Co-designing Health Innovations for Psychosocial Support for Frontline Workers.

IHAP
India Health Accelerator Programme

The George Institute for Global Health

विहारा VIHARA
INNOVATION NETWORK

Project Mentor: Dr. Oommen John
Project Advisors: Dr. Oommen John, Divya Bharadwaj
Project Manager (Vihara Innovation Network): Radhika Kannan
Project Manager (George Institute): Dr. Balaji Gummidi
Research Leads: Radhika Kannan, Pradhan Thandra
In-person Workshop Facilitator: Pradhan Thandra
Visual Designers: Ranjani Tavargeri, Pradhan Thandra
Authors: Radhika Kannan, Divya Bharadwaj, Pradhan Thandra
Editors: Varadharajan Srinivasan, Radhika Kannan, Divya Bharadwaj
Field coordinators (George Institute): Murali, Satyanarayana

IHAP
India Health Accelerator Programme

The George Institute for Global Health

विहारा VIHARA
INNOVATION NETWORK

Acknowledgments

This endeavour and our learnings captured in this document were made possible by the efforts of many individuals.

First and foremost, a heartfelt thanks to each and every Accredited Social Health Activists and Auxiliary Nurse Midwives who took time out of her extremely busy schedule to participate in the Design Workshops conducted in Visakhapatnam, Haripuram and Mandsa. Each frontline worker's active participation in discussions around the most pressing psychosocial challenges helped identify stressful areas that require interventions and recommendations to make a difference.

We would like to express heartfelt gratitude to Dr Oommen John for making this entire project possible. We would also like to express sincere thanks to Dr Gummidi for arranging permissions from respective district Offices workshop facilitation. A special thanks to Mr Satyanarayana for overseeing everything and assisting the Design Facilitator from Vihara Innovation Network at each workshop location.

Table of Contents

01 Foreword

As the COVID-19 pandemic ravaged lives and livelihoods disrupting everything ever known to be normal, a silent army of frontline health workers braced themselves to the requirement to treat rapidly growing numbers of patients affected by the virus and offer the much-needed assurance on the ground engaging in public health measures to mitigate the looming crisis. This sudden surge in demand, unpredictable work schedules and uncertainty around impact of the virus on their own health resulted in these health workers facing undue stress and psychological distress.

Emerging evidence demonstrates a significant mental health burden experienced by frontline workers in response to COVID-19, with elevated rates of depression, anxiety, post-traumatic stress disorder (PTSD) and self-harm reported. It was only after several months into the pandemic that the need to support the mental health of frontline workers was recognized the world over.

This pandemic has also highlighted a paucity of research on the mental health needs of frontline health workers, and a lack of evidence-based guidance about what psychosocial support might be most effective in helping them. There is an urgent need to generate specific evidence on how best to support the mental health and psychosocial support needs of frontline healthcare workers, during this pandemic and beyond, and this evidence-base should be underpinned by the workforce's own views and preferences.

We at George Institute India Health Accelerator have had the opportunity to have close view of these contrasts and to be closely involved in many ways with our partners and communities to engage with and bridge these contrasts/ gaps. At TGI, we have experienced the crises during and following the pandemic, most particularly being involved with those on the forefront of the pandemic battle; the healthcare workers. In the middle of these crises, we observed streams of innovation in the areas of psychosocial support as a reflection of the care, shared pain and resilience of the human spirit.

In partnership with UNICEF, TGI India Health Accelerator hosted an innovation challenge to identify disruptive solutions to provide psychosocial support to the health care workers to support health workers during the ***International year dedicated to the health and care workers***. The responses to this innovation challenge indicated that people across different disciplines have been designing, testing and implementing a range of solutions during the crisis, having their fingers on the

Foreword (contd.)

pulse of emerging needs particularly for the psychosocial support for frontline health workers. In order to validate these innovations, we collaborated with Vihara Innovation Network and undertook a series of participatory workshops with frontline health workers across rural and urban settings in India. This report outlines the process and the learnings from these engagements.

Our experience of engaging with healthcare workers, innovators, and experts continue to serve as reminders to continue learning and supporting the processes of Initiative, innovation and collaboration as we prepare ourselves to stand by our frontline health workers and developing evidence based interventions to support them holistically as they faithfully deliver the promise of a better tomorrow together as we emerge from the effects of the pandemic.

02 Introduction

The George Institute for Global Health India's Health Accelerator and the Vihara Innovation Network undertook a collaboration to uncover the psychosocial health challenges of female frontline health workers in Andhra Pradesh. The purpose of the collaboration was to gain insights on the psychosocial needs of frontline healthcare workers (FLWs) from an urban and rural context during the ongoing COVID-19 pandemic. A key objective was to conduct participatory design workshops across Visakhapatnam and Srikakulam district that would inform a technical report highlighting areas of challenges and subsequent recommendations that would help develop targeted interventions to offer psychosocial support to frontline healthcare workers.

These community-based participatory design workshops aimed to capture, document and lead to an understanding of the challenges faced by FLWs in a safe space and in particular, to qualitatively discern their concerns and vulnerabilities. Eighteen (18) participants -- purposively selected ASHAs and ANMs -- from both urban and rural geographies were brought together in these workshops. The insights from these workshops have been used to outline recommendations for all stakeholders, including policy-makers, to respond to the psychosocial needs of frontline workers.

This report is the analysis of data gathered through participatory exercises and interactions, from the three workshops, with focus on challenges shared by each frontline worker that pave the way for recommendations and areas for intervention. The following table illustrates the workshop proceedings for each of the batches between the 16th and 18th of September 2021:

Workshop Aequence	Date	No. of Participants	FLW Category	Location
1	16.09.2021	6	Accredited Social Health Activists	Visakhapatnam PHC, Visakhapatnam District
2	18.09.2021	6	Auxiliary Nurse Midwives	Haipuram PHC, Srikakulam District
3	18.09.2021	6	Accredited Social Health Activists	Mandasa PHC, Srikakulam District

Standard schedule of the workshops:

1. **Introduction** — 10 minutes
2. **Emotion Cards** — 20 minutes
3. **Journey Mapping** — 60 minutes

03

Workshop Objectives

The evolving nature of the psychosocial challenges faced by the frontline cadre of the Andhra Pradesh State demands immediate attention to identify appropriate interventions to extend support. Since these women have been providing last-mile delivery for Covid-19 case detection, testing, identification, isolation and social distancing efforts in addition to work around Maternal and Child Nutrition and Health care, the impact of the Covid-19 pandemic on them has been massive . Additionally, in the past few months, these women have also been shouldering responsibilities with the government to increase vaccine uptake by mobilising communities and organising door-to-door campaigns.

In order to unpack their psychosocial needs, and how their mental health has been impacted over the years, the George Institute of Global Health India's Health Accelerator-Vihara Innovation Network collaboration designed and facilitated a series of workshops to capture the stressors faced by FLWs on not just their official responsibilities, but also while balancing their role as women within their household and engaging with communities. Our workshops were designed to also capture both healthy and unhealthy coping mechanisms many of our FLWs have adopted to cope with these stressors.

04

Workshop Design

Overall Objective

To understand and identify the wide-ranging psychosocial challenges faced by FLWs on a daily basis at home and work. On the basis of this, to arrive at potential psychosocial interventions that pave the way for programmes for female frontline health workers.

Overall Aim

- To create a safe space and make women feel comfortable to speak about their worries, tensions and fears in a space without disruptions from work or family;

- To gather and scope out the wide range of stressors that helped understand the broad spectrum of challenges and psychosocial issues ranging in severity, from day to day anxiety and stress to experiencing post-traumatic life events such as loss, grief and trauma;

- To encourage FLWs to talk about their worries and fears beyond the realm of work; to share their interactions with the family (husband, in-laws, parents and children), with the community, and their peers as pivotal points of discussion

Vihara's Work Experience and Secondary Research Guiding the Design of the Workshops

Vihara Innovation Network's experience of working with frontline workers helped gather insights to structure the workshop, with due attention to the Covid-19 pandemic. Understanding the way gender is intrinsically integrated in the experiences and expressions of distress was a crucial lens for designing this workshop. The experience of stress and anxiety is influenced by the sociocultural rubric of which each woman is a part; capturing these was essential to the workshops. The female frontline cadre are caregivers to the community; understanding how to care for these caregivers in these difficult times is important. In order to strengthen the design of the workshop activities, reference was made to the UNICEF's *'Psychosocial Care for Frontline Health Care Workers - An Information Manual'*

Focusing on Psychosocial Health with Due Attention to Sociocultural Factors

Each activity was designed to provide contextual-fit visual stimuli to participants. Visual cards were designed to help ego-identification to varying stressors, where the FLW could easily look at a card and feel "This looks like something I felt!" Cues of the various domains in their life were also depicted to help them convey and build narratives around each card. These visual cues both served to unpack stressors by peeping into their idiosyncratic lived experiences. Each activity segued into the next to holistically capture all these elements.

[1]*The Manual can be accessed here.*
https://nimhans.ac.in/wp-content/uploads/2021/04/FHW-Manual-Final.pdf

Workshop Structure

- Each session was allotted 1.5 hours as per the convenience of workers' work schedule
- Each workshop had six FLWs
- The in-person workshop facilitator was a Telugu-speaking designer from Vihara

Details of Activities: Objectives and Methods

Activity One – 10 minutes

Ice Breaker

Objective

To familiarize and build rapport with all participants while identifying participants' family composition to understand their support network and caregiving responsibilities. Details of participants' lives were captured in order to understand women's caregiving responsibilities at home: family type (nuclear/joint), marriage status (unmarried/married/widowed), children (no children/younger/older).

Method

The session started with a round of introductions. Each frontline worker was asked to introduce herself and her family followed by one dish that she likes eating the most. The activity was aimed to set a light tone for everyone and get to know each other a little bit before going into the planned activities.

Activity Two – 20 minutes

Emotion Cards

Objective

To understand three most persistent states of mind and emotions that each FLW had been feeling for the past few months with the help of emotion cards. The idea was to start a conversation where each FLW described situations that triggered these emotions and the way they coped (positively/negatively) and responded to each.

Method

The second activity was geared to discern each FLW's present state of mind with the help of three emotions they felt they associated with the most in the last couple of weeks. The activity helped each FLW to open up to the group and share their thoughts. This activity laid the foundation for the next one to help the workshop facilitator identify FLWs' manifest and latent distress that had varying causes, intensity, duration and severity. While designing the workshops, UNICEF's mental health assessments were consulted and various clinical terms were incorporated in a qualitative format that enabled participatory nature of the workshop. For instance, sleeplessness or the inability/lack of interest to consume food were probes to understand how women's psychological stress manifested in somatic forms. Verbal cues were listed were translated into Telugu and depicted alongside an image as seen in the figure below: Sad, Anxious, Motivated, Burdened, Upset, Hopeless, Tired, Excited, Enthusiastic, Happy.

From a range of 10 emotion cards presented, where an image and a phrase were made available, each person had to pick three cards that elaborated upon their mental state over a period of months. The reason for picking each of these cards had to be described to the group and also an explanation of what the women did in response.

Activity Three – 60 minutes

Journey Mapping

Objective

To understand a day in the life of each frontline health worker by asking about their day right from the time they wake up to the time they sleep and the accompanying stressors throughout the day that correspond to each activity, responsibility, expectation or role occupied by them. Connecting to the previous activity, this activity goes in-depth into each day from the perspective of each frontline worker to compose a narrative that they co-create with the facilitator by utilising pictorial cards.

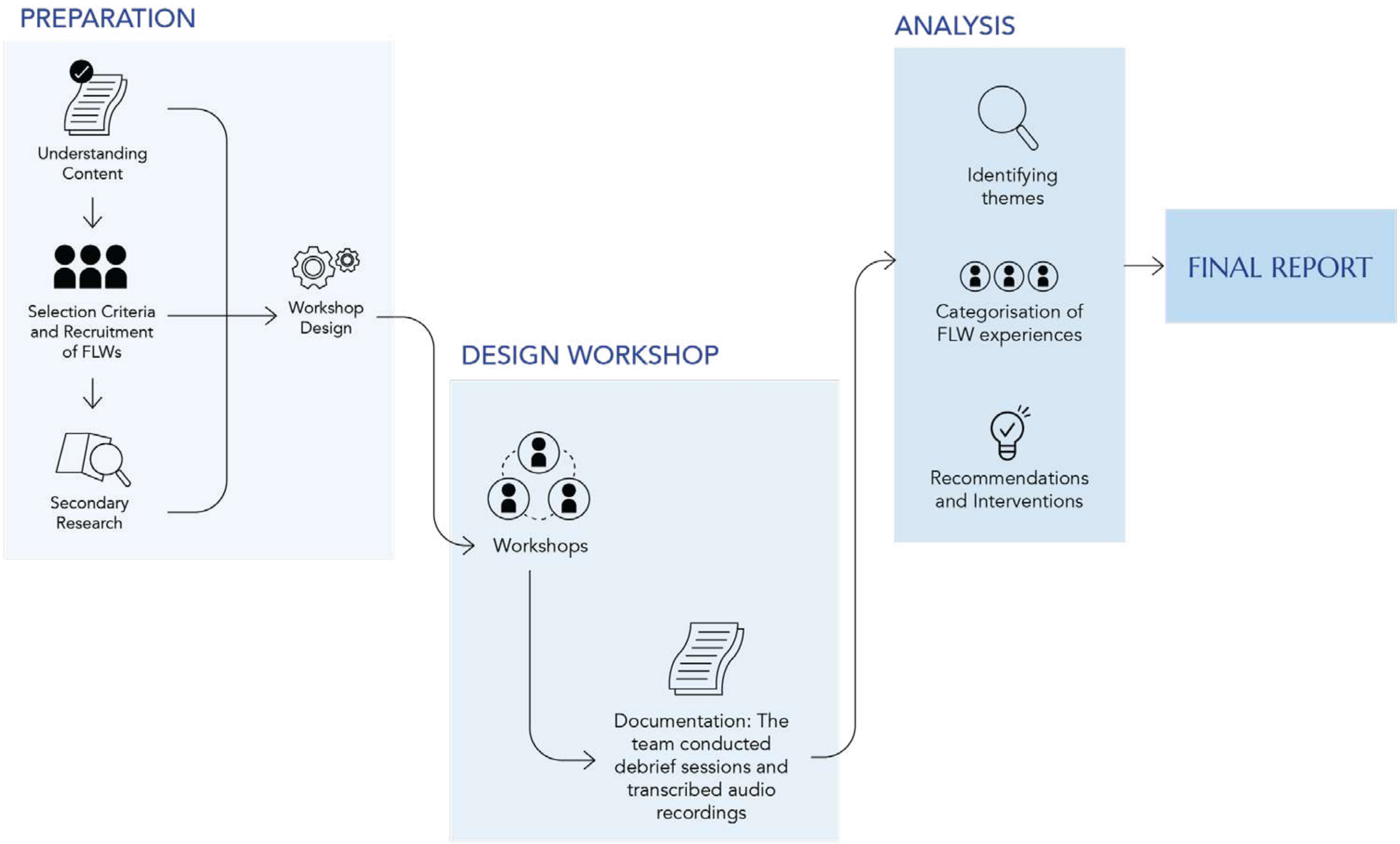
Method

Female FLWs fall in the intersection of absorbing the health system's challenges while at the same time being women of the community. The distress faced by them is tinted by not just the health system's insufficiencies and needs but also their location in the social space where various sociocultural, gender normative and economic factors shape their experiences of distress. A holistic understanding of their lived experiences had to engage with and rope in all these factors.

In this light, the second activity titled "Journey Mapping", required every FLW to visually compile and express all the things they do in a day. The facilitator helped plot a day in the life of the entire group with due attention to variations in experience. A workshop template that marked the different phases of the day helped visually plot the day with adequate verbal and visual probes. FLWs were encouraged to use visual cues from the second activity to speak about their expression of distress. In a day every FLW occupies multiple roles - she is a wife, a mother, a daughter, a daughter-in-law, and a person of the community. She works from early morning till late in the night, to ensure her family's and the community's safety. The visual cues enabled each FLW to think about the entirety of her day, the range of responsibilities she has to fulfil and the ways she feels at different times.

05 Methodology

Process Map of the Methodology Undertaken



Kick-off Meeting

The project was kicked off by a pre-workshop meeting with a George Institute of Global Health representative for the duration of 1.5 hours. The goal of the meeting was to:

Understanding context
Understand TGI's work with the Andhra Pradesh cadre and to set parameters for the selection criteria of workshop participants - urban and rural; ANM and ASHA

Operational Planning
Workshop permissions (date and regions), duration and expectations of the deliverable

Workshop Design

Logic
The aim of designing the design research workshops was to get each participant to share the psychosocial stressors they experienced during the past few months and how these impact their day at home and at work. By understanding their psychosocial landscape, we focused on identifying areas for immediate intervention and strategic recommendations to the Government of India.

Secondary Research and Workshop Activities Design
During the workshop, three design research activities were charted out to meet our objectives; the detailed description is provided in the next sectio). To maximise participation and interaction amongst the participants, and with the facilitator, the design activities utilised contextually-fit visual cues in order to provide more stimuli for higher relatability and ease of comprehension Vihara's extensive work with female frontline cadre over the past years and during Covid-19 in northern regions of India were especially useful . Vihara Innovation Network's socioeconomic, cultural and environmental insights on the psychosocial wellbeing of FLWs helped in setting direction. Additionally, reports, blogs and newspaper articles on ASHA workers' experiences in the Indian context as a part of secondary research helped in combing out the potential domains of psychosocial stress.

Workshop Facilitation

The workshop was facilitated by a Telugu speaking design facilitator from Vihara in-person at all three locations. The workshop was also attended by two design facilitators from Vihara who were observing all the activities virtually to understand the group dynamics and note down semiotic expressions of the participants. Words such as "tension", "stress", "restlessness", "panic", "fearfulness" and "numbness" as expressed in Telugu were noted with due attention.

Workshop Documentation

The in-person design facilitator recorded the proceedings on a voice recorder. Notes were taken by virtual observers and post-workshop discussions helped piece together prominent reflections on the challenges expressed by the female frontline workers. Event notes were prepared to capture first-hand experience of the workshop. The outputs of the activities; emotion cards and journey mapping were also included for the thematic analysis.

Transcription

Audio recordings of all the workshops were sent to a transcription agency and workshop scripts were prepared.

Analysis

- Each transcript was qualitatively analysed and broad thematic buckets were mapped on a MIRO board: Digital, Psychosocial, Home front, Work front. Impactful quotes summarising and providing insight into each bucket were highlighted.
- Distinction between experiences of single mothers (widowed/ abandoned) were segregated from women living with husbands as there were differences in their psychosocial landscape.
- The broader thematic buckets were read through the lens of the diverging experiences of two kinds of FLWs and three themes were finalised:
  1. Balancing Home with Work
  2. Work Environment
  3. Community Stigmatisation and Peer Support
- Sensemaking exercises and team brainstorming helped identify potential spaces of interventions and recommendations. The workshop facilitator and qualitative researchers listed various conceptual themes that were emerging from all women's experiences to make sense of their challenges. Information was thoroughly processed in brainstorming sessions between the George Institute and Vihara Innovation Network to discuss main themes and map the road for potential interventions.
- The first draft of the technical report was prepared.

06

Support at the Home Front

Variation In Experiences

With Covid-19, the female frontline workforce has been managing work in extremely demanding circumstances. The workshops aimed to understand how the changing landscape of work with additional Covid-19 related responsibilities impacted their psychosocial health; this was achieved by soliciting and encapsulating their experiences between March 2020 and September 2021. Most participants described how they had to put in additional hours of work on a daily basis, much beyond what was expected of them as per their roles since the pandemic started. These changes had implications on their home-fronts -- some operated with very little additional support. An understanding of the two diverging experiences of FLWs with different familial support systems at home, through the eyes of Srilakshmi and Mahitha, will guide the report. The contrasting experiences of these two FLWs helped develop the varying challenges faced by women who have differential support systems at home. The absence of a husband meant that FLW had to play both the caregiving and provider role at home, for instance.

Single Women Living with Children and In-Laws

Srilakshmi is an ASHA worker in Haripuram. She has two children and lives in a rented accommodation. After her husband's death, she assumed her in-laws as her support system. However, this was not reciprocated. There were constant complaints about the prioritizing work which was seen as the deprioritization of household roles by her in-laws. Srilakshmi was constantly blamed for neglecting her children and made to feel guilty about it. In order to prioritise her work, Srilkashmi moved out into a rented accommodation with her children in the same neighbourhood. As a primary provider and caregiver, Srilakshmi has been unable to stay home with her children due to her work hours. Although she cooks for them daily, she relies on her in-laws' for looking over her children while she is away. Their complaints and reprimands have still not stopped.

Across the three workshops, 6 out of 18 women were either widowed, separated or abandoned by their husbands. While most of them lived with young children and in-laws, some others lived alone as their older children had moved out. These women balanced housework with community work all by themselves. Most of them were the primary earning members, supporting themselves along with their children, parents and in-laws. These women face many pressures to prioritise their work over their family. Frequent verbal remarks and quarrels that chide them for not observing social-expected and normatively constructed gender roles were common.

"We carry our lunch boxes and water with us. Even if we take our lunch box with us, we do not get time to eat. We try to adjust within ourselves, if there are four women working, we send two of them to eat something first and swap places" - *Srilakshmi (ANM, Haripuram)*

De-prioritisation of Self-care

The prioritisation of caregiving for the family over self is reflected in women's morning routines. Most women wake up at 4 am after hectic work days to clean, cook and feed the family. Most women are pushed into sleeplessness in the balancing act of winding up the previous day and preparing for the next. The fact that most women eat their first meal as late as 3pm in the afternoon indicates their nutritional well-being.

These women's stressors are qualitatively different from those who live with husbands. They are the sole earners, with many depending on them; additionally they are emotionally unsupported and cannot share or delegate physical household work to anybody, making it harder for them to unwind or collect themselves after a demanding day of work . Women belonging to this segment articulate their fear and insecurity of losing their children and families during the pandemic due to the dangers associated with work by bringing Covid-19 home. Their fears were expressed thus: "Who would look after me if something happened to me?" and "If I die, what would happen to my children?" Fearing for the sustenance of the family as a unit and the security of their children's futures was also simultaneously rationalised by a few women who spoke about their strong sense of duty towards the community's well being.

Women Living with Children, Husband and In-Laws

Mahitha is an ANM worker who lives in Mandasa (800 kilometres from Hyderabad) in a rented house with her husband, children and in-laws. Although she is not the sole breadwinner, her additional income is crucial for supporting the family. Despite the presence of a husband, the entire responsibility of the household chores, allied tasks and child care and in-laws falls exclusively on Mahitha. The lack of emotional and physical support from anybody at home exacerbates Mahitha's exhaustion. What piles on to her stress is the constant nagging around her work by her in-laws, neighbours and the wider community and her inability to take care of her children the way non-working women do. Mahitha expresses the way her life is constantly compared to an ideal image of daughter-in-laws who stay within the house and do all the chores within the house. She is constantly compared to other women who do not work outside the house.

Gendered Roles Leading to Lack of Support

Women like Mahitha live in nuclear or joint families. Some husbands worked away from home just to visit the household periodically over the weekends. Other husbands lived in the same house but rarely provided any support even when they were in the house. The gendered segregation of household responsibilities stayed the same even when women's workload increased, leading to exhaustion, exertion and constantly feeling overburdened. Regardless of the number of family members in a household, the support provided was minimal.

07

Thematic Categorisation of Challenges Faced by FLWs

Balancing Home with Work

The varied experiences of Srilakshmi and Mahitha showcase the challenges FLWs faced on a daily basis to balance community work with household work. Covid-19 has doubled their responsibilities along both fronts. New tasks at work such as vaccination drives that require constant field engagement make it difficult for FLWs to arrive home early and spend time with their families or even take care of themselves. The initial months of the pandemic, Covid-19 patient management and home visits led to anxieties where FLWs found it hard to protect their families from the potential and their own inadvertent exposure to Covid-19

At home, work-related stress leads to sleeplessness and lack of proper diet. Many women express being made to feel guilty for abandoning their children and families and prioritising community work. One ASHA worker narrates how her work adds on to the guilt for not being there for her children at home:

"There will be sudden meetings. We have to listen to what our superiors say. I have faced such problems seriously because I have small kids, a 12 year old and a 6 year old. I did not give food to my kids. I came for duty. After my duty, suddenly there was another meeting at 11:30am. We were not allowed to leave till 3:30pm. I could not give food to my kids. They did not even permit me to go home. Why am I living this life? (starts breaking down at this point talking about their kids.)"
- Srilakshmi (ANM, Haripuram)

The strong internalisation of gender roles adds to the everyday tensions that lead to quarrels, as evidenced by Srilakshmi:

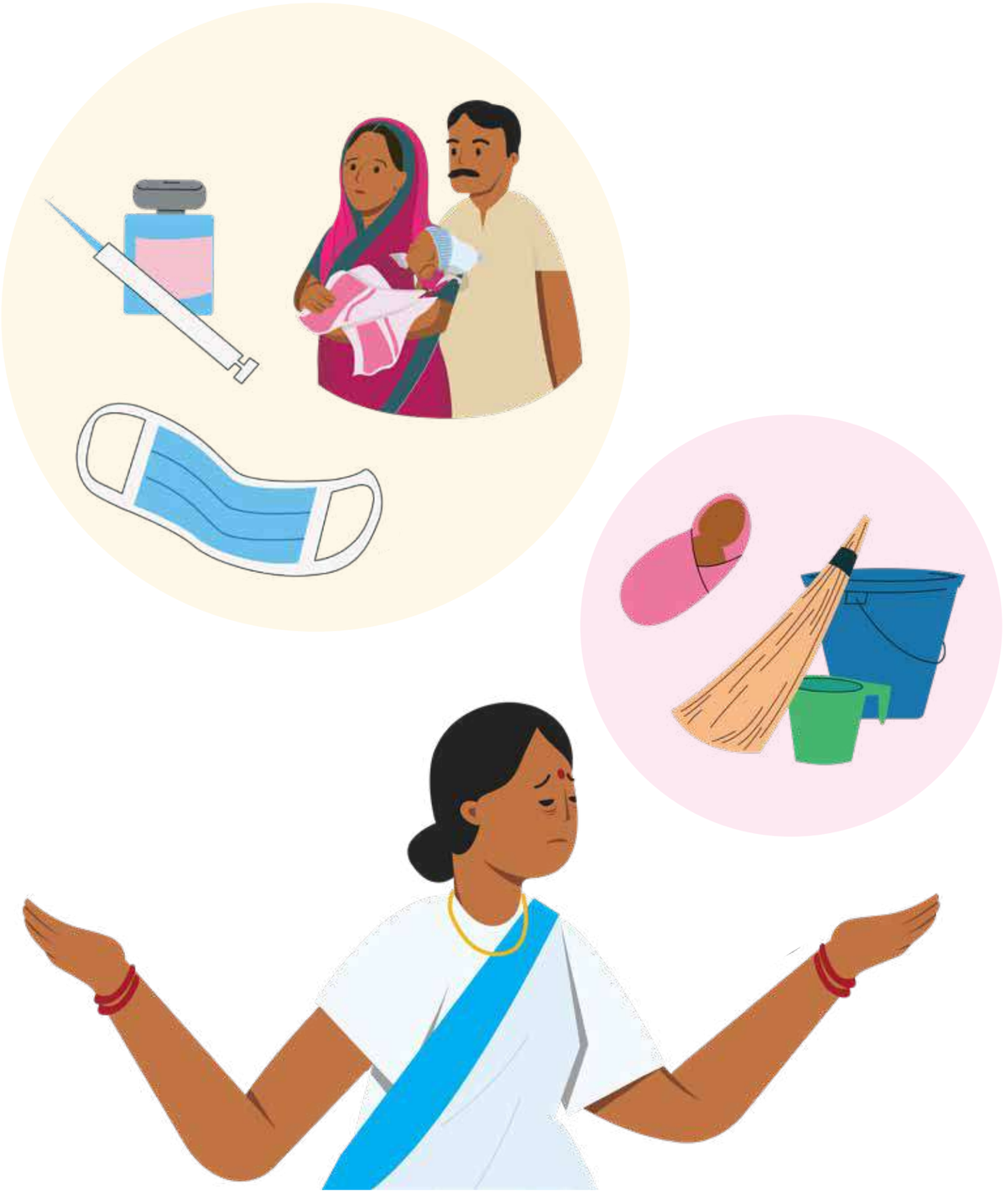
"There were disturbances in the family because I prioritise community work. My husband died. I don't have parents either. Although I see my in-laws as my parents, they only see me as a daughter-in-law. I realised that it's best to move out, at least I could do my work. I love cooking food for my daughter but when I leave for work, I miss her a lot. When I am away at work, she stays at my in-laws' place as they live right across the road."
- Srilakshmi (ANM, Haripuram)

Women like Srilakshmi who fight for their independence to work everyday do not feel fulfilled; they have to continue to engage with their in-laws on a daily basis for the wellbeing of their children.

Diminishing Spaces for Relaxation: Constant Exposure to Stress

Although most women live with other adults in their household - husband, in-laws, parents, and their extended family - they still have to shoulder all the caregiving and household chores and allied responsibilities alone. The presence of rigid gender roles and social norms define each role and their inability to adequately complete one household task leads to the woman being judged or disappointing the family. Women like Mahitha, who live with their husbands, articulated the lack of emotional or task-based support at home. The inability to find support segues into work pressure for most women.

There is no rest -- just a constant state of burdensome tasks without any support. Nobody hears them out and nobody shares the work. Mahitha articulates this by talking about her husband's support in the form of "just buying things for the household":



"I feel like there is no happiness at home or at work, I just feel very depressed. All the burden is on us. My husband will just buy things for the house. All other things should be taken care of by women; there is so much pressure -- duty pressure, household pressure, survey pressure. I have been feeling very helpless for the past month. We have a lot of tiny quarrels/squabbles at home in addition to the ones out at work."
- Mahitha (ASHA, Visakhapatnam)

Work Environment

Abrupt calls for work: Disrupting self-care

The Covid-19 expanded fixed working hours as most FLWs were engaged with a variety of tasks that made it challenging to handle everything. Being abruptly called for work at short notice is a norm for most of the workers, as they are required to report to duty. This impacts the work at home; they have to leave everything and rush to the task at hand:

"We don't know when we would get a Whastapp message for work.It could be in the middle of the night. When we wake up the first thing we do is check the messages, so we can think and plan about what needs to be done."
-Mahitha (ASHA, Visakhapatnam)

In recent months, vaccination campaign work has been tiring and burdening for most workers because they get called abruptly. After work, they reach home late at night and are unable to get ample rest or eat on time in between duty. One FLW, with many health issues shares her experience:

"My husband scolds me because I ignore my health despite high blood pressure and vertigo issues. He emphasises that eating food on time is very important. There were times during the vaccination drive we did eat food all day and survived on biscuits."
- Anandi (ASHA, Mandsa)

A low proportion of women like Anandi have emotionally supportive husbands. For most women, the reality is absolutely different. Nobody asks them whether they eat food on time or whether they get ample rest. Not eating meals in between work is extremely common.

While talking about their work and their inability to deal with stress on a daily basis, all women echoed how they understand why the system itself is strained from above. She talks about how their own immediate supervisors display unusual behaviour when there is "pressure from top". Instead of blaming the system or their supervisors, they rationalize and continue to work despite all the perils.

"If there's pressure on the MO, then we will have the same pressure. Whenever there is pressure from the higher authorities, our madam will demand more work from us. At that point, we have to be available wherever we are. We have to finish the work."
- Srilakshmi (ANM, Haripuram)

Anxieties around Digital Modes of Working

Documentation and Coordination

With the rapid (and relatively unplanned) adaptation to digital operations with the present pandemic, tasks that used to be done manually, such as documentation, have shifted to apps. Coordination and communication via WhatsApp groups have replaced physical community meetings that were held regularly. As a result of these rapid changes, FLWs also cite the stresses of "digital burnout" as their phones buzz all day long and give them headaches.

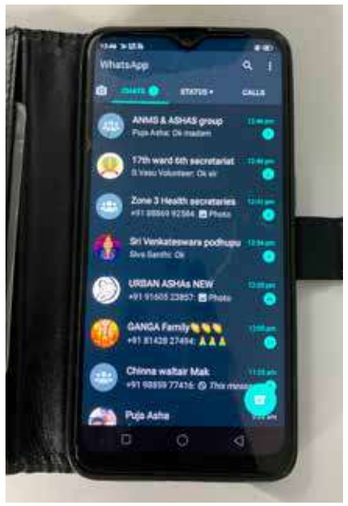
While work can be organized well using apps, the usage itself leads to exhaustion.

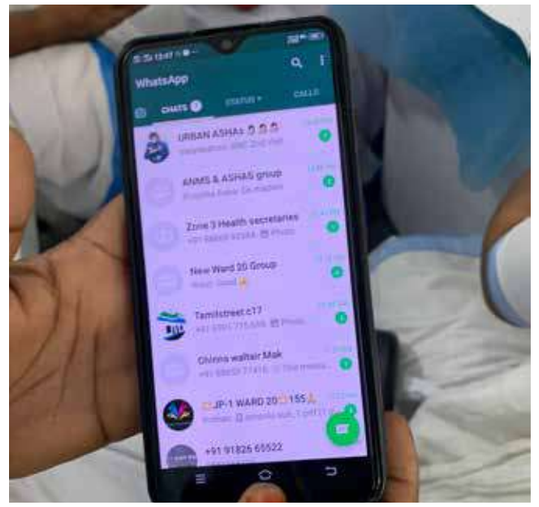
However, physical documenting has not completely disappeared. Most women do what can be called "double documentation" -- essentially, duplication of work: the workload and pressure around the volume of documentation takes away time from actual community work. Documentation is not easy for everyone; there are differences in digital upskilling which prevent everyone from performing the same way. This is a major area contributing to FLWs stress. The fear of being reprimanded for digital glitches is common across FLWs.

"It feels like working another full day on documentation and we usually do that at night when we lose sleep. There are too many things to do like register groups, update vaccination status and keep up with the updates, sometimes we need to update them offline and online. If there's any delay in the work we are issued memos for not completing the work."
- Srilakshmi (ANM, Haripuram)

Digital Literacy and Upskilling: Fears Surrounding the Digital Transition

The problem is twofold: first, some workers find it difficult to read and type in English; the second is software-app related - they find even using digital interfaces comfortably difficult. Adapting to smartphones is a big problem for older workers, as they grow dependent on others for tasks that used to be easy earlier. Experienced FLWs who have been in this profession for roughly two decades and displayed impeccable conduct now find it hard to do the same. One worker spoke about these challenges:



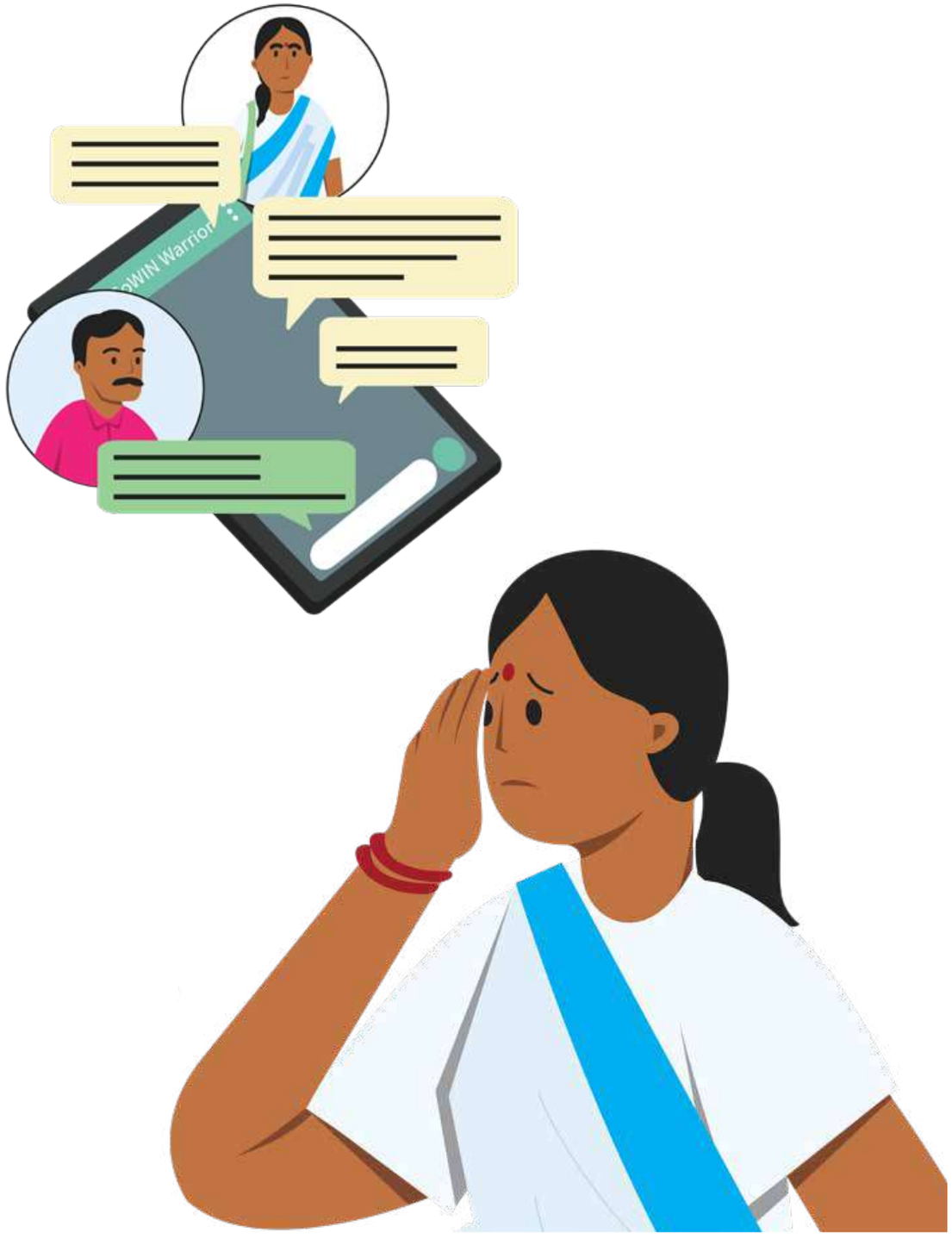


"It is not a rule for everyone to know how to work with apps. Some people may not be literate about the apps. First when they recruited us, the bar was 7th standard, then 10th and there are people with different education levels and not everyone will understand. There have been people who have been doing this in this job for the past 16 years. They do not know about the android mobile. They are just not even very educated. They are becoming old, what can they do? They are not very literate people, what can they do? They (supervisors) should also think. They do not even know English!"
- Anandi (ASHA, Mandsa)

Although many FLWs flag these problems and request support and training, these problems yet remain unresolved. One FLW narrates how the "digital problem" manifests in detail:

"If we press one key for another, we sometimes make mistakes. When we make mistakes, we have to be answerable. One volunteer did not know how to enter data digitally. That data went to the district level. It was not getting cleared. The volunteer also did not know what to do. The medical officer pestered her and said ""Figure it out yourself and fix it!" I was helpless. The volunteer had to go door to door to all 50 houses and match data with Aadhar all over again. That volunteer worked with me. I did not sleep for three days. I asked the ANM. Later, I took help from a friend and the problem got solved. He only helped me by God's grace. All this problem happened because of the app."
- Mahitha (ASHA, Visakhapatnam)

Some FLW cadres, however, receive support and training by their Medical Officer (MO) for digital upskilling. This is not true for all cadres and is upon the initiative of the Medical Officer (MO) and not prescribed by the system. Digital medium related anxieties have been resolved through such supportive supervision.



Commuting to Work

Conducting door-to-door fieldwork throughout the day is physically demanding . Days reserved for vaccination duties leads to greater physical stresses in traveling long distances. And yet, marking attendance, however, remains mandatory on these days as well. This is done through a biometric system which requires FLWs to first travel to the PHC before duty starts. Inability to mark attendance is met by strict disciplinary action which adds to many workers' stress:

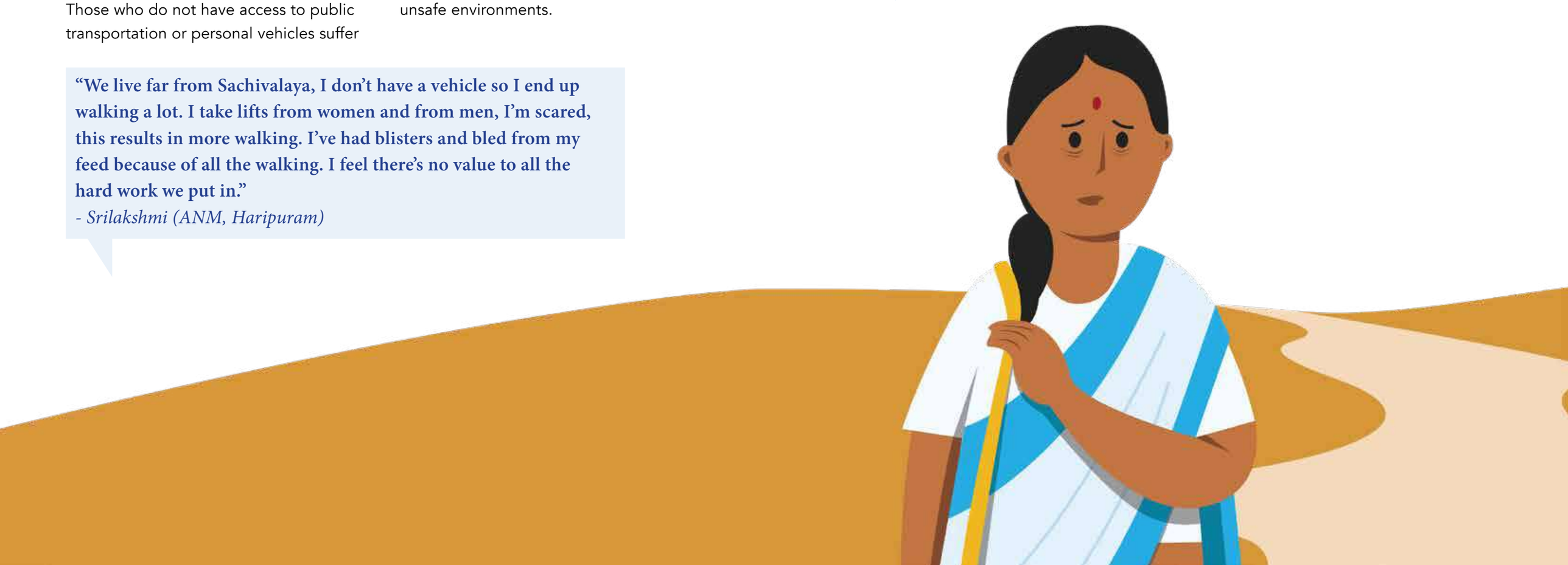
"They recently started biometrics for attendance. For some of us our local Sachivalaya is near but for others it's far from their location. If we miss it, they say we'll see pay cuts from our salaries."
- Mahitha (ASHA, Visakhapatnam)

Arranging transportation is a tedious task. Those who do not have access to public transportation or personal vehicles suffer and resort to walking long distances in unsafe environments.

"We live far from Sachivalaya, I don't have a vehicle so I end up walking a lot. I take lifts from women and from men, I'm scared, this results in more walking. I've had blisters and bled from my feed because of all the walking. I feel there's no value to all the hard work we put in."
- Srilakshmi (ANM, Haripuram)

Asking for lifts is common method of reaching work. However, during the initial months of the pandemic, commuting was tougher as people avoided and stigmatised FLWs as they were working in dangerous work environments.

"After this corona started, I have been feeling very tired. We do not know at what time we will get a phone call. We just would run for our duties. I just had to walk to reach work. There were no buses. It is 8 km away from my house. We had no transport. When I asked someone for a lift, they used to say that we would go to the coron patients, so we would not give any transport facility."
- Anandi (ASHA, Mandsa)



Hostility Faced at Work

The nature of FLW work varies geographically as differences have been observed between urban and rural cadres' experiences. Organisationally, since the cadre in urban Visakhapatnam was hired right before the pandemic, the community members did not know much about their work and since FLWs did not belong to the "community" the way rural FLWs did. The rural cadre's presence and absorption into the community is much different compared to the rural scenario. Although women in both geographies faced hostilities during Covid-19, these were different in nature. In urban Visakhapatnam, FLWs faced unpleasant situations when they tried to enter apartment complexes for home visits and surveys, a central aspect of their day-to-day community work. Although this work is easy to conduct in rural areas where FLWs are recognised by others in the community, in the urban geographies, women expressed being disrespected and humiliated as they are not even allowed to enter high-rises and gated communities.

FLWs of the rural cadre also faced hostilities but only during Covid-19, when the community was misinformed about the vaccine and its side effects and could not deal with Covid-19 deaths. Facing hostility, disrespect, humiliation and anger from known community members had been disheartening for the rural cadre. The people who used to trust and look up to them now closed their doors on them:

"We are referred to as white crows and white cranes, we have to shut doors on them. If they come, even if we get just a cough or cold, they say we have corona. They ask us not to come to their areas."
Mahitha (ASHA, Visakhapatnam)

Community Work and Constant Stigmatisation

Working with the community has been challenging in the last year and a half as the community has been stigmatising and discriminating against frontline workers on the one hand and showing hostility on the other. These responses have made it difficult for women to carry on without complaining but it also demonstrates their resilience and fearless motivation to continue working for everybody's well-being. The nature of the community work for ASHAs blurs the professional boundary of working for the community into personalized encounters. Dealing with community members who once used to trust and look up to the FLWs has been hard to fathom for most women. One FLW narrated how she experiences being treated as an outcast during Covid-19:

"We should not touch others. We should not even drink tea. I could not even get a bottle of water when I was thirsty. They think that if they give me water, they would get corona. All of them are our people only, but they are scared to even come to us."
Mahitha (ASHA, Visakhapatnam)

All FLWs shared how working for the community motivates them despite draining them out completely.

One ASHA worker shares her account of finding motivation despite having all comforts in life:

"My children who live in Kolkata and Hyderabad call me and offer to send me money, I tell them I don't need their money. I feel proud to serve my community, all of us step out and work with honor. Despite our intentions we face humiliation from people of this community, we feel like dying sometimes."
- Srilakshmi (ANM, Haripuram)

Many women joined this profession in order to escape being tied to their houses. Most of them do not work for money, rather, they work to do something larger than life. They carry on working despite belonging to a largely unsupportive institutional system. With Covid-19, some women have started questioning the meaning of working tirelessly:

"With delivery duties at the hospital, we work through the night till the morning and we get really tired. After getting home, we don't get time to relax. The next day, we have to head out again for surveys or vaccine duties. There is no rest. All through the night, we work at the hospital and come to work early in the morning. All the officers, ANM staff, they trouble us. What kind of a life are we living? We do not have rest and we work even when we are tired. We feel very unhappy."
- Srilakshmi (ANM, Haripuram)

The vaccine-hesitant behaviour from members in the larger community and resistance has been a constant source of stress for women, and going to some neighbourhoods becomes a dangerous exercise. In the initial months, during the first phase, FLWs shared how they and even their supervisors used to be really scared of going into neighbourhoods where there were Covid-related deaths.

"There was a death in our area; even the collector had arrived. From 1am to 3am, we were all awake and trying to help. We saw hell that night. After coming back home we brushed our teeth and immediately started the next day's work without sleep. Everyone in my family was saddened (started crying). They thought I would die. I felt burdened, I wished I wouldn't have to roam on the streets that way. We saw hell during Covid-19"
- Mahitha (ASHA, Visakhapatnam)

Another ASHA worker spoke about the threats she received while at work. Although she fears being beaten up by people, she continues to go to these difficult places just to communicate with people and save their lives from this pandemic.

"From the time vaccination began, it's been hell. A lady died in the area after we sent her to a hospital in Srikakulam, the people in the area were angry and threatened to beat us up if we ever show up in the area. This area is by the Orissa border, we can't communicate properly because we can't speak Oriya."
- Srilakshmi (ANM, Haripuram)

Coping with Grief and Trauma During Covid-19

Stories of trauma and grief surface as many women were constantly exposed to fear and loss. On a spectrum of the severity of stressors, although day to day stress and anxiety have been bothering all women, many others faced severely debilitating circumstances. These were expressed in their inability to cope with their daily routines, and translated to lack of sleep along with a constant flow of thoughts.

Managing both the domains was challenging as being exposed to Covid-19 at work led to the fear of being contagious to the family. Conducting Covid-19 death surveys meant exposing oneself to the virus. Srilakshmi narrated one such instance of a Covid-19 death and how even their supervisors were scared of stepping into a neighbourhood where someone died:

"There was a Covid-19 death in one locality and even the collector arrived. From 1am to 3am we were all awake and trying to help. We saw hell that night, we came back home, brushed our teeth and went back for the survey again the next morning. In my case, everyone in my family was saddened (started crying), thinking that I might die. I felt burdened. I wish I didn't have to roam on the streets. I thought I would die when I went to the District for Covid-19 work. My colleague once said that maybe we should all take a house and live together and not go back home. We were very sad and we saw hell during COVID."
- Srilakshmi (ANM, Haripuram)

The fear of being an unsupported, single mother to two children is a constant source of stress. Being stressed by work and the fear of exposing her family to the virus had to be handled while simultaneously reassuring her children that they are all safe and that nothing would happen to her.

Stories of grief also emerged. One woman recalled the experience of losing her mother and being unable to cope with that loss, at work and at home. As she grieves even after seven months of her mother's demise, she speaks about how she is unable to help herself or unable to express what she is going through in words:

"I do not have the words to describe this. My mother died 7 months ago. Even now after her death, during all these months, I feel like she is alive. When it comes to helping others in similar situations, I can help. Even when people don't ask me. But when it comes to myself, it all gets reversed. I do not seek their help. I want to change myself, but I am unable to."
- Mahitha (ASHA, Visakhapatnam)

The inability to find ways and means to express themselves, the lack of spaces to grieve and working as a community worker and witnessing deaths makes it hard for such FLWs. A similar story of loss and grief was shared by another ASHA worker.

There is similarity in the inability to move on and carry forward with daily tasks as the thoughts interfere with every aspect of life. The following reflection was shared by a woman who lost a boy with whom she became friends during community work.

"During Covid-19, a little boy I used to call "chinna" developed an infection. We had to admit him to the hospital at 3pm and he kept updating me from the hospital. At 1am, I heard the news of his death. I still see him in my dreams, it feels like he is still there. Every time I used to go into that area, he used to nicely talk to me, and we developed a friendship. He used to keep calling me "akka, akka!" (Older sister!)"
- Srilakshmi (ANM, Haripuram)

The traumatic experience of losing this boy and the inability to do anything as a frontline worker was overwhelming. But with days passing after the boy's death, she shares how stepping into the same neighbourhoods is a reminder of his death. Despite this, she has no choice but to carry on with her work in the same neighbourhoods, without ample space to grieve and mourn.

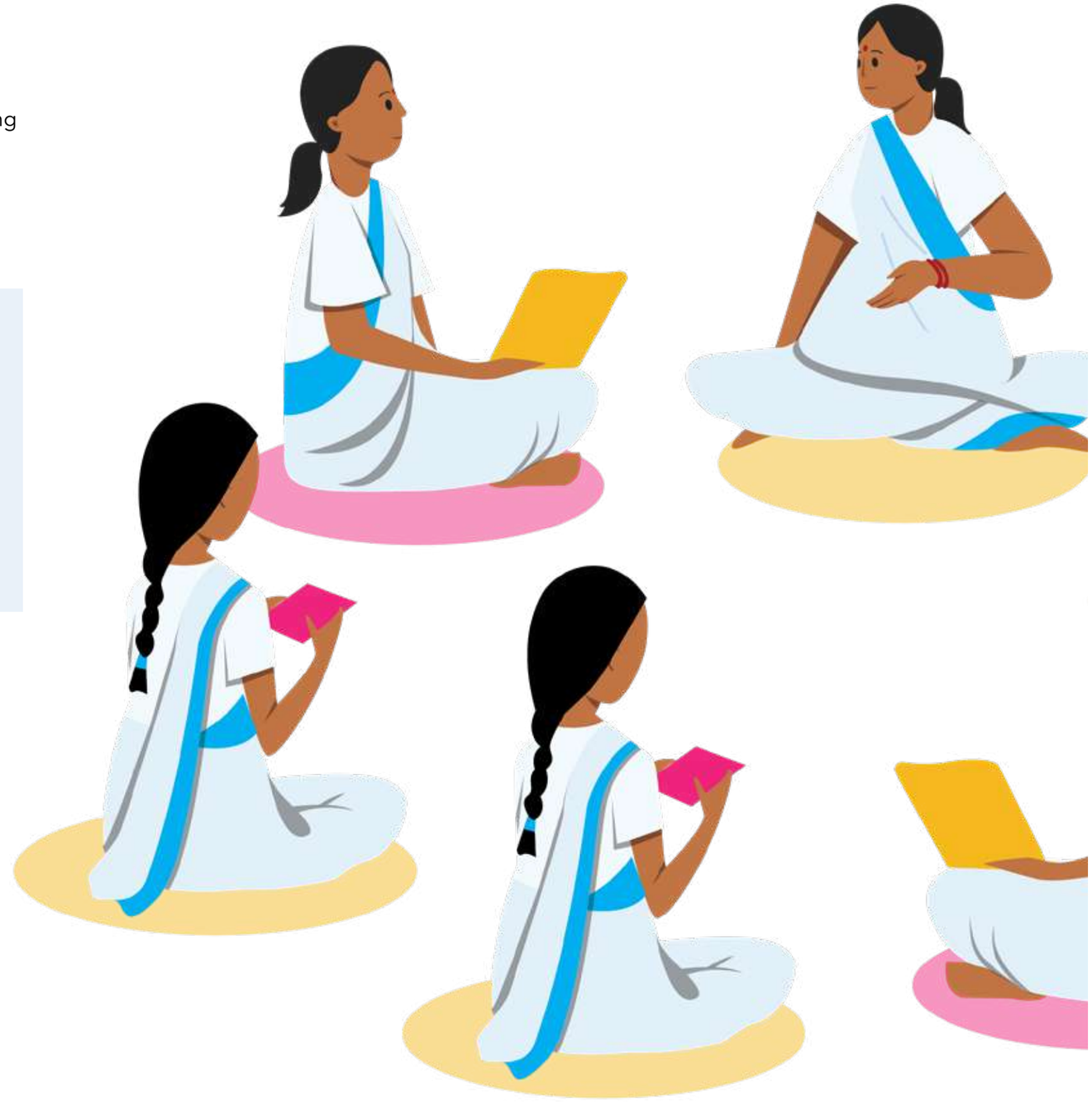
Peer Support

In such times of difficulties, FLWs spoke about how communicating and sharing with their peers was one of the channels that really supported them. Although this resonated by almost all women, single women felt all the more supported than women who lived with extended families. They were each others' companions during these precarious times where they were always there for each other:

"If we cry, there will be relief of the burden. This is like every day. If we meet with our friends, then we will feel relief. We share our tensions."
- Mahitha (ASHA, Visakhapatnam)

"We feel all these negative emotions from these cards (pointing to the activity cards), the only thing that makes us feel happy is coming to the PHC and meeting our peers, but from the next day the emotions are all back."
- Mahitha (ASHA, Visakhapatnam)

"When we meet each other and talk about our burdens, we feel happy. We are all united together as a unit, all respective village teams are all happy talking to each other, when we are together we happily talk and work the time away. We also forget our house sometimes."
- Srilakshmi (ANM, Haripuram)



08

Strategic Design Interventions & Recommendations

All three workshops facilitated over a period of two days across three locations were met with curiosity, enthusiasm, and warmth. The female frontline health workers' cadre play a vital role in the public health system to provide last mile delivery in hard to reach areas with weak infrastructure. Their experiences are varied. Most of the workshop participants saw great value in the design workshop through the facilitated discussions. The provision of a safe space where they could freely express, connect and communicate with their peers about their psychosocial challenges was relieving to many.

Many women broke down while sharing their experiences while others attentively listened to them and occasionally hugged them to show support. The approach of talking about psychosocial support by pivoting conversations around day-to-day life outside of work was welcomed by each and every participant. The fact that a majority of the participants requested more such sessions, where they could think out loud and hear each other is testament to the power of honest sharing sessions and their cathartic nature. However, there is a lot more that needs to be done to meaningfully support our women on the frontlines.

The conversations housed by the workshop suggest potential areas for intervening for the betterment of female frontline cadre's psychosocial health.

Efforts to Tackle Intrinsic and Extrinsic Guilt

The women constituting the frontline workforce are not just workers of the community but also women belonging to the household unit, where there are expectations for following prescribed gender norms. Most FLWs' articulated a sense of abandonment where work kept them away from home. Leaving children with in-laws or not arriving home at meal hours to prepare/serve food was used against these women to make them feel guilty for not playing their part adequately. The constant household stress impacts their overall wellbeing. Countering this requires multi-layered efforts.

a. Peer to peer dialogue to tackle guilt around abandoning families
Facilitated peer-to-peer sharing sessions around psychosocial stress and anxiety are necessary for combating feelings of guilt and abandonment. Role-model FLWs who are able to organise support at home and manage both the domains should share stories to motivate others to open up and share their problems and collectively solve issues. The peer-to-peer sessions have the potential to operate as support groups for troubleshooting and offering support.

b. Engaging FLWs' families towards sensitisation
It is equally important for families of FLWs to be sensitised on FLWs psychosocial health. Rewarding supportive families that do not make women feel guilty but rather value their work in the community and support them with tasks at home is important for women to feel motivated and at ease. Rewarding supportive families can inculcate change within the community by helping them create a destigmatising and enabling environment for frontline health workers.

Process and System

Work processes and systems have rapidly adapted to the digital medium with Covid-19, severely impacting those FLWs who face challenges using apps on smartphones. Most workers expressed feeling anxious and scared when faced with digital medium-based challenges such as incorrect data feeding or inability to correct mistakes on the digital interface.

Reasons behind these challenges range from variation in FLWs' educational backgrounds, agility to adapt to the digital medium as well as digital training and upskilling. Optimising their performance is intrinsically tied to understanding their difficulties and stress tied to processes and systems.

a. Streamlining Data Documentation
Working with multiple apps on different work streams combined with handwritten documentation on all tasks is a leading stressor. Double documentation - digital and physical - takes time away from actual community work. Streamlining documentation efforts can help workers focus on the community-related tasks at hand especially during vaccine drives and Covid-19 duties.

b. Reducing Performance Pressure
Digital performance of daily tasks is a source of stress for many frontline health workers. The fear of being reprimanded by supervisors for making mistakes on digital surfaces is a common stressor that increases performance pressure. Constant monitoring and surveillance in the absence of digital support is a problem. Reducing the constant monitoring and punishment for technical glitches would help reduce the fears and anxieties. Negative reinforcement needs replacement with supportive behaviour with digital troubleshooting assistance.

c. Digital upskillment through Supportive Supervision
Performance pressure is often exacerbated by the lack of skills, knowledge and confidence around the usage of apps. Adequate training with supportive supervision on the technical side is important to overcome the digital divide. Additionally, digitally savvy FLWs should be equipped to troubleshoot, handhold and motivate peers facing challenges. Training can be provided by app-experts through in-person workshops.

Provision of Infrastructural Support

Experiences of FLWs highlight the various infrastructural gaps that impact their day to day work. The inability to access modes of transportation for commuting to different points throughout the day is one. And evidence across the FLWs points to most resorting to taking lifts or walking long stretches. Across the three workshops, there was lack of awareness and demand for psychosocial support structures such as provision of group therapy or counselling services. There is not only a need for sensitization about services such as the availability of safe spaces and psychiatric support. Extending infrastructural support is crucial to reduce work burden on FLWs and help them focus on work instead of peripheral logistical challenges.

a. Provision of Mobility Support: Arrangement of Pickup and Drops for Daily Commute

Arranging transportation for FLWs would help eradicate stress related to travelling safely. FLWs end up working long and odd hours when last minute work crops up erratically. Women without someone to drop and pickup from home or without a vehicle find it hard to commute easily. Single women prefer not to take lifts from men as they are judged by their families and the community at large, adding to their stress. Pickups and drops have been organised in certain villages by supportive Medical Officers; it has been reported that this ensures safety and significantly reduces stress for most women who feel supported and cared-for.

b. Provision of "Safe Spaces"

FLWs reflected the importance of meeting each other and discussing problems outside of work. The ability to meet each other freely and share troubles and problems eases tension and helps alleviate stress that one otherwise has to handle alone. Health system strengthening by providing support to FLWs is crucial where organised sessions that are not work/ training oriented open a space for women to get together and talk freely about shared issues with light supervision.

c. Facilitated Psychosocial support sessions

Provision of group therapy through appropriate counsellors need to be arranged for as many FLWs as they are at the receiving end of illness and disease in the community. Facilitated psychosocial listening sessions where experiences are shared can benefit from contextually-fit group therapy (eg: Play therapy). Creating safe spaces for expression, instilling a process of individual reflection, building stress tolerance and effective coping strategies is key.

Enabling Healthy Coping through Mental Health Interventions

FLWs have reported experiencing a range of psychosocial health challenges - some that require facilitated group therapy to others that require expert clinical intervention. The challenges faced by FLWs makes it difficult to work both at home and for the community but even rest peacefully. As they continue to take care of everybody, providing self-care through psychosocial and psychological interventions is of utmost importance.

a. Soft Training of Supportive Supervisors

Supportive peer facilitators and supervisors need to be trained for providing timely psychosocial first-aid to support women facing psychosocial challenges. These individuals should help recognise and report stressors to the right unit at the administrative levels. The usage of destigmatising vocabulary is of utmost importance for this purpose.

b. Escalating Severe Cases

FLWs who experience grief, loss or trauma due to altering life events needs to be recognised. Self-acknowledgement is the first step for the recognition of problems. Peer and supervisory support can help identify women with these experiences. Cases that require escalation need to be handled by experts who are capable of understanding these women in their contexts and can follow-up on a regular basis.

Enabling Safe Environment during Community Interactions

The majority of an FLW's time goes into protecting the community. Yet, during the pandemic, collective fear around the virus has heightened and created hostile situations for FLWs while dealing with the community. Tackling vaccine hesitancy, campaigning for vaccine uptake, organising vaccine drives continue to create dangerous environments for these women as they fear being exposed to verbal or physical violence. Enabling FLWs safety is of utmost importance for their physical and psychological safety.

a. Public Campaigns and Felicitation of FLWs as Community Warriors

FLWs are often stigmatized by the communities for several reasons especially during Covid-19 as vaccine hesitant behaviours are high and so is collective anxiety and fear surrounding falling ill and hospital admissions. Constant stigmatisation can debilitate workers' motivation levels and heighten stress levels. More often, FLWs are perceived as government representatives and not community representatives.

Public campaigns that emphasise on FLWs' contribution to the community's health during Covid-19 are essential for instilling pride and a sense amongst the community that FLWs are representatives of the community. Synonymizing FLWs as Community Shields or Warriors through felicitations would be a positive step in this direction. FLWs should also be provided with self-care kits that instill the importance of self-care. A kit could consist of grooming products, such as talcum powder or pocket mirrors, with reinforcing messages; lunch boxes, water bottles, ORS and multivitamins to reinforce the importance of their physical well-being.

b. Collective Troubleshooting

Crowdsourcing a list of do's and don'ts while dealing with hostile community situations would equip FLWs who have to visit such neighbourhoods on a daily basis. Illustrating the case studies of selective FLWs who have devised strategies to deal with difficult situations within the community can provide examples and motivation to others to tackle difficult situations.

January 2022

Health Innovation Challenge For Frontline Workers

IHAP India Health Accelerator Programme

The George Institute for Global Health

विहारा VIHARA INNOVATION NETWORK