

# Caring for the Caregiver: Psychosocial Support to Frontline Workers

The last twenty months have brought in unprecedented changes to the health services delivery systems exposing millions of frontline workers to the challenges brought on by the Covid-19 pandemic, including significant risks to their own health and wellbeing. The health system has been grappling with the additional burden of continuing delivery of essential and routine services, while adding on COVID-19 related services including ambitious targets of vaccinating a large populace in a relatively short period of time.

The health service provision of last mile connectivity in India at the grassroots level is undertaken by a range of community level health workers such as Accredited Social Health Activists (ASHA) and Auxiliary Nurse Midwives (ANM) and Community Health Officers (CHOs). Usually women from the community are selected for these positions. They provide essential services and undertake health awareness campaigns with a focus on maternal, reproductive and child health and cover a range of other conditions.

During COVID-19, these frontline health workers were exposed to rather difficult conditions and in direct contact with those who were active cases. This exposed them to risk of contracting the virus and putting themselves and their loved ones at risk. Even the work hours of most female community workers had increased substantially, with mandatory duty allocations late into the night or on weekends.

These rapid changes to the working conditions brought on by the pandemic has precipitated a range of psychosocial problems, for those on the frontlines, who witness uncertainty, stigma, grief, trauma, illness and deaths within the communities they serve on a regular basis. These psychosocial problems brought about by the pandemic have impacted the lives of these workers which is yet to be formally documented.



# Navigating the Psychosocial Challenges Faced by Health Workers



Based on field based participatory workshops undertaken during the health innovation challenge hosted by George Institute for Global Health and Vihara Innovation Network the following insights were gathered.

Many of these healthcare workers expressed feeling anxiety on a daily basis, with nobody to share their stress with. Some complained of feeling helpless as they were thrown into the pandemic with responsibilities that are never ending and endangering their own lives



# The Story of Charulata

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Charulata\* (32, Widow, Mother of two), is an ASHA worker with work experience of 8 years who lives in Mandsa, a village situated in the interiors of Srikakulam District in Andhra Pradesh, India.

Charulata moved into a rented accommodation with her children after her husband's death. Charulata was reprimanded by her in-laws for prioritizing work outside home over household responsibilities. Rooted in the belief that a woman's place is in the home, Charulata could only get by with life by financing herself instead of relying on anybody else in order to secure her children's future.

However, during the pandemic, as her work hours became erratic and there was a fear of infecting her children due to the Covid-19 duties, Charulata had to rely on her in-laws to care for her children while she was away in COVID related duties.



*\*The name and personal details of the FLW have been anonymised for ethical conduct.*

Charulata's day starts at dawn, as she begins her day by cleaning the entire house, filling water from the nearby well, cooking for her children and then getting them ready for the day. By 8am she leaves for work often without eating any breakfast. The packed lunch that she carries from home is only opened late in the evening when a bulk of her daily duties are completed. More community health workers like Charulata, exclaim how they consume only 1-2 meals each day, either forgetting to eat or not finding the time or space to do so due to the intensity of their workloads coupled with unpredictability of their daily work schedules.

Charulata finds travelling to work extremely stressful. As public transportation is infrequent in her village, she either has to walk to work, covering over 10 kilometers on foot each day. While some of her colleagues hitch a ride on passing-by vehicles or two wheelers driven by local men, Charulata is unable to do so. **Widowed or single women in her village and most parts of rural India are disrespected and even frowned upon when sharing the same working space with other men.**

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*I live very far away from the Health Centre. I have to walk extensively. I have difficulty commuting for work. I do not hitch rides on passing by vehicles, as I am scared of what people would say behind my back... I choose to walk, sometimes my feet bleed while walking for work.*

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## Talking about her Fears

*I have two really small children. In the past few months, I have not been able to come home on time and cook for them. They used to love eating food that I cooked. But now they keep asking me why I don't stay home like other women in the community do. How do I tell them why I have to keep this job?*

These last few months have been hell for me. I have a very unsupportive household. My in-laws keep yelling at me for not prioritizing my children. **They make me feel guilty -- as if I am abandoning them. How do I stop feeling guilty?** I don't even eat food anymore. I am unable to sleep on time. Some days, only crying makes me feel better. Meeting my colleagues really makes me feel some relief. But with the vaccination duties, even that has become impossible.

It is all these things coming together that make everything worse. I feel really alone. Working for the community makes me feel good – it gives me a sense of purpose.







The innovation workshop was a good outlet for me and my colleagues to come together and for the first time talk about our feelings. We could actually sit and just vent about our lives. Not just our work but about our fears that are stemming from our house and our interpersonal relationships and how **COVID-19 has affected us all**. I wish we could have more such sessions to talk to someone about our feelings. I wish we could take a break more often and not just talk about work, work work!”

The workshops organised for 18 frontline workers in Andhra Pradesh qualitatively engaged with women about the way the pandemic has affected their mental wellbeing by looking at their lives holistically. Key intervention areas have been identified with immediately actionable recommendations that can help reduce the stress experienced by frontline workers on a daily basis through this health crisis.

