



Noora Health COVID-19 Needs Finding

Preliminary Report-3 | May 25, 2020

Noora Health is an innovative 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. YosAid Health Innovation Foundation is a healthcare non-profit dedicated to patient and caregiver education and works to improve patient outcomes through better family engagement and education through Care Companion Program (CCP). YosAid Innovation Foundation is an associate partner of Noora Health in India.

*This brief report is an early update on an ongoing needs finding initiative that Noora Health and its partner organizations are conducting in India. In total, we have conducted surveys with **5000+ community members and 70 healthcare workers** since March 22, 2020. This report documents surveyed from April 13-26, 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/pandemic. We received ethical clearance for this data collection from the ACE Independent Ethics Committee. This is our third COVID-19 needs finding report. You can access the older reports here: [Report 1](#) / [Report 2](#)

We've bolded key insights throughout the report. If you have questions please reach out to us at covid19@noorahealth.org.

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SUMMARY OF FINDINGS

Community

- **Knowledge of Symptoms:** Cold, cough, fever, difficulty in breathing, and headache have been recognised as the commonly known symptoms of COVID-19
- **Risk Perception:** Communities perceive COVID-19 as an urban disease rather than a rural one
- **Taking care of the elderly:** Families are teaching the elderly about proper hand washing technique and educating them about social distancing. They are also helping old/sick people with procuring essential food items and medicines so that they don't have to step out of the house.
- **Anxiety:** Overall, the participants mentioned feeling anxious for their families due to COVID-19 or economic effects from the lockdown. Some community members feel that they have received enough information from their local leaders and they don't want to know more about COVID-19 because it causes anxiety.
- **Source of Information:** News, television, and mobile phones continue to be the most common and most trusted sources of information. Almost everyone who is hearing the news shares it with other people including family members, relatives, and friends over phone calls, whatsapp messages, and word of mouth.

- **Confusion seeking healthcare:** Given the lockdown, families were confused about whether they could go to health facilities (e.g. illness, vaccination, postnatal checkups).

Health Care Workers

- **Daily Life of Health Care Workers:** Some said that their children don't come near them and that makes them feel that their children don't want to touch them whereas some said that they intentionally do not go near their children. Those working in isolation wards pointed out the struggles they face while wearing Personal Protective Equipment and that they can neither eat food, drink water, nor go to the restrooms for 6 hours.
- **Appreciation:** Most of the nurses who were interviewed mentioned that the Noora Health team had been enquiring about their health, their wellbeing, and their efforts were applauded and recognized i.e. for the CCP sessions ; a patient education program that provides families with the education and skills that they need on key preventive behaviors. It aims to reduce health complications and hospital readmissions.
- **Hospital Preparedness:** When we spoke with health care workers during this time, positive cases of COVID-19 have been prevalent across almost every hospital and across each state. Each facility has isolation wards within the hospital. Facilities are far stricter now and they focus on sanitization (regular usage of masks and sanitizers), more quarantine centers have been designated, and the hospital staff has been divided across inpatient or maternal and child health wards (IP/MCH) and isolation wards. Alternately, the hospital staff undergo a rotational system. COVID-19 testing is the focus.
- **Following Guidelines:** Currently, hospitals have separate task force teams, led by the deans and the medical superintendents in each hospital to ensure crisis management. Health care workers are getting regular updates on WhatsApp groups as well as via various meetings arranged by the hospital's higher authorities.
- **Preventive Measures:** Almost all the health care workers affirmed that they had a fair understanding of preventive measures for the protection of their families and themselves. Some of the workers even went on to appreciate the training that they had received from the hospital authority. They added that the training had enabled them to work in a more structured manner and that it had instilled confidence in them.
- **Handwashing:** Handwashing has become a major part of everyone's life. Currently, the health care workers use hand sanitizers very frequently, about 7-15 times during duty hours, to ensure sanitization
- **Patient Load:** Restrictions of multiple family members or relatives coming to the hospital along with patients have been imposed and such changes in the hospital's protocols are being circulated to the patients only when they come to the hospital via security guard/police in hospitals. Public announcement systems and ASHA, ANMs services are also being utilized to circulate the message to communities.
- **Communication with patients:** Numerous queries are asked by people on a daily basis. The queries encompass myths around non vegetarian food causing the disease and hot water curing the disease as well as questions around how to appropriately practice social distancing in smaller homes with limited space, medicine/vaccines, mask disposal, etc

- **Mental health:** Health care workers are feeling mentally stressed as cases are on the rise. They are far more worried about their family members than they are about themselves. However, they are finding ways to manage that stress either by speaking and chatting with friends or spending time with family, and other such activities.
- **Behavioral changes in patients:** The Health Care Workers mentioned that there were noticeable behavioural changes in people in such a short time e.g respect for Health Care Workers, wearing masks and maintaining social distance has become very common.
- **Support:** Health Care Workers have received training on COVID -19 through different sources, but they pointed out that they needed to gain a deeper understanding into the psychological impact that the disease has on individuals as well as further understand how they might strengthen motivation among their staff during this time.

METHODOLOGY

Communities

We reached out to family members who were previously enrolled in our Caregiver Training programs in Punjab, Madhya Pradesh, Maharashtra, and Karnataka. We administered a 30 minute qualitative, semi-structured interview in order to understand their current COVID-19 knowledge, risk perceptions, and preventive behaviors. We recruited participants through a convenience based sampling strategy and called these individuals between April 13-May 12, 2020. Calls were made to 29 community members and 9 healthcare workers.

Healthcare Workers

We called healthcare workers across different healthcare facilities in Punjab, Karnataka, Maharashtra, and Madhya Pradesh in order to better understand how various hospital facilities have been preparing their response to COVID-19, their access to Personal Protective Equipment and their current usage levels, the shifts in their patient loads, their challenges and the potential areas of support. We spoke with individuals who otherwise support and implement the Care Companion Program (CCP).

SECTION 1 - COMMUNITY MEMBERS

1.1 Symptoms and Health Seeking

When asked about their knowledge of symptoms, the majority of respondents, from all the states, mentioned **cold, cough, fever, difficulty in breathing, and headache as the commonly known symptoms**. A few individuals from Karnataka mentioned vomiting and diarrhea as symptoms of COVID, as well. Most of the interviewees from Madhya Pradesh and a few interviewees from Punjab had no knowledge of the symptoms associated with COVID-19.

Those surveyed were asked more questions around the actions they would follow in case someone in their family was ill with the disease or in case they themselves had contracted the virus. The survey

responses found that the first line of action cited was **calling the hospital/ doctor/ helpline number/ police. Keeping distance from the suspected person** was found to be the second most common precautionary measure mentioned. A few individuals who were interviewed (residing in Madhya Pradesh) were unaware of the measures to be taken.

“Immediately will send that member and myself to the hospital for further investigation and will not come in contact with others.” - Maharashtra

“I will inform to hospital, if infection is positive , then the person will be placed in quarantine for 14 days” - Karnataka

“We will immediately go to hospital and get the blood test done”- Karnataka

“We don't know about the symptoms”- Madhya Pradesh

“Yes, if you teach us about cough,it is helpful, because my wife often coughs, how long to wait after symptoms will also help us to understand.”-Karnataka

1.2 Risk Perceptions

Questions around risk perceptions were aimed at determining an individual's thoughts on their chances or their family's chances of getting COVID-19 (similar to previous reports). Reasons for low risk perceptions included the belief that individual based precautions were enough (e.g. practicing appropriate preventive behaviors) and external factors (little to no cases in their locality).

“No, we are not going out and in our district also no cases are reported, apart from this we are maintaining hygiene” - Karnataka.

“No, we don't have any risk, because no one is sick at our place and we are not stepping outside.” - Maharashtra

“No, I did not think so because all my family members are taking care of themselves.” - Punjab

When asked, “who was at risk of getting COVID-19?”, a few respondents conflated their responses with those who were at high risk of complications. **Of note it was found that several people didn't necessarily know why certain people were at more risk than others, but they were reporting information that they had heard elsewhere.**

“Above 60 years and below 10 years people. I don't know why but I've heard this in the News.”

“People who go outside of the home and shake hands with everyone, those people are more at risk.” - Punjab

Additionally, COVID-19 is seen as an urban disease rather than a rural one

“No, Because we are living in a village area which is far away from the cities so we thought that there wouldn't be any COVID 19 infection spreading towards that part of our area.” - Maharashtra

1.3 Extra Precautions

Participants were asked if there were any aged or sick persons at their homes. Most mentioned that their grandparents lived with them. They cited taking extra precautions for the elderly in their family. They talked about **teaching elderly individuals in their families proper hand washing techniques and educating them about social distancing**. They also mentioned **ensuring to provide the old/sick people with all of the essential food items and medicines so that they didn't have to step out of the house**. Covering their mouth while coughing/sneezing and appropriate use of mask were amongst a few other precautionary measures followed by people in all the states.

A lot of respondents were keen to know more about other measures that can be taken for taking care of the elderly or sick population. However, few responded by saying **that they've already learned everything from TV**.

“We are not letting our grandfather step out of the house but if he does for some important work, we ask him to wear mask and sanitise himself” - Punjab

“We are asking old people in our family to cover the mouth and nose while coughing and sneezing” - Karnataka

“I have the query - what are the next steps to be taken regarding the sick and old age people?” - Maharashtra

When asked how one gets COVID-19, most of the people in Punjab and a few of those in Madhya Pradesh had no understanding of how they might contract the disease. This may be a potential challenge as the significance of the preventive behaviors might be lost.

Families also sought additional advice on what to do for newborn check ups:

“Yes, my baby is small and if my baby has any health problems then it is difficult for us to get checked, we are talking to the doctor on the phone.” Punjab

1.4. Preparing to go outside

Participants largely echoed that **they practice social distancing, hand hygiene and appropriate use of masks when outside their homes.** Not going out in groups and avoiding crowded places are few other precautionary measures that people undertake. A few respondents also mentioned not stepping out of the house at all. When asked about the most frequently visited places, participants said they step out only to buy essentials like food items, vegetables, dairy and medicines. Sometimes, they also go out to withdraw money from banks/ATMs. Market places, temples/gurudwaras and nearby crowded villages/towns were amongst the places that people are trying to avoid the most right now. A lot of respondents also mentioned maintaining 2-4 feet distance from other people when outside.

“When I go out then we wear homemade masks (handkerchiefs) and stand at a distance of two meter from other people.”-Punjab

“I'm not going outside, but I do wear my mask. When I'm talking to neighbours.”-Maharashtra

“We keep distance and do not stand/sit close to each other”-Madhya Pradesh

“Yes we are not even going inside the village and outside the village, only going to our garden to take a walk and directly come home”- Karnataka

“We stay far away, my mother comes closer only when she has to touch the baby for a bath.”- Karnataka

Almost all the participants were **unaware of the term “Physical Distancing”** and a few who knew what it was, asked for more information about the same. On asking the number of times people have stepped out in the previous three days, most said that **they didn't step out at all** while a few who did, only went out to buy essential items or to feed their cattle. People working in hospitals were visiting their workplace every day. **On questioning them further, participants also echoed how emergency situations should be the only time people should come out of their houses.** A few respondents also talked about “post-lockdown period” to be the best time to step out of the house.

“We step out in the evening time because shops are open around that time”- Punjab

“We can go only during emergency times”-Karnataka

“It's better to stay inside till the lock down, and support the government”- Karnataka

“I don't know how much distance must be maintained, I will be always inside the house”- Karnataka

“when this entire disease gets eliminated because it spreads from touch and we don't know who has met whom and has come from which place”- Madhya Pradesh

“There is nowhere to go so no one at home is stepping out” - Madhya Pradesh

“We should only step out to buy essentials. Modiji has asked everyone to stay at home and follow the rules of lockdown so we should have the same mentality and follow the same” - Madhya Pradesh

“I have confusion at what distance should I'll be keeping with someone who is standing beside me” - Maharashtra

“It's good to go out in the morning and evening,.in morning all goods are available and my friends meet in the morning.” - Punjab

1.5 Wearing Masks

The main reason cited by people to wear masks **is to ensure that as individuals they are protected from others in a group**, as opposed to the mutual protection wearing a mask provides for everyone. **Additionally, mask wearing has become more of a social norm :**

*“Everyone is wearing and hence I am also wearing as it is good for our health.”
Karnataka*

“To prevent droplet infection from any infected person or place one should wear a mask”- Maharashtra

*“From tv they are telling to wear mask to keep us safe hence an using cotton cloth”
Karnataka*

“According to me it's to protect from this disease and for our safety.” Punjab

“The mask should be worn to prevent this illness.if we have any illness no one should have it and cover our mouth for our safety.” -Punjab

“Since we don't know how corona can come and infect, in order to have long life, we have to follow this for not to get infected” Karnataka

1.6 Anxiety and Mental Health

Overall, participants mentioned feeling anxious for their family, especially newborns and wanted to know how to protect themselves. There was a spectrum of feelings from very anxious to not at all. **Families who were not worried explained that they felt so because no one in their family was currently sick or chronically sick and they were doing all that they could to prevent the disease, in**

addition to there being no cases within their locality. Those who **were worried** either had **people within their household of old or young age, or were worried by the potential of cases in their locality.**

“Not feeling anxious because around village no cases have been reported and also we are staying inside the house” Karnataka

“We are worried about the illness that we do not have. The disease is spreading, so we stay at home and relax.” Punjab

“No, I am not worried about this illness because my family is all right and there is no chronic illness.” Punjab

“we are worried about everyone in the family- from old age people to kids” Madhya Pradesh

“I am anxious because I have a small child in the house, we are unable to go out because of this, since there is no treatment, everyone are feeling more anxiety, and it keeps increasing daily” Karnataka

Some people were sure that COVID wouldn't come to their village:

“There is no chance of corona coming to our village in the near future.” Madhya Pradesh

When asked what kind of information would help them feel calmer, responses ranged from information about COVID-19 to no information at all about COVID-19. Topics they wanted to know more about on COVID-19 included general incidence levels, prevention methods, and what to do for their own safety. **Others felt like they received enough information from their local leaders** (e.g. ASHAs and gram Panchayat leaders). **This speaks to a potential infodemic of too much information about COVID-19 and how salient, simplified messages may be better.**

“Nothing I would like to know, the more I know it makes me feel anxious. We are inside the house, I don't want to know anything more about it.” Karnataka

“What should we do for our safety?” Madhya Pradesh

“We don't know much, if you teach us what all measures should be taken to avoid the virus it will help us.” Karnataka

1.7 Economic Impact

For these set of interviews, we added additional questions on how **families' incomes had been affected by the lockdown and pandemic**. Overall, no one reported that their income had increased. A few mentioned that their income had stayed the same, and the **majority of people mentioned that their income has decreased**. Several people had relied on state forms of financial support such as rations or emergency funds. In line with reporting and research findings from other groups, the lockdown poses challenges to the general economic state for households and other health services such as vaccinations.

"We have not received any "Ration" by Government. Our Municipal Corporation had said that the ration will come and the form was also filled. But we have not received any Ration yet." Punjab

"Modi has transferred inr 500 in our account. We are using that only." Madhya Pradesh

"Lockdown is good in the perspective of health, but we have financial loss, also we are not able to hospital for vaccination." Karnataka

"We are not able to go to work but we know that everyone is going through the same problem. we are only having 'dal-roti' so that we can have resources for a longer period of time." Punjab

1.8 Source of Information

News, television and mobile phones continue to be the most common and the most trusted sources of information followed by information passed on by family members and neighbours. **Almost everyone who is hearing the news shares it with other people including the family members, relatives and friends over phone calls, whatsapp messages, and word of mouth.**

The information being shared majorly involves the symptoms, precautionary measures to be followed and daily updates about COVID. People share their perceptions about hand washing, the importance of wearing masks, and social distancing.

"No, we are not sharing about this disease with anyone because everyone know about the disease."- Punjab

"Sharing knowledge at home and phone call"- Maharashtra

"We tell family members and elders at home- who are not well aware about the situation"- Madhya Pradesh

“Wash hands, don't go out and be inside the house, make sure to wash hands before eating, wear mask and don't eat non-veg- am sharing these information to keep them healthy”- Karnataka

SECTION 2 - HEALTHCARE WORKERS

2.1 Daily Life of Health Care Workers:

COVID-19 has and continues to change the lives of many health care workers in some way or another. **Some said that their children don't come near them and that their children do not want to touch them** whereas, some said that they purposely do not go near their kids. Cases are rising on a daily basis and it has put the lives of the healthcare workers at stake.

Those working in the isolation wards pointed out the struggle that they faced while wearing Personal Protective Equipment, including that they can neither eat food, drink water, nor can they go to the restrooms for 6 hours.

“After COVID everything has changed. Though we are following the same routine as we were following before COVID-19, there is a complete change in way we are doing it.”

“Before COVID, we were living a normal routine life, but now after coming back from the hospital we directly go to the washroom for bathing and washing clothes without touching anything in the house. We leave our slippers outside the house, sanitize our hands and only then can we touch our kids. No matter how much my child cries, I can't touch him before going through this entire procedure”

“Yes, there are a lot of changes in our day to day activities. Before COVID 19, my children used to hug me on entering the house, but now they ask me to remove my Personal Protective Equipment, change the uniform, wash my hands..... Earlier we used to carry breakfast here in the hospital, but now we eat it at home and then join the duty. My husband is taking very good care of me.”

“My duty is in the NICU and I work for 6 hours without taking any breaks in between. Once we wear the Personal Protective Equipment suit, neither can we use the restroom nor can we eat/drink anything. It's a struggle.”

Upon asking about the last time they received appreciation either from Noora or the Government's side, **most of them mentioned how Noora Health's team has been enquiring about their health, wellbeing, and has applauded them for the good CCP sessions conducted.** One of the Health Care Workers from Maharashtra also mentioned the Noora Team had provided hand sanitizers during this time. Interestingly, One health care worker from Karnataka also mentioned that a higher official had appreciated her when she agreed to do duty in an isolation ward.

“Yes, we received appreciation from the director) when we agreed to do the isolation duty. But, after some time, the staff started to refrain from doing the duty. Also, we received appreciation from the Noora Health’s side via Whatsapp, calls, messages and webinar trainings”

“Noora Health calls us on a regular basis and asks us about our well being. We have also received appreciation from the CCP team and the other teams coming from outside for visits.”

2.2 Hospital Preparedness

Since the onset of the pandemic hospitals have been preparing themselves for COVID-19, and there have been increased **numbers of positive COVID-19 cases in almost every hospital facility and across each state. Each facility has isolation wards within the hospital, And many have undergone changes compared to before in terms of more rigorous implementation of sanitization measures (regular usage of masks and sanitizers). More quarantine centers have been set up, and hospitals have been divided between the IP/MCH and isolation wards including a division of staff who have now been allocated to different facilities on a rotation basis.** The majority of facilities are focusing on **COVID-19 testing** right now. Elective surgeries are being avoided but patient flow in general is low due to lockdown. However, in some hospitals a shift from emergency to general patients is also being observed.

“At present there are 80 COVID positive patients in the hospital.”

“Yes, as on today 73 COVIDpositive cases are there.”

“Patients are kept in the quarantine ward till their covid-19 test results are awaited. If a patient turns out to be positive then he/she is shifted to hospital for COVID treatment.”

“In hospital, it was not necessary to use sanitisers earlier but now as soon as we enter the hospital, they provide us with sanitisers. We make sure to sanitise our hands before marking the attendance in the register. In our hospital there are two blocks, one is General hospital and another one is MCH wing. The MCH wing has been kept as it is and the general hospital has been converted to a COVID Hospital and all the patients from the general hospital have been shifted to a different hospital. The duty of the staff is on a rotation basis.”

“Hospital has been divided into three parts, 1. MCH Wing, 2. COVID Hospital, 3. General OPD’s (shifted to private hospitals), staff are also divided into batches for all the three hospitals. MCH wing is very busy as usual due to ANC counselling, regular checkups, and deliveries. Number of deliveries have increased this month due to the taluk level hospitals referring to district hospitals in this situation.”

“All the regular work like routine check-ups and deliveries are happening as they were happening before”

“We are very busy in treating the confirmed covid cases, and screening the suspected cases. Except Dialysis, we have opened all the OPDs so some of our staff is busy working there as well”

“Hospitals are busy. Regular sanitisation measures are being taken, isolation wards are being prepared, people are being assigned for their respective duties in emergency OPDs, screening and registration.”

Some highlighted that only emergency surgeries are happening, and that even the OPD’s are closed at the moment

To fight against COVID-19 there are many preparations that different hospitals are taking.. None of the respondents actually elaborated specifically about the latest guidelines in detail , but did mention that **all of the guidelines which have come from the center/state levels are being followed , and that there is a separate task force team being led by higher officials.**

“Dean is the head of the task force.”

The health care workers are getting regular updates **by attending various meetings arranged by the hospital leadership, and via WhatsApp groups.** Regarding preparedness, some hospitals have had drills take place; and one of the health care workers said that she couldn't attend because of her busy schedule, another mentioned receiving training on handling ventilators, whereas others did not really address this directly.

“Hospital is taking regular sanitisation measures, only 1 attendant per patient is allowed, no queues formation is allowed and people are being counselled about handwashing techniques, importance of wearing masks, social distancing, etc.”

“District level authorities are strictly following the state and central government guidelines. All HOD's, Doctors, Staff nurses and other staff are responding very quickly at this time. The waste management team is working efficiently and the staff is working very well and cooperating very well in this situation.”

A hospital level team has been appointed to monitor the COVID-19 work. Doctors and other authorities are there in the team. They are providing training to the staff for working with COVID 19 patients.”

“We have regular meetings with our Nursing Superintendent.”

“Yes orders have come. They have given us a hard copy and also forwarded it to our district hospital WhatsApp groups”

2.3. Use of Personal Protective Equipment (and other preventive actions)

In general there were similar responses about PPE from all health care workers interviewed, except one who mentioned a shortage of N-95 masks. None of the others mentioned the shortage of PPE being an issue. However, in **most of the hospitals the complete set of PPE/Hazmat suits are only being**

provided to the staff working in isolation wards. In contrast, health care workers from another State mentioned that while PPE and suits were being provided to all health care workers, **only gloves and surgical masks were being provided to counsellors, surgical ward staff and other staff workers.**

“We are not allowed to wear Personal Protective Equipment, only the Isolation ward’s staff is wearing Personal Protective Equipment including the doctors. We are not working in the isolation wards. Personal Protective Equipment is not there in sufficient quantity and that’s why only the staff posted in the isolation ward wear the Personal Protective Equipment. There are two wards- antenatal and postnatal. Staff of these wards are getting masks.

“Personal Protective Equipment is provided to those working in isolation wards and other COVID wards, otherwise N-95 masks and surgical masks are provided to other staff. The protection kits are provided by the district authorities.....”

“Personal Protective Equipment’s kits are provided in all wards. N-95 mask are not there”

Except for one, all other Health Care Workers **expressed fair knowledge of handling COVID-19 patients and also talked about giving instructions to their caregivers in an appropriate manner.** Interestingly, one health care worker described how theoretical and practical learning differed from each other. She added that as a counsellor she is unaware of the practical difficulties that might come in the way of her message being impactful..

“Yes. Caregivers are also being given instructions from our end”

“Isolate the patient, provide him with a mask and a kit, testing of the patient, temperature to be checked, sending the samples, quarantine for 14 days and treating as per the condition. Maintain social distance .”

“Yes, I do have but there are two ways of learning one is from training and other is from experience. But like i told you i do not have technical work neither can we do something, but yes, we have prepared ourselves for counselling purpose.”

One Health Care Workers exhaustively detailed the instructions that she shares with caregivers

“We provide counselling to the family members and also teach them about what are the roots for the spread of COVID 19 and we teach them it's a common flu and don't worry about this COVID 19. please wash your hands regularly and keep distance with others like maintain social distance.....”

Almost all health care workers affirmed that they have a fair understanding of preventive measures that must be applied to their own families and to themselves such as ; handwashing, wearing masks, maintaining personal hygiene, using hand sanitizer, and only one person being designated to go out to buy groceries, with others staying home as much as possible. **Some even went on to appreciate the training they had received from hospital authorities which enhanced confidence and enabled them to work in a structured manner.** They also pointed out that in order to protect non COVID-19 patients from COVID-19 patients, they must not be allowed to meet each other

and must be admitted in separate wards and should mandatorily follow all the precautionary measures.

“Yes, they are aware, handwashing, personal hygiene, stay at home, social distancing.”

“If you bring any goods from outside please wash them properly and frequent hand washing and use sanitizers.”

“To elders and to children I tell them not to go out of the house. My children are having online classes so i am not carrying that phone to the hospital. Since we do not know how long Corona is going to be there, I instruct my children not to meet/handshake with anyone, also I avoid kissing and hugging my children. Also, due to lockdown, since children are not getting outside food so their immunity will increase automatically.”

“I enter through the backyard, wash room is located there firstly wash the hand, take a bath myself. Remove the footwear outside the house. I avoid contacting family directly. I am fully aware about it.”

“Yes I do tell my family members to not come out. wearing masks, washing hands very frequently, and we have identified one person (my husband) to go out to buy necessary things...”

“Yes I know, wearing Personal Protective Equipment is very much important. We also have to be in quarantine after finishing the covid duty, etc”

“Yes, I learnt how to protect myself as I treat COVID 19 patients, in our district given a lot of training regarding this subject in starting days. before we are washing our uniform every two days but now a days washing it on a daily basis, bath twice per day, regular hand washing with soap water”

“Wearing mask, gloves, head cap, proper kit, maintaining distance, avoiding unnecessary touch, taking care while removing these things to avoid contact, after that hand washing and sanitizing”

“Not properly as I am not involved in the treatment but I do take precautions. But if we know that we are dealing with a corona patient directly, then we must wear Personal Protective Equipment kits, maintain social distance etc.”

Protecting non COVID-19 patients from that of COVID-19 positive ones;

“Isolate the patient in isolation ward, sanitizing other patients who were in contact with him, testing them also and quarantine them”

“Yes, there are separate wards for different patients like for COVID we have separate entry, for medicine, Injection, ECG we have separate entry and rooms. We must maintain distance between COVID positive and non COVID cases”

“First of all we have a separate isolation ward. If any patient gets admitted in an isolation ward then we already have a separate ward for them that is isolation. specific

staff and doctors have been appointed in isolation wards. other staff is not allowed there. The Area of isolation ward is fabricated with wires. It was an earlier parking area. In other hospital isolation is separate itself”

There were mixed responses when asked about how healthcare workers were going to protect themselves while treating COVID-19 Patients. **Health Care Workers showed concern about their lack of knowledge on the same, some demanded training on COVID-19, and some said that they have fair knowledge in this regard.**

“I need training about COVID”

“Yes, I have knowledge on the same, of how to use Personal Protective Equipment”

“Yes, I have about wearing Personal Protective Equipment, quarantine period, self protection”

Except for a few , **most other Health Care Workers reported quarantining of their staff due to exposure to COVID-19 patients, and that none had tested positive for COVID-19**, with many expressing **thankfulness to god for this**. They also mentioned that a quarantine facility for staff has been arranged in hotels as every Health Care Worker after their duty shift is not supposed to go home directly but is supposed to go under self quarantine as a precautionary measure in order to prevent others from getting exposed.

“Some nurses were exposed to covid-19 patients. They were quarantined in the hospital itself. A separate ward has been created for nursing staff. Luckily no one was infected with the virus.”

“Till now only 1 patient came and referred on the same day to another facility. 1 Doctor and 1 SN has been quarantined”

“Yes, my friend has done duty in the covid-19 ward at that time they were scared, the nurse was quarantined in a 14-day hotel”

2.4 Handwashing

Handwashing has become a major part of everyone’s life. Health care workers echoed that there were sufficient hand sanitizers and soaps, and that **they are frequently using them, around 7-15 times during duty hours for ensuring sanitization**, except in one case where sanitizer mixed with water is being provided to them.

“Hand sanitisers and soaps are in abundance”

“By regularly washing hands and sanitizing them again and again.”

“Every time using Hand sanitizer when entering hospital, before and after touching anything. The hospital has sufficient sanitizers, and they are installed at all the doors & taps, so we use to wash our hands very frequently.”

“Liquid soap is provided by the hospital for us. We have sanitizers in huge quantities but they mix the water in sanitizers, but are getting it properly.”

Frequency of Handwashing

“Regularly washing hands every 30 mins”

“We used to wash our hands regularly in the house as well as in hospital. My duty timings are 9. AM to 1 PM in this time period I used to wash my hand 10 to 15 times.”

Many health care workers mentioned the **instructions they are imparting to other Healthcare Workers/patients/family members on proper sanitization;**

“In the CCP [Care Companion Program] session, we told all caregivers to have to do hand wash...”

“We tell them all handwashing steps and wash hands after every hour even if you haven’t touched anything, make your children also wash hands and this should be done using proper hand wash steps.”

“In every isolation ward nurses were teaching the hand washing steps, with & without water. We teach them how important it is.”

2.5 Shift of Patient Load in Hospitals

Across states, many hospitals have fewer cases as the priority cases and emergency cases are taken up by the casualty OPDs, whereas some other hospitals OPDs have been resumed and are running regularly as before.

“OPD's are only being run for fever patients right now and casualty OPD has been set up for emergency cases”

“Only emergency OPDs are running, very few people are coming.”

“OPDs are running, staff along with the doctors have been appointed. Patients are coming in huge numbers. There are no proper sitting arrangements. Staff tell patients to maintain social distance. But patients do not follow the suggestions of staff. Now the situation is this 'doctors kept the chairs in open are sitting out of OPD and attending the patients.”

“ANC OPDs were stopped for more than 30 days. Day before only we started the ANC OPD and we are receiving 20-40 ANC a day.”

“Except for Dialysis, we have kept open all the OPDs and they are running regularly but not receiving patients like earlier”

Due to the current COVID-19 situation, **restrictions around visitation have been imposed. Multiple family members or relatives coming to the hospital along with patients are not currently permitted**, with visitors required to adhere to social distancing and hand hygiene protocols. Any changes in the hospital’s protocols are being **circulated to the patients only when they come to the hospital via security guard/police in hospitals**

“One caregiver per patient”

“Yes yes many relatives are coming with patients. They come in large numbers. If it's day or night shift, patients' relatives are present there in open areas of the hospital. They sit together and do not follow social distancing though we ask them to”

“There are security guards outside and inside the hospital who regularly keep check on the movement of people. And thereby keep on informing them about the new protocols if any.”

“Gatekeepers and police at the entrance stop people there only, also guards are present outside the ward.”

The health care workers pointed out the **public announcement systems and ASHA, ANMs services are being utilized to circulate the message to the communities.**

“We give information to the ones coming here in the hospital using CCP sessions. Police give info to those waiting outside of the hospital and ask them to spread to other people as well; Through ASHA ANM also this message is being circulated as they go to the communities directly.”

“Hospital is using mic and sound for spreading any new message to the community. whenever any change comes through [the] government. A recorded audio message runs in the community through sound system, auto rickshaw has equipped with sound system.”

2.6 Communication with Patients

Every health care worker is supposed to meet and communicate all the necessary information to the patients. During this phase, all the interviewed health care workers reported promptly sharing about the importance of maintaining good health by eating healthy, maintaining social distance, ensuring hand hygiene, and of wearing masks. **None of them were unclear about what information was to be shared with people.**

“Maintain a good diet, Social distancing and hand hygiene.”

“Handwashing, wearing a mask, social distancing, staying at home, avoiding touching eyes, nose again and again.”

“Give them information on necessary aspects like, wear masks, do regular hand wash, avoid touching anything, sneeze on elbow, do not spit/sneeze in open. Admitted patients must not sit on another patient's bed, how to go home, and how you have to manage yourself while being here.”

The health care workers expressed that **fear among people in relation to COVID-19** largely fell under two perspectives,

1. This phase has to come to end the world
2. Considering it punishment by the God

“This is all about God's creation. God has done all this and he only will secure us.”

“People do think in a way that "it has come to end the world" and "too much bad is happening”

However, health care workers shared that there are **numerous queries and myths coming from people on a daily basis. They are faced with questions around how to appropriately practice social distancing in smaller homes with limited space , about when a medicine/vaccine will be ready, questions around disposal of masks, and consumption of non vegetarian food. . With regard to myths, patients ask whether eating non vegetarian food is associated with Coronavirus, and if hot water can cure this deadly disease.**

“What to eat, where to dispose of the masks.”

“People are asking if the vaccines have come”

“Some of them ask us handwashing steps again & again, few asked how to maintain distance in single room houses, What will happen if they eat chicken, mutton, egg and all.”

Myths

“What should be consumed and what not is the main myth.”

“There is myth, like if they eat chicken, they will get corona.”

“Uneducated people ask myths like - is there actually anything like coronavirus or it is just a rumour.”

Patients are facing challenges in these times, with the lockdown and difficulty in physically getting to healthcare facilities with the freezing of local transportation options., Neither is there food nearby to the hospital available for the patient’s caregivers, nor is there an easy way to arrange food if the patient comes to the hospital without a caregiver etc.

“Travelling to the hospital itself is a challenge as there are no means of transport available”

“Earlier, patients come to OPDs with their relatives, their relatives used to stay with them and arrange all needful things. Right now lockdown has been imposed, patients’ relatives are coming from villages. There are no food arrangements, If there are gynae patients, they get food from the hospital, But relatives are unable to arrange for food. A religious place is located nearby Hospital, they serve food to people but right now that has also been shut down. Administration is avoiding mass gathering of people. It’s a big problem for relatives from where to get food and where to change their clothes. Water arrangements are not secure for relatives.”

“Yes, being single for treatment, without family members is a challenge.”

2.7 Mental Health

Health care workers are feeling mentally stressed as cases are on the rise. They are more worried about their family members than they are for themselves. One health care worker stated that their **neighbors have started to maintain distance from them** as she is providing care at a hospital that is known to have a positive case.

“Yes, how to protect our kids from this, we are in fear as we go hospital daily”

“Since there are so many positive patients at the hospital so my neighbours have started to maintain social distance with me;”

“It is a big mental pressure as we are working in COVID situation. patients come to hospital then we have no idea as to who is positive/ suspected of COVID 19. We are already in contact with them. Staff talks about COVID-19 only, such as how many COVID 19 patients came to the hospital and how many are negative from suspects. So it is a tension we have. when we go to the home, a thought comes to mind to be alert we can carry infection to the family. so these kinds of tensions we have.”

“The only challenge I am facing is staying without family & my kids. Again I am going to have isolation duty, after that, I have to be in quarantine, this is also a big challenge for me. My family told me to quit the job instead of being away from family for more days.”

One health care worker voiced how much she panicked as a result of being placed in the COVID ward for duty since she was over 50 years of age. However, over time she started feeling better after she became fully aware of the system maintained by the hospital authority.

“Really, I got really panicky in this situation, because the government had announced that over 50 years old staff don’t need to work in COVID 19 wards, but I am 50 plus and was allocated to the COVID-19 wards. It’s an amazing work process - they are creating separate things that we need and there is no permission to allow anyone in the hospital, its awesome system, they arranged for staff and patients also. Patient also gave a vote of thanks for hospital staff, Nurses and Doctors when he was discharged by the hospital.”

When the health care workers feel stressed they find ways to manage that stress either by speaking and chatting with friends or spending time with family, and a few of them even mentioned that they do not get stressed as they manage additional responsibilities in their roles as supervisors and hence focus on supporting other staff members. A few also expressed the importance of perseverance saying that they would take on whatever is assigned to them.

“As a supervisor I am not getting any stress on this situation after joining the duty, but I feel that I have to work more efficiently to support other staff like in the initial days there were no sanitizers, then we discussed it with higher officers and arranged it.”

“My family is supporting me a lot, especially my husband. He gives me strength to work here, When I will be with staff/colleagues I play some games. I didn't see the 10 days activities now. I will take a look and if there is a chance will participate in it. I feel we have to do whatever assigned to us”

When they were asked about COVID-19 in general, most of them mentioned fear and anxiety and hope for it to end soon. Interestingly, Health Care Workers also feel that it is manageable now.

“Only thing I am thinking about is when it all ends. Feeling bad about this corona. But feeling proud as well for being a Nurse.”

“Yes, I feel too bad. Staying separately would not have been a problem but coming back home and meeting our kids after duty has become a challenge.”

At the same time their major concern is for their family members and their loved ones. Rather than worrying for themselves this has become a major challenge for the health care workers, across each state.

“Since i am going to the hospital regularly and have to look after household work as well, so i feel by chance do not infect my family (due to my job). I am more concerned about my family than myself and this is a common concern for all Healthcare Workers.”

This lockdown period has stalled the normal lives of many. Nurses interviewed, however, shared about all of the activities that they do to spend their time effectively on in a positive light like teaching patients, chatting with friends, cracking jokes, reading books, spending time with families, watching TV, other household work, and exercise.

“Teaching patients while treating them about corona. Staff sits together at a distance and talk, crack jokes, etc.”

“Most of the time i spent time on cleaning the kitchen, and I spent more time practicing the exercise”

“Mobile internet and chatting with family members and our colleagues.”

“There is a guest house provided to us where we spent time watching tv and chatting with our family members.”

“Read books, watch tv and chat with fellow nurses who are in isolation with us.”

“Duty, books are used and use mobile to pass my time”

2.8 Challenges and Support

During this time, a few of the health care workers reported facing challenges due to shortage of supportive staff, Personal Protective Equipment and N95 Masks, and hand sanitizers. They find it challenging to mentally prepare themselves to do the work.

“There is a huge staff shortage in our hospital that can be addressed by authorities and for betterment of services”

“Now there is no positive patients in our district but as a precautionary works we need more Personal Protective Equipment, N 95 masks and hand sanitizers”

“Maintaining our immunity to serve the society better.”

With regard to coronavirus preparation and treatment they expressed that **wearing Personal Protective Equipment suits was a problem for them along with maintaining distance with people while also giving them treatment,**

“Initially it was a bit difficult to daily wear hazmat suits. Now it has become a part of the job.”

“Nothing, we have got more support from our higher authorities and even we got more support from the public also.”

Health Care Workers have received training on COVID -19 through different sources, such as apps/platforms such as iGot (a Govt. initiative) , through local hospital administrators and through Noora Health. On being asked if they are interested in any sort of training from Noora Health some of them pointed out that they needed to gain a deeper understanding into the psychological impact that the disease has on individuals as well as further understand how they might strengthen motivation among their staff during this time. Some said they felt that they got enough training already.

“Yes, It was regarding using the ventilator in cases of emergency.”

“iGOT and administration have trained us on how to prepare ourselves. In iGOT we have learned things in detail, like, if one is going to see COVID patients then how to get dressed up, prepare ourselves, and remove it, how to keep people in quarantine, how

to keep bathroom and room clean and even how to deal with dead bodies. There are proper details from starting to end that have been explained in written details and videos also and I got good learning from this.”

“Strengthening staff motivation, Biomedical waste management (as of now its not happening In properly)”

2.9: Behavioural Changes in Patients

Health Care Workers mentioned that there were noticeable behavioural changes in people in such a short time, for e.g. respect for health care workers, and that wearing masks and maintaining social distance had become very common.

“They are wearing masks and maintaining social distance.”

“Yes, less no. of people are coming to hospital, wearing masks, only emergency patients are coming, following distancing in queues.”

“Yes, Those who are coming are wearing masks, we encourage them to cover their mouths using duppata or a kerchief.”

“People give more respect to us in public places also. Avoiding smoking and other bad habits in the hospital area.”

Acknowledgements

We would like to acknowledge these support of the following individuals, who helped conceptualize and implement data collection:

Community Interviews: Seema Murthy, Sahana S D, Pradeep Kumar K, Abel Desai, Rekha I, Sunitha C Mallur, Rajashree S Saraganachari, Rajashree S Saraganachari. Preeyanka Biradar, Kavyashree, Geetha Ramanagara, Ranjitha Patil, Roopa, Umadevi Kamaraddi, Brij Kishore, Neha, Prachi, Neelam Patel, Pooja Raikawal, Kum Kajal Raikwar, Shabnam Mansuri, Gagandeep Kaur, Rupinder Kaur, Sandeep Kaur, Simranjeet Kaur, Rajbir Kaur, Alka Rani, Pawanjot Kaur, Rajpal Kaur, Sumedha Waghmare, Pooja Pisal, Shrushti Tayde, Fulavati Timma.

Healthcare Worker Interviews: Mahesh A M, Dr. Pragati Gurjar, Dr. Juhi Jain, Dr. Abhimanyu Kotwal, Nagesha M, Shailendra Tomar.