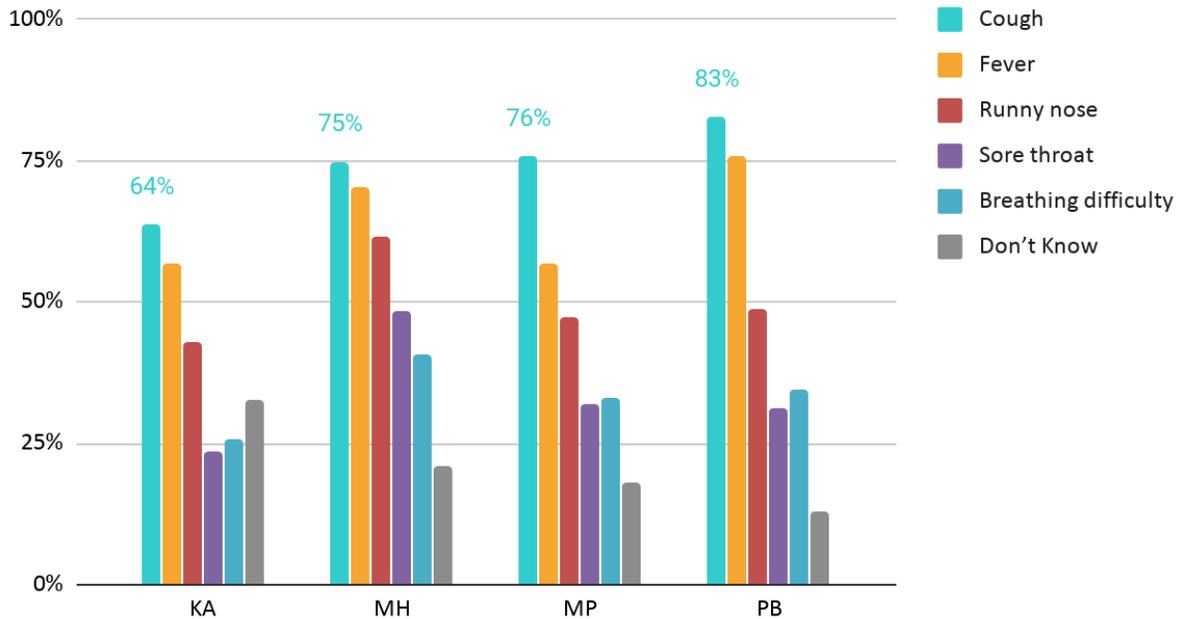


Figure 5: Knowledge of COVID-19 symptoms

Cold, cough, pain in the throat, fever, headache and breathing difficulty were amongst the most common answers. A few people also mentioned that symptoms would last for a 14-day period. Sneezing and swelling in the throat were amongst the less common answers. When asked about what measures would they take in case someone in their home had COVID-19 symptoms, the majority of the respondents said that going to a doctor, getting a check-up done, calling a hospital/helpline number would be their first line of action followed by distancing themselves from the suspect, following isolation rules and maintaining proper hygiene.

## 1.4 Sources of information

### Most Preferred Source of Information (N= 1,218)

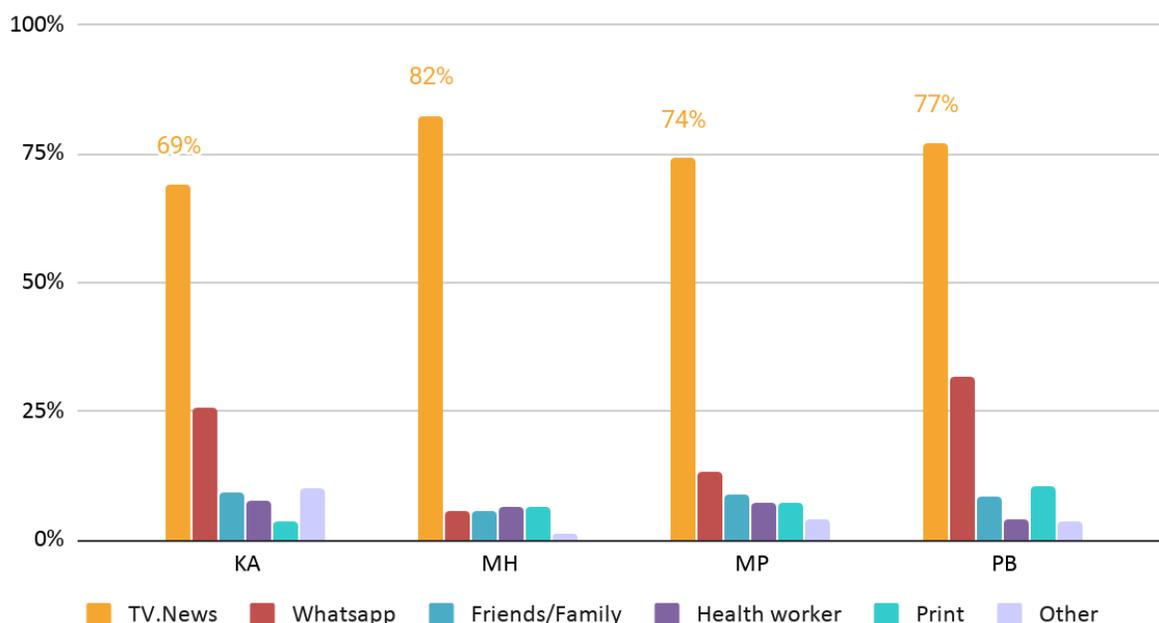


Figure 6: Preferred sources of information.

From the qualitative interviews, the most common response when asked about the most trusted source of information was TV, followed by radio, healthcare/ASHA workers,<sup>3</sup> internet and doctors. Some respondents also relied on the police, YouTube, or information passed on by family members. One person from Punjab also cited that he gained knowledge about COVID from a local Gurudwara (a place of worship for Sikhs).

None of the respondents mentioned neighbours to be a source of information as they are not stepping out of their house and have no interaction with people other than family members.

From families and their local community, participants learned about social distancing, regular use of masks and soap, avoiding cold beverages, and reducing human contact and proper sanitisation. Some sources also suggested taking advice from a doctor on the appearance of any symptoms.

<sup>3</sup> ASHA workers, or Accredited Social Health Activists, are frontline health workers placed at the community level to encourage health behaviors like use of family planning or institutional birth delivery. They also help with basic illnesses and injuries.

## 1.5 Health seeking behavior

### Health Seeking Behaviour (N=1,218)

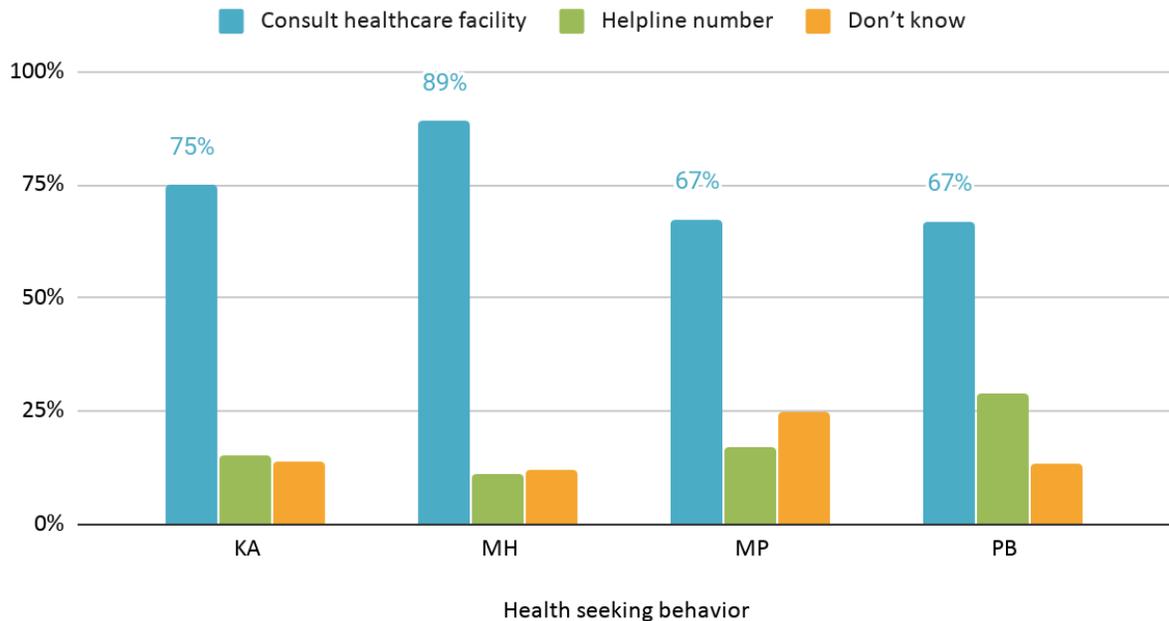


Figure 7: Health seeking behavior by states if they or someone in their family had COVID-19 symptoms.

Among qualitative participants when queried about their preference of staying at home and calling a helpline compared to visiting a health facility, most participants cited it was easier to stay home, but two participants, one from Maharashtra, and one from Madhya Pradesh cited financial concerns and the need to leave the home for work, which would make it challenging to just stay home.

When asked what respondents would do if they thought someone in their family had COVID-19, most participants mentioned they would go to the hospital, with a few calling the hospital helpline and distancing themselves from that person.

## 1.7 Anxiety

### Worry - Percentage of Respondents who were Worried about their Family Members' Health? (N=1,218)

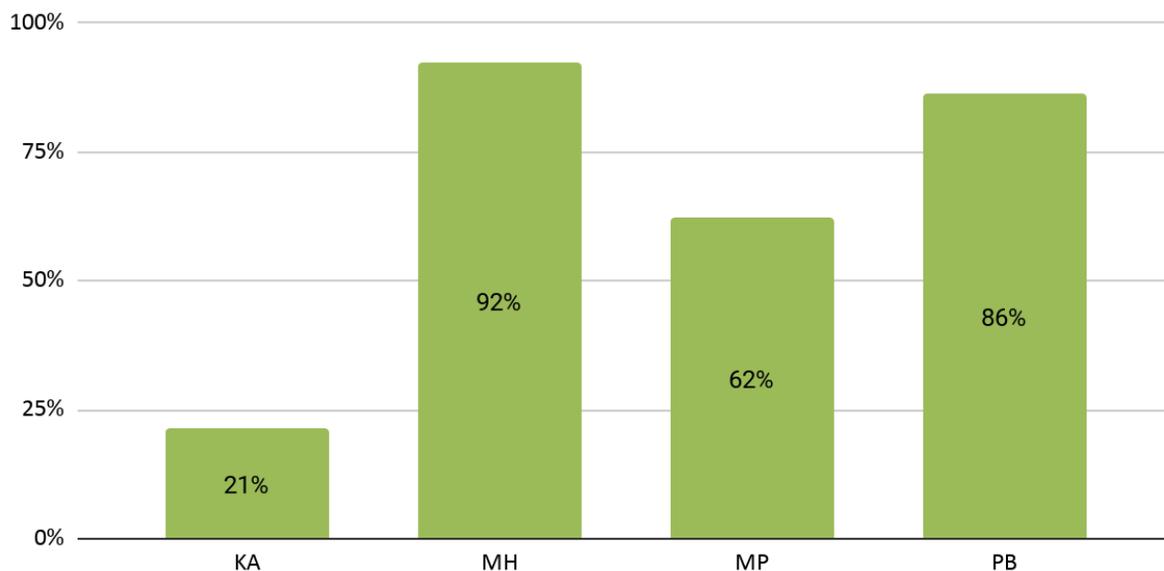


Figure 8: Reported worry about family members' health by state

Overall, qualitative interviewees reported general worry and anxiety about either getting COVID-19, the lockdown situation, and an uncertainty of when the COVID-19 pandemic would pass. Compared to responses from March 23-31, **participants' general anxiety about the uncertainty of COVID-19 has shifted toward more specific issues such as financial and employment concerns, availability of funds for daily needs, and potential medical challenges.** In Maharashtra, two daily wage workers raised concerns about their lack of income for immediate needs. One individual from Punjab cited concerns about their business as well. Other sources of anxiety included movement when outside the home and the extra surveillance in place when outside.

Across all states, participants had also mentioned concerns around COVID-19 spreading and potential infection they may face. Other specific anxieties were for newborn babies in the household and elderly family members.

*"For daily needs if I go outside, I get in trouble from the police.<sup>4</sup> They are asking for a lot of documents."*  
Maharashtra

*"I feel fear when I hear about [COVID-19]."* Madhya Pradesh

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<sup>4</sup> Within India, the police have helped enforce lockdown measures to ensure people are not unnecessarily outside.

## 1.6 Other attitudes/Behaviors

Do you think People Recover from COVID-19 Infection? (N=1,218)

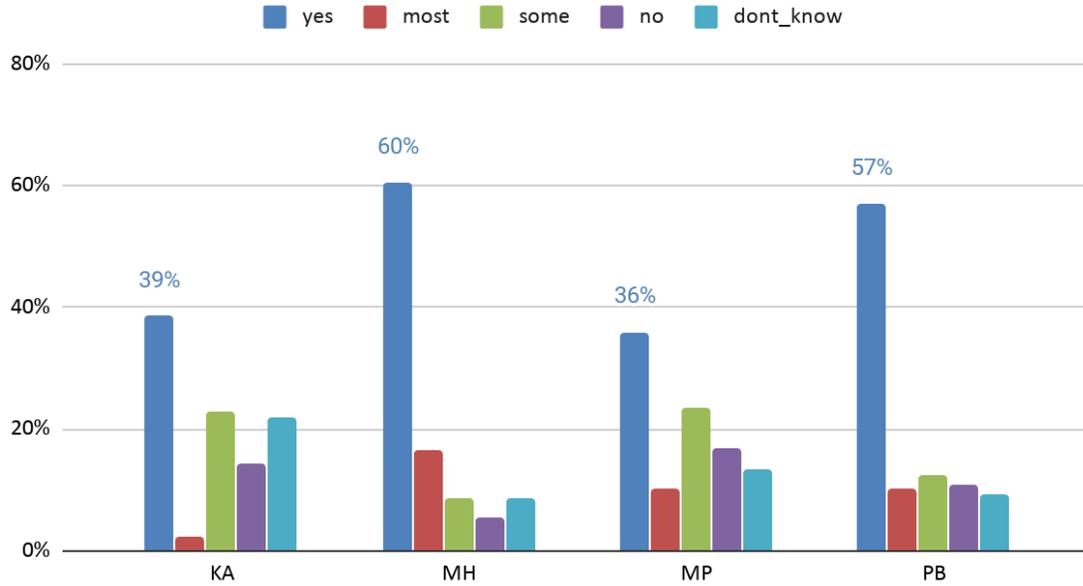


Figure 9: Recovery from COVID-19 by state

Myth about Poultry - Percentage of Respondents who Think People can get Infected by Consuming Poultry Products

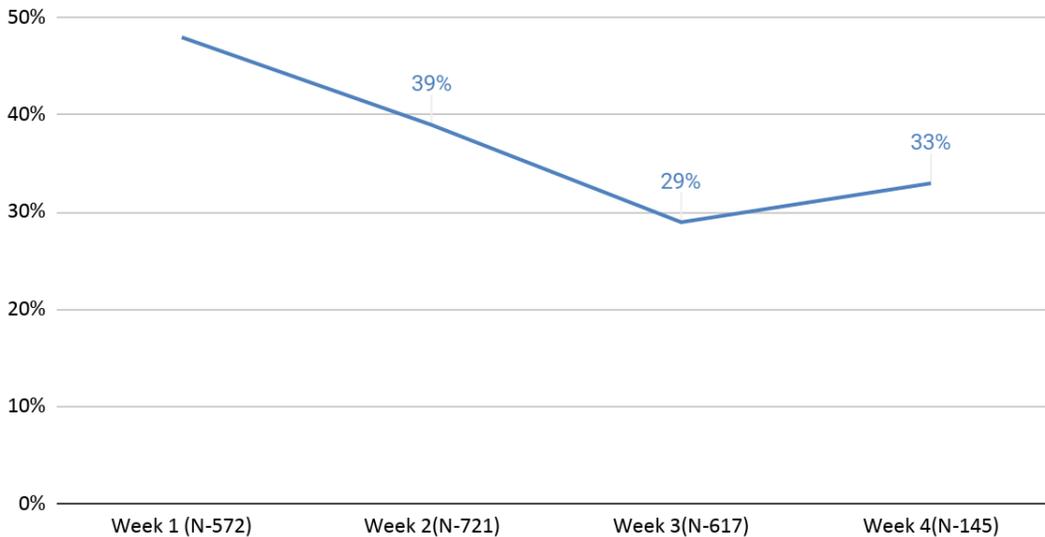


Figure 10: Percentage of people who believed one could get infected from poultry, from March 23-April 15.

### Sharing Information - Percentage of Respondents who Advised / Provided Information to Someone on COVID-19 (N=1, 218)

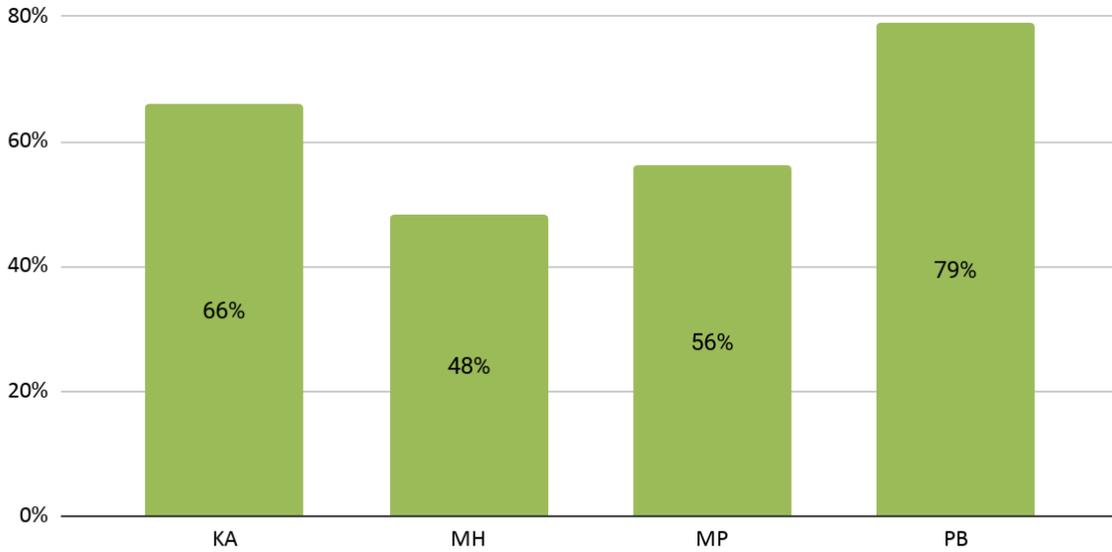


Figure 11: Percentage of people who shared information on COVID-19 with someone else.

### Information demand - Percentage of respondents who would like to hear more info on prevention

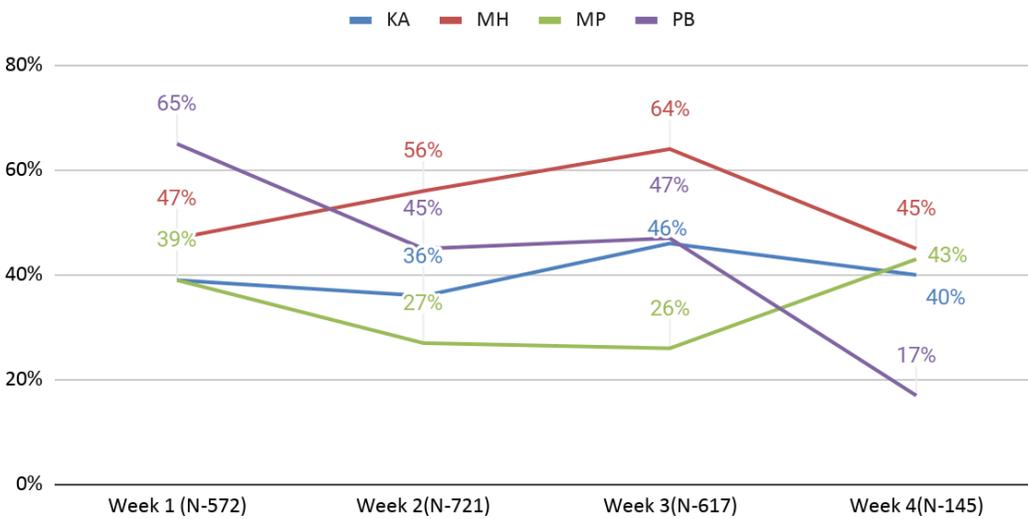


Figure 12: Percentage of people wanted more prevention information from March 23-April 15.

## 1.7 Limitations

There are several limitations to the community based needs finding work. First, surveyors call participants from government district hospitals, given that is where we initially recruited participants, which may bias the responses of participants toward more socially desirable answers. Secondly, we used a convenience based sampling method<sup>5</sup> for both the quantitative and qualitative interviews, hence what is reported here should not be viewed as representative. Instead, it should be viewed as a formative exploration of risk perceptions, prevention knowledge, and behaviors for COVID-19.

## SECTION 2 - HEALTHCARE WORKERS

These calls were made to 5 staff nurses, 2 administrators and 1 doctor with a semi-structured interview guide. These calls were conducted from April 1-13, 2020.

### 2.1 Hospital Preparedness

**Hospitals have prepared for COVID-19 by limiting general outpatient departments (OPDs), training hospital staff, creating isolation wards, segregating biomedical waste, partnering up with private facilities to get donated ventilators, generating helpline numbers, and also following advisories released by the State & Central government.**

*"General OPDs are closed, only emergency cases are seen, surgeries postponed, attending patients with cough, fever, corona symptoms on priority. "*

*"We started with training of staff for handling patients, hand hygiene, segregation of biomedical waste, storing of biomedical waste, transportation, handling, cleaning of facility/ isolation facility, use of sodium hypochlorite, all these basic precautions that they need to take care for controlling infection. Cleaning area twice a day after patients leave the facility."*

*"Helpline numbers, quarantine facilities, and tie-up(collaboration) with private hospitals for ventilators have been done."*

*"All suspected cases are instructed to be in home/hospital quarantine."*

From the perspective of gaps in hospital preparation, staff mentioned a shortage of PPE and concerns about hospital sanitization whereas some HCWs seemed to be quite content.

*"Initially more attendees have come to [the] hospital with patients and nowadays it's reduced. There is a lack of precaution materials to the staff like masks and sanitizers."*

*"Fogging should be done daily, also patients while entering in hospital must be sanitized, just hand washing won't work, provide disposable gown to patients."*

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<sup>5</sup> Convenience based sampling is a non-probability based sampling strategy based on who is readily available for participation.

**Regarding Central or State guidelines received by staff for dealing with the situation, all pointed out that they had received guidelines and were following them.** Healthcare workers (HCW) pointed out they have regular meetings too for this. One HCW pointed out that they have **received guidelines from different departments including on bio-medical waste disposal, handling of deceased COVID patients, and how to use masks.**

*“We have received all sorts of guidelines from different departments. Like disposal of biomedical waste generated during caring of quarantined COVID Patients. The Pollution Control Board has given us pamphlets regarding guidelines and Integrated Disease and Surveillance System has also provided us with the informative materials. The Ministry of Health and Family welfare has given us guidelines regarding handling the dead body of a CoVID patient. We have received extensive guidelines.”*

*“We are following the guidelines, handwashing, maintaining social distance, sanitizing by spray, hand washing and sanitizing hands. Posters have been displayed.”*

Regarding the changes the staff has seen from the previous week, crowds in the hospitals have decreased and staff are now only focusing on emergency cases. New facilities have been converted to isolation facilities. **For hospitals with a confirmed COVID-19 case, “there is panic,”** as shared by one of the HCW. **Some of the hospitals have not seen any COVID-19 cases, so there is no change in their work. One of the hospitals had received a sanitiser machine placed outside OPD which can be used by everyone. Supply of PPE is crucial for nurses to be able to work.**

*“Only emergency cases and suspected corona cases are allowed. It's a big change I noticed. Hospital has less patients as compared to the daily routine--feeling strange.”*

*“No changes in my routine. There was a sanitiser machine placed outside the OPD which everyone can use. We have ventilators and are receiving equipment easily which previously may have been difficult.”*

**For hospital leadership, doctors and nurses, there have been a variety of training and upskilling to prepare for the COVID-19 situation.** Hospital level task forces have been constituted in hospitals for handling the situation with nodal officers appointed as responsible.

*“Dr.[X] & Dr. [Y] are taking updates regularly and have attention on Corona suspected patients/Sanitizing the hospital”.*

*“Dr. [Z] firstly attended the training session in [state level] then provided training to all staff in hospital. He has told about precautions/how to wear PPE/How to handle Suspected patients”.*

*“Yesterday I had 1 Zoom meeting and corona training with [NGO].”*

*“Training of all the hospital staff i.e. doctors, nurses and paramedical staff has been done.”*

## **2.2 Use of Personal Protective Equipment (PPE) and Other Preventive Behaviors**

Health professionals who were interviewed were aware of the use of PPE equipment provided to them by the government authorities. The staff had similar responses about the understanding of preventive measures which they were following for their own families, like frequent hand washing for at least 20 seconds, maintaining social distance, health hygiene and following lockdown rules.

**PPEs (masks, gloves, head caps, PPE suits) are available however ensuring sufficient quantity is still one of the major concerns for HCWs.** A HCW stated "*there is shortage of PPE and mask; no triple layer mask [is available],*" where as other participants mentioned that **the amount is considered sufficient only since there are no positive cases in the hospital:**

*"At present as there are no COVID -19 positive cases. So can't tell much. But definitely it won't be sufficient if the count of patients increases suddenly."*

*"Present[ly] there are no positive cases [so it seems sufficient for now, but] in future we need more masks and sanitizers."*

**On the contrary, some health care workers seemed to be satisfied with the preparedness of the government in respect of equipment and training provided to them:**

*"Government is providing PPEs kit, sodium hypo liquid/mask/ sanitizers along with training to staff as to how to do work in an isolation ward."*

It was also pointed out by staff, that hospitals are working towards distributing PPE in a planned and rationalised manner so that they do not fall short of its availability at the time of need.

*"We have very efficient staff like store keepers and pharmacists who are trying to maintain sufficient stock of these [PPE] things. We have to arrange stock for staff at PHCs and CHCs in our jurisdiction. We have also given them training regarding preventive measures to be taken."*

*"We are rationing the PPE to the staff and maintaining a record, and we are distributing PPE only at the time of requirement."*

**Staff of all the states were confident about their knowledge and awareness of how to handle COVID-19 patients,** such as isolating the patient and maintaining cleanliness around the patient, imparting knowledge to caregivers on social distancing, hygiene and regular health checkups as per doctor's advice. Health care workers across states had very similar responses for the **understanding of preventive measures which they follow for their own family** such as washing hands, social distancing, wearing masks, and maintaining hygiene.

One HCW explained what she does before entering the house:

*"Yes I am taking initiatives for my family. I go to the home after wearing gloves, I carry a disposal bag and keep things in it before entering the house. I discard the bag and sanitize myself then enter. I taught infection control practices to my children-- they wash their hands properly. I also maintain a good diet for immunity."*

**As mentioned by participants, staff who were exposed to COVID-19 were sent into isolation and tested.** Hospitals are taking proactive precautions for these situations by testing the staff.

*"Nine hospital staff became isolated. When they were working, a suspected COVID-19 patient's report got positive. Then Doctor [A], 4 staff nurses and 4 fourth class staff gave samples for testing and went for [self] isolation. A total of 25 staff visited and worked in the isolation ward, now I will give a sample for testing."*

*"A suspected patient came to hospital. He was found positive later. Then Civil Surgeon Sir suggested for the whole staff, who worked in an isolation ward with patients to get tested."*

## 2.3 Handwashing

**Health care workers affirmed that the handwashing facility in terms of clean running water and soap are available at their hospital.** HCWs echoed that protocols of hand washing are being practiced by other HCWs except for **one staff who pointed out that non-medical staff do not understand the seriousness of the situation**, even one other staff described how responsibly the security guard works to provide hand sanitizer to the people entering the hospital as a part of his duty.

*"Yes, Dr [Doctor] and Nurses are following the protocols but class IV<sup>6</sup> workers don't take care about it."*

*"Yes, for the people who are entering the OPD facility there is one security guard designated who is supposed to give the hand sanitizer to everyone."*

HCWs pointed out that while communicating handwashing to patients and health workers it would be helpful if some information, education, and communication (IEC) material or videos could be utilized.

## 2.4 Shift of Patient Load in Hospitals

**Currently hospital staff from all the states are focused on emergency cases or patients having flu like symptoms, facilitating early discharge if possible, in addition to COVID-19 patients.** However, a staff member from one of the hospitals mentioned that the hospital will not turn away any cases coming to the hospital. **The following are considered emergency cases: cardiac cases, road accidents, pregnancy emergencies, deliveries, and trauma cases. However there are no official advisories circulated for hospital policies, as stated by staff of different states.** Patients at one hospital were advised to stock up on medicines for one month to decrease the OPD load.

*"Yes, emergency patients are only allowed to hospitals. We even instructed ANC mothers to avoid visiting hospitals for regular visits and instruct them to take help from ASHA workers and ANM."*

**HCWs pointed out that the hospitals have become busy especially in terms of delivery cases. One of the HCW said that more cases from peripheral centres are referred to the district level hospitals.**

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<sup>6</sup> Class IV type of workers refer to general skilled and semi-skilled workers, like peons and sweepers.

*“MCH is busy with C-section/normal deliveries. Medical & surgical and other wards are empty”.*

Considering current scenarios, **there are restrictions on multiple caregivers coming to the hospitals across states, sometimes enforced by police.** Those coming must adhere to protocol of maintaining social distancing as expressed by staff, except for one of the hospitals where two members are allowed (one male and one female)

*“Yes but we have limited the number. We have given slots to caregivers for staying with patients. Visitors are being given limited time. Probe: Is police being deployed at hospital for security? Ans: Yes at every entrance.”*

## **2.5 Communication with Patients**

**Hospitals have limited means of communicating the current and ongoing changes in the functioning of the hospitals to the wider communities. So, for awareness, prevention, and precaution of COVID-19, hospitals are utilizing technologies (Public Announcement systems, mass media, recorded messages) as well as human resources’** (frontline health workers, guards, police men and other hospital staffs) assistance to reach out to communities.

*“ASHA Workers and ANM’ are working at the Community level to be aware about COVID 19.”*

*“Guard and sometimes the police stand at the hospital entrance.”*

*“Public announcement systems (PSAs), there is a recording by [senior authority staff] sir on Corona prevention and this is being played on PSA twice a day installed in the hospitals. ”*

*“Each and every staff member is communicating with people coming to hospital and telling them about changes that have been made.”*

*“Yes we have speaker mounted rickshaws who go to societies and inform people about this and along other information regarding CoVID.”*

In addition to this HCWs are working diligently to educate patients on COVID-19 besides providing regular treatment round the clock. **The education focuses on social distancing, maintaining hand hygiene, staying at home, wearing a mask, avoiding touching face.**

*“Attendees in OPD are asked to be in que and maintain one meter distance by staff present there. People are well aware about the preventive measures (from news, radio and other means) but sometimes they tend to avoid these instructions. ”*

Nowadays, HCWs are addressing many queries coming from patients, for e.g. how COVID-19 disease spreads, what precautions they should take if someone arrives at their home from abroad, how to protect themselves from coronavirus, how normal flu and COVID-19 flu can be differentiated. Every HCW replied that they had clarity on how to respond to patient queries. Furthermore, a few patients

were asked about myths related to diet and curative treatments (whether patients could eat meat, or whether there were any home remedies to cure COVID-19).

*"All of us are aware of this COVID-19."*

There are frustrations HCWs experience in communicating health information to patients.

*"They listen to us but all of them don't follow what we say, this might be because of their belief that they won't get affected by it."*

**One HCW showed deep concern pertaining to societal pressures which patients are facing these days upon returning home which might hamper speedy recovery of the patients both mentally and emotionally;**

*"There are challenges at the social level, not at hospital. If someone is going [returning home] after recovery or is under quarantine he/she may get emotionally hurt by people's behaviour toward[s] him/her. People may point out to him or may avoid him as he was patient with COVID, which can affect his social life."*

## **2.6 Challenges & Support**

Presently, hospitals are facing various challenges dealing with COVID-19. For instance, HCWs expressed challenges with PPE, shortage of staff, need to focus on health education with patients, issues of hospital cleanliness, difficulties in the commute for staff to reach the hospital, lack of motivation among staff, and lack of staff recognition. **One HCW remarked that they wanted all contractual staff to be made permanent and labeled them as "warriors."**

*"Our protection with lack of PPE and mask, people are not so supportive, they listen to things during counselling but do not follow it."*

*"I am busy in changing the duty of staff attentively, handing PPEs requirements to [for the] staff. I check the isolation ward timely that all things are proper such as cleanliness of ward/PPEs for staff. I am focusing on ward/toilets cleaning."*

*"20% of the staff fear COVID-19, so far we have no such case but we have to get them motivated."*

*"I want that staff working on contractual basis to be regularised. At the top management level we have to be ready for every crisis situation. They are the warriors of the battle field."*

*"PPE kits are costly in the market."*

Asked about the things needed by HCWs to do their job better, it was pointed out that more hospital equipment may be required and more staff to handle the situation. **One HCW pointed out the pressure they are facing for which there should be better coordination between all personnel involved in the COVID-19 response.**

*“More hospitalization equipment and awareness to the public at the community level.”*

*“There is lots of pressure due to the current situation. To make this better, there must be a good coordination between management and staff, as we have to coordinate with every patient and every person.”*

**When asked about the support they require, they pointed out the need for training, new techniques to deal with patients diagnosed with COVID-19, training, informational posters and videos.**

*“You have a good team of counselors with you so I would like you to take training for them and make them aware of all measures they should take while working. Although they are well aware of everything.”*

*“You can develop an app to inform people with the help of video and other things so the new mother can get the related information at home.”*

*“We need more support to create awareness to the public in the Community level we need more equipment for hospitals.”*

*“Employment of poor people should be taken care of.”*

*“We know common signs and symptoms of corona which are known through hospital training sessions/WhatsApp messages/videos. It will be good, patients will see pictures and listen to the messages.”*

## **2.7 Mental Health**

**Health care workers also feel scared about the current COVID-19 situation** in general like many others, as the number of cases are mounting. In addition to this **they are worried about their family members.**

*“It’s scary.”*

*“It’s difficult to control, growing and affecting people in large numbers.”*

*“I have small children at home. I am alert to have precautions like washing the hands timely and motivate children to do so.”*

As a part of their jobs, some HCWs are dealing courageously with COVID-19 stress by not worrying much about this, following all precautions, getting inspiration from colleagues and spending time with family. Some are considering it as a responsibility while others are merely managing as it is their job.

*“I’m not worrying too much about this.”*

*“I spend time with family at home, watching TV, serials, movies.”*

*“It’s our responsibility so that we have to do our job at any cost.”*

*"We have to manage as this is our job."*

One HCW expressed concern that there are no medicines for the diseases, and another HCW **highlighted that people have started adopting cleanliness as an important aspect in their lives.**

*"We are in constant fear that we might catch infection from people coming into the hospital."*

*"Having fear because there still is no [COVID-19] medicine."*

*"Earlier I was feeling stressed but now am aware about it so working normally."*

*"People have started taking cleanliness seriously, especially hand washing."*

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