FINAL REPORT

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EXPERIENCES OF FRONTLINE WORKERS IN RAJASTHAN AND HIMACHAL PRADESH DURING THE COVID-19 PANDEMIC

Accountability Initiative, Centre for Policy Research, New Delhi

Experiences of Frontline Workers in Rajasthan and Himachal Pradesh during the COVID-19 Pandemic

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Source: Hindustan Times

Acronyms

AI	Accountability Initiative
ANC	Antenatal Care
AWC	Anganwadi Centre
AWW	Anganwadi Worker
ASHA	Accredited Social Health Activist
ANM	Auxiliary Nurse Midwife
CD	Community Development
CHW	Community Health Worker
CPR	Centre for Policy Research
CSO	Civil Society Organisation
DSO	District Surveillance Officer
FLW	Front-Line Worker
HCM	Hot Cooked Meal
IFA	Iron Folic Acid
MMO	Means, Motives, and Opportunities
ORS	Oral Rehydration Solutions
PHC	Primary Health Centre
PPE	Personal Protective Equipment
PPS	Probability Proportional to Size
RMNCH+A	Reproductive, Maternal, Newborn, Child and Adolescent Health
SNP	Supplementary Nutrition Programme
THR	Take Home Ration

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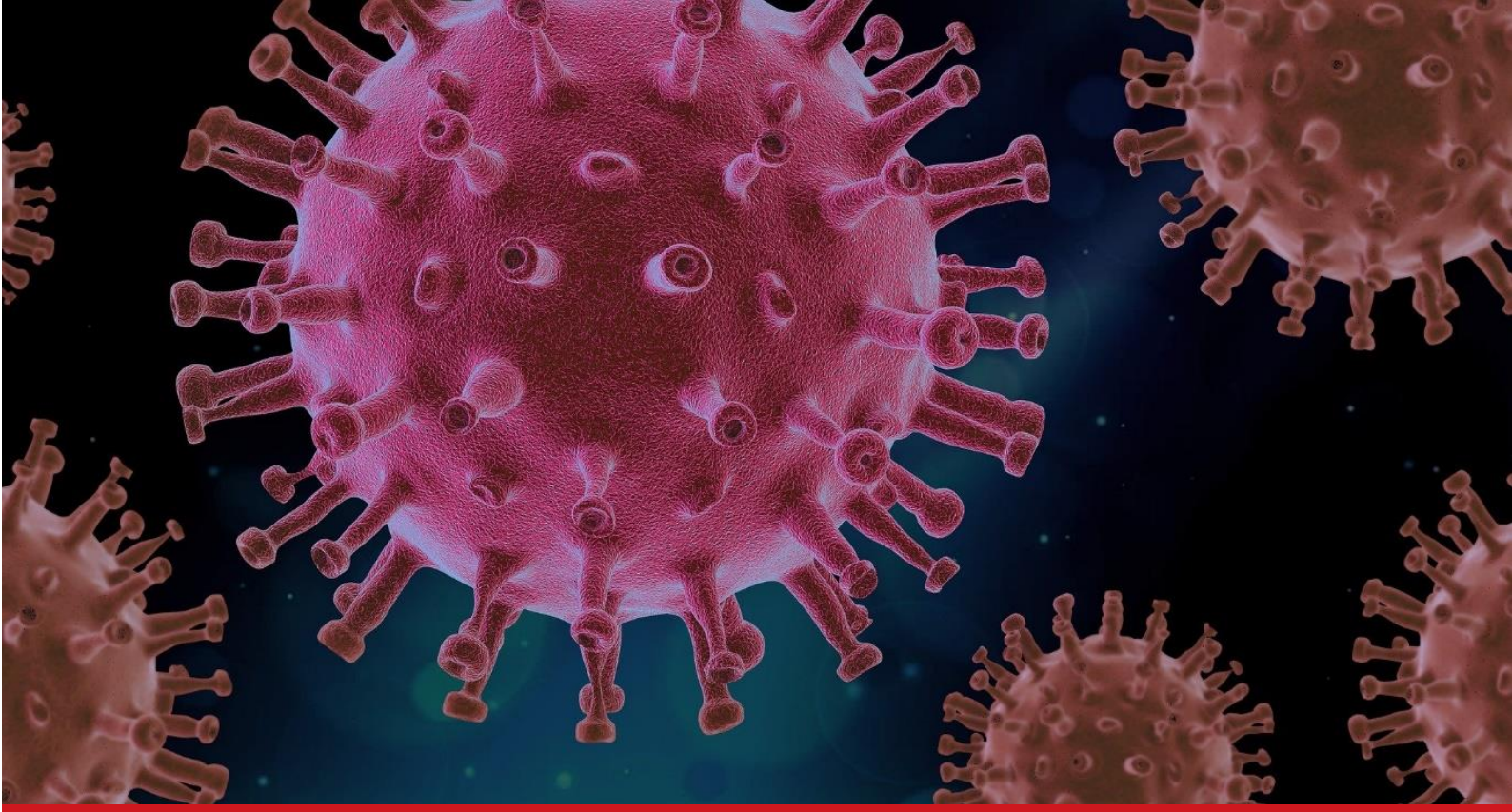


SECTION ONE: Introduction

Anganwadi Workers (AWWs), Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs) form the locus of healthcare and nutrition delivery in rural India. Approximately 13.3 lakh AWWs, 9.3 lakh ASHAs and 2.3 lakh ANMs across the country (RTI response, 2021; Ministry of Health and Family Welfare, 2019) serve as the first port of call for primary health and nutrition services, particularly in the domain of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A). With the advent of COVID-19, Front Line Workers (FLWs) found themselves at the forefront of combating the pandemic. Their revised responsibilities included screening for COVID-19, contact tracing, communication of preventative measures, adapting nutrition-related programmes, and doorstep delivery of maternal and child health services. Through its Inside Districts initiative, the Accountability Initiative (AI) at the Centre for Policy Research (CPR) has been documenting the oft-overlooked stories of government functionaries at the frontline of COVID-19 response since the initial lockdown.

Existing research illustrates that FLWs faced a high burden of responsibilities even prior to the pandemic, and encountered numerous challenges in areas such as remuneration, training, and supervisory support. AI received a research grant from the Azim Premji University to undertake a study examining the evolving role and experiences of FLWs during and after the nation-wide lockdown. The overall objectives for the study were two-fold:

- To understand the evolving role of FLWs post COVID-19, including perspective on the impact on non-COVID work. Within this, we aimed to understand overall barriers and facilitators of performance.
- To gain insights about processes and best practices related to training, implementation, and supportive supervision, which can inform policy makers and functionaries in the short to medium term.

The findings provide insights into how FLWs shouldered additional responsibilities, how they have adapted to the disruption of routine health and nutrition-related services, and how they are initiating creative responses to help the system adapt to the 'new normal'. We hope that these insights enable the government,

functionaries in other states, and funders to learn from key adaptations during this period that could be applied to future crises, or to augment ongoing work.

The research report is structured as follows:

- **Section 2** details out the research framework and objectives, and the methodology for the quantitative and qualitative arms of this study
- **Section 3** presents findings from our mixed-methods research, focussing on areas such as training, resources, supportive supervision, incentives and motivation, and challenges
- **Section 4** concludes with a discussion of recommendations and key lessons for policymakers emerging from our study

Source: Hindustan Times

SECTION TWO: Research Design and Methodology

2.1. Means, Motives and Opportunities Framework

Extensive literature delves into motivations of frontline bureaucrats, with an emphasis on individual motivation and public service motivation (Zarychta *et al.*, 2019). The 'Means, Motives, and Opportunity' (MMO) framework, in particular, has been relevant to understand the motivation and performance of frontline bureaucrats. The MMO framework originated across a variety of contexts, for instance criminal behaviour (Pendse, 2012; Seybolt, 2011); consumer behaviour, social marketing, and organisational management (Devine, 2009); and analysing and understanding sanitation behaviour (Devine, 2009).

The MMO framework in the context of sanitation, known as SaniFOAM, was adapted further by John, Newton-Lewis, and Srinivasan (2019) to understand the determinants of Community Health Worker (CHW) performance. John, Newton-Lewis, and Srinivasan's framework recognises that the performance of CHWs depends on the interaction between their motivation and constraints faced in performing their role. The framework thus groups determinants of performance into the following interconnected themes:

- ***Means:*** Is the individual capable of performing the behaviour/task/service?
- ***Motives:*** Does the individual want to perform the behaviour/task/service?
- ***Opportunities:*** Does the individual have the chance to perform the behaviour/task/service?

The framework is particularly relevant in the context of increased responsibilities for FLWs post COVID-19. Additionally, global literature on motivational drivers for FLWs after the outbreak of the pandemic also touches on the role of family support (Souadka *et al.*, 2020; Oxford Policy Management, 2020), and provision of training, personal protective equipment (PPE), monetary incentives and other resources such as facilitating transport (Bhaumik *et al.*, 2020). We explore these factors in our research study.

Looking at a series of determinants under each area and their interlinkages, we adapt the MMO framework to the context of our research on FLWs' experiences and performance during the COVID-19 pandemic, and present our broad research questions below.

Table 1: Overall Research Questions for Our Study

Domain	Overarching Research Questions
Means *Is the FLW capable of performing key responsibilities?*	• Do FLWs have all the resources (infrastructure, PPE, support, and so on) to carry out their work? • Have FLWs been trained on new COVID-19-related tasks?
Motives *Are FLWs motivated to perform key responsibilities?*	• Do FLWs feel driven to perform new and/or additional tasks? • Are any incentives being provided for new tasks? If so, are incentives delivered and adequate? • Are FLWs receiving supportive supervision?
Opportunities *Are FLWs provided the opportunity to perform?*	• What challenges - workload, community, personal and others - are FLWs experiencing at present? • How has FLWs' workload changed in COVID-19 times? What are their new roles and responsibilities? • How are FLWs balancing COVID-related responsibilities with existing scheme-specific responsibilities?

2.2. Geographical Location

The study was carried out across two states – Rajasthan and Himachal Pradesh. The two states were chosen purposively given the existing variance in performance on health and nutrition indicators, with Rajasthan lagging behind in these outcomes, while Himachal Pradesh shows a comparatively better performance (see Table 2 below). This enabled us to gauge comparative perspectives, performance, and challenges for FLWs in different socio-economic contexts. The inclusion of Himachal Pradesh as a study location was further meant to provide insight into the experience of FLWs in hilly states and difficult geographical terrains.

Table 2: Differential Performance between Rajasthan and Himachal Pradesh in Health and Nutrition

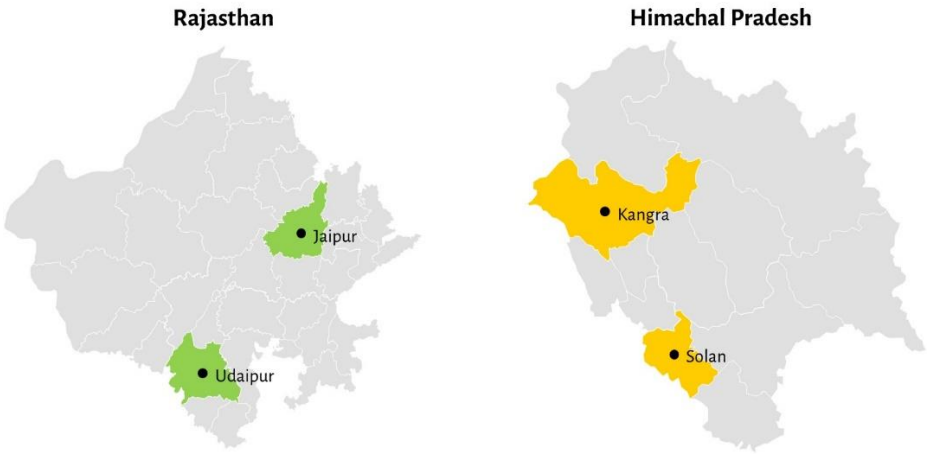
Indicator	Rajasthan	Himachal Pradesh
Infant mortality rate (IMR)	41	34
Under-five mortality rate (U5MR)	51	38
Mothers who had at least 4 antenatal care visits	38.5%	69.1%
Children under 5 years who are stunted (height-for-age)	39.1%	26.3%

Source: State Factsheets, National Family Health Survey-4, 2015-16. Available online at http://rchiips.org/nfhs/factsheet_NFHS-4.shtml. Last accessed on 11 January 2021.

Within each state, two sample districts were chosen based on inter-district differences in socio-economic status. These were Jaipur and Udaipur in Rajasthan, and Kangra and Solan in Himachal Pradesh.

In addition to the methodological basis for identifying study locations, logistical aspects were also taken into account to ease the data collection exercise. AI has been working in Rajasthan and Himachal Pradesh for over 10 years. We are well-versed with their health and nutrition systems, and administrative structures, especially at the frontline.

Figure 1: Proposed District Selection for the Study



2.3. Research Methods

The study uses a mixed-methods design. While primarily a quantitative survey, qualitative case studies have also been conducted to document positive variance in FLW performance and enrich quantitative data. Details of both are given below.

2.3.1. Quantitative Process and Sample

The following steps were adopted to identify a quantitative sample for the study:

1. For district-level representation of AWWs and other FLWs, we chose a sample of 36 Anganwadi Centres (AWCs) across 36 different villages from each district. The resulting sample size allowed us to account for non-response and sample attrition as well.
2. To have the best possible geographical coverage within a district, villages were selected across all Community Development blocks (CD blocks). A CD block is a rural area administratively earmarked for planning and development.
3. The number of villages within a CD block was obtained from Census 2011 data. Using the same proportion in which the villages were actually distributed across blocks, we distributed our total sample of villages. We arrived at the number of villages to be selected from each block by applying the Probability Proportional to Size (PPS) sampling method.
4. Finally, from the list of villages available in Census 2011 within each CD block, the required number of sample villages were randomly selected.

The quantitative sample consisted of three categories of FLWs – namely, AWWs, ASHAs and ANMs. The achieved sample size has been provided in Section 2.3.2 and sample attrition is discussed in Section 2.4.

2.3.2. Quantitative Data Collection and Analysis

Respondent discussions were conducted between November 2020 and January 2021. The quantitative surveys were carried out by AI's in-house state teams, relying on structured quantitative questionnaires. The COVID-19 pandemic required a review of existing data collection methods which relied on face-to-face interaction. Therefore, to ensure safety of study participants and field researchers, the interviews were conducted telephonically. The sample for the quantitative survey has been presented in Table 3 below.

Table 3: Achieved Sample for the Study

State	District	Sample of AWWs	Sample of ANMs	Sample of ASHAs	Total
Rajasthan	Jaipur	34	34	33	**101**
	Udaipur	37	35	35	**107**
Himachal Pradesh	Kangra	0*	37	37	**74**
	Solan	0*	34	35	**69**
Total		**71**	**140**	**140**	**351**

*Sample attrition for AWWs from Kangra and Solan districts, Himachal Pradesh is discussed under Section 2.4

During the data collection phase of the study, the research team carried out checks to ensure data validity and quality. These checks were performed for over 10 per cent of the quantitative sample. This exercise asked respondents about topics covered during the survey. Further, key questions were administered once again – responses from these were compared with those received during the quantitative survey and were found to be accurate.

At the quantitative data analysis stage, we generated descriptive statistics. Descriptive statistics typically provide information on the percentage of respondents who provided affirmative answers to categorical response options – such as the percentage of FLWs who reported an increase in workload during the lockdown phase. In case of continuous variables – such as incentive amounts received by FLWs – the means have been reported. These allow us to compare results across the two states and the three FLW categories.

2.3.3. Qualitative Case Study Methodology

We conducted semi-structured qualitative interviews with a subset of respondents from the quantitative survey, across Rajasthan and Himachal Pradesh. The aim of this approach was two-fold: to learn from positive case studies, and to capture richer insights around themes emerging from quantitative research.

The qualitative leg of the research was undertaken after an initial analysis of the data from quantitative surveys, wherein we identified four key themes to explore further: coordination between stakeholders, motivations, supportive supervision, and narratives around tackling key challenges.

2.3.4. Qualitative Case Study Sampling

The following steps were undertaken to identify a sample for qualitative case study interviews:

- We purposively selected a sub-sample from the quantitative sample to learn from positive outlier examples that could provide lessons for other FLWs and policymakers.
- This sub-sample was identified by our state teams, and cross-checked with supervisors for recommendations.

- In addition, we interviewed two supervisors - one Lady Supervisor in Rajasthan and one Health Supervisor in Himachal Pradesh - for a brief understanding of their perspectives on motivation, supervision, and tackling key challenges.

Table 4: Qualitative Sampling for the Study

Respondent Category	Number of states	Number per state	Sample Size
AWWs	2 states (Rajasthan and Himachal Pradesh)	2	**4**
ASHAs		2	**4**
ANMs		2	**4**
Supervisors		1	**2**

2.3.5. Qualitative Case Study Data Collection and Analysis

Semi-structured discussions were conducted by AI's in-house state teams, relying on discussion guides. The interviews were conducted telephonically, with a note-taker dialled into the call to transcribe the interview. Notes from the qualitative interviews were transcribed in English, post which the transcripts were manually coded into themes. The coding process combined elements of deductive coding (which built on themes emerging from the quantitative data analysis), and inductive coding (which enabled flexibility in identifying newer themes that emerged). Key themes included gender, relationship with other stakeholders (FLWs, supervisors, family, and the community), the changing role of work, the role of technology, challenges, solutions to challenges, and motivations. The analysis was then combined with the quantitative analysis, in particular using case study boxes to illustrate human interest stories.

2.4. Challenges and Limitations of the Study

Our research study encountered the following difficulties and limitations:

- The research team sought permissions from the relevant government departments before proceeding with the FLWs' interviews. The findings have only been presented following official permission received from the respective Departments across the two states. Due to the lack of requisite permission from the Department of Women and Child Development in Himachal Pradesh, the final sample does not include AWWs from Kangra and Solan districts.
- In addition to the exclusion of the AWW sample from Himachal Pradesh, ASHA strikes in certain regions of Rajasthan towards the end of the data collection phase contributed to sample attrition.
- Contact information for FLWs was obtained from the concerned government departments. In several cases, the contact details were dated, and replacements to the sample from within the same block were identified through random selection. Further, we resorted to sample replacement in other scenarios – such as vacancy of positions, appointment of the FLW during the pandemic period which precluded any comparison with their earlier work, and retirement. Overall, replacements were required for over 40 per cent of the quantitative sample.
- A rapid quantitative study was undertaken for this research. Our sampling technique covered all blocks within a district, with village selection based on PPS and random selection. However, due to resource and time constraints, the quantitative results are not statistically representative at the district or state levels, and should be interpreted accordingly.

Source: Hindustan Times

SECTION THREE: Research Findings

The research findings are structured in two ways. The first section focusses on the evolving nature of the roles of FLWs in the context of COVID-19. The second section looks specifically at the impact of these changing roles and responsibilities on the means, motives, and opportunities for FLWs, using the framework described in Section 2.1.

3.1. Frontline Worker Responsibilities

The survey attempted to understand the changing nature of roles and responsibilities of FLWs and key services provided by them in three ways. First, questions were asked on whether in addition to the new COVID-19 tasks, previous essential services provided by FLWs continued to be provided during the lockdown period in some form. Second, whether there were changes to the intensity and frequency of these services during the lockdown, and finally, what was currently being provided at the time of the survey (i.e. November 2020-January 2021).

The study found that a majority of FLWs reported that key services were provided in some form during the lockdown across both states, including antenatal care (ANC) (stated by all FLWs), growth measurement (stated by all FLWs), counselling of pregnant women and lactating mothers (reported by 100 per cent of FLWs), and immunisation (reported by 99 per cent of FLWs). These findings are in line with the directive issued by the Ministry of Health and Family Welfare (MoHFW) in April 2020 to maintain the continued delivery of essential health services – including reproductive, maternal, newborn, and child health – even while the lockdown was being enforced (Ministry of Health and Family Welfare, 2020).

Table 4: FLWs' Responsibilities Continuing through Lockdown

Percentage of FLWs reporting on responsibilities continuing through lockdown	All FLWs	FLWs in Rajasthan	FLWs in Himachal Pradesh	AWWs	ANMs	ASHAs
Antenatal Care	100%	100%	100%	100%	100%	100%
Provision of take-home ration	100%	100%	-	100%	-	100%
Provision of hot cooked meals	100%	100%	-	100%	-	-
Distribution of supplements (ORS, Zinc, IFA syrup/tablets)	100%	100%	100%	100%	100%	100%
Distribution of family planning items	100%	100%	100%	100%	100%	100%
Growth measurement and monitoring	100%	100%	100%	100%	100%	100%
Counselling for Pregnant women and lactating mothers	100%	100%	100%	100%	100%	100%
Immunisation	99%	98%	100%	100%	98%	100%
Pre-school activities with children	98%	98%	-	98%	100%	-
Referrals for malnourished children	98%	97%	98%	100%	96%	98%

Note: (1) All tasks inquired about in the survey tool not presented in the above table. (2) Sample sizes differ across the indicators and have not been presented in the above table.

However, a closer look at the data suggests that the intensity of most services decreased during the lockdown months, with similar trends being reported by different FLW categories. For instance, as depicted in Table 5 below, the proportion of FLWs noting that distribution of supplements (such as ORS, Zinc, and IFA) took place at a lower frequency or scale as compared to the pre-pandemic period was 50 per cent in Rajasthan and 44 per cent in Himachal Pradesh. Similarly, 24 per cent of FLWs in Rajasthan and 34 per cent in Himachal Pradesh reported a drop-off in ANC provision during the lockdown. Other services that witnessed a slowdown were: immunisation, distribution of family planning items, growth measurement, referrals for malnourished children, and pre-school activities for children. These findings were in line with insights from our qualitative interviews, which indicated that FLWs largely performed COVID-related tasks until May, post which they were expected to perform COVID and non-COVID tasks in parallel.

The contraction in service delivery indicated in our findings is further corroborated by trends from the Health Management Information System (HMIS). According to the latest HMIS data, during the lockdown period between April to June, while services did not stop, there was a reduction in the coverage of various services across India. The number of fully immunised children (9-11 months) stood at 46.6 lakh for this period in 2020-21, approximately 11 lakh lower than the number reported for the same period in 2019-20. Similarly, around 10 lakh fewer pregnant women had registered for ANC. Only 43.2 lakh pregnant women had received four or more ANCs during the lockdown, a decrease of 11 lakh from the numbers observed in 2019-20 (Health Management Information System, 2019-20).

Table 5: Scale and Frequency of FLW Responsibilities during Lockdown

Percentage of FLWs reporting that activities took place at a lower scale or frequency during lockdown	All FLWs	FLWs in Rajasthan	FLWs in Himachal Pradesh	AWWs	ANMs	ASHAs
Immunisation	59%	79%	34%	81%	58%	52%
Distribution of supplements (ORS, Zinc, IFA syrup/tablets)	48%	50%	44%	46%	47%	48%
Distribution of family planning items	48%	47%	50%	30%	50%	50%
Pre-school Activities with children	50%	50%	-	51%	0%	-

Percentage of FLWs reporting that activities took place at a lower scale or frequency during lockdown	All FLWs	FLWs in Rajasthan	FLWs in Himachal Pradesh	AWWs	ANMs	ASHAs
Growth measurement and monitoring	42%	42%	43%	41%	46%	36%
Referrals for malnourished children	36%	33%	42%	35%	42%	29%
Antenatal Care	29%	24%	34%	28%	27%	30%
Provision of THR	29%	29%	-	29%	-	-

Note: All tasks inquired about in the survey tool not presented in the above table.

"The first and most important COVID task was to keep doing surveys. Whenever someone came to the village, we took the details and checked on them. This occupied us March to May. In May, we resumed other tasks like taking weights of pregnant women, assisting with deliveries, and conducting immunisations. Before May, we had discouraged people from coming to the PHC, and we would go to their houses if they needed a non-COVID service."

- ASHA, Udaipur district, Rajasthan

It is worth noting that the decline in provision of immunisation and take-home ration (THR) was more pronounced in Rajasthan than in Himachal Pradesh. On the other hand, the decrease in ANC was higher in Himachal Pradesh.

Five months post the lockdown period, the survey found that most activities pertaining to COVID-19 as well as regular service delivery continued to be carried out. However, low levels of service delivery were seen for the provision of hot-cooked meals (HCM), followed by pre-school activities with children (in Rajasthan) and referrals for malnourished children (in Himachal Pradesh). The decline in provision of HCM across both states, and early childhood care and education in Rajasthan are likely to be related to the non-operation of AWCs to ensure adherence to social distancing - 73 per cent of FLWs noted that AWCs were the current channel of delivery for HCM and 32 per cent noted the same for pre-school education.

Table 6: FLWs' Responsibilities at Present

Percentage of FLWs reporting on responsibilities at present	All FLWs	FLWs in Rajasthan	FLWs in Himachal Pradesh	AWWs	ANMs	ASHAs
Immunisation	100%	100%	100%	100%	100%	100%
Antenatal Care	100%	100%	99%	100%	99%	100%
Provision of THR	100%	100%	-	100%	-	100%
Distribution of family planning items	100%	100%	99%	100%	100%	99%
Counselling for Pregnant women and lactating mothers	100%	99%	100%	98%	100%	100%
Growth measurement and monitoring	99%	99%	100%	97%	100%	100%
Distribution of supplements (ORS, Zinc, IFA syrup/tablets)	98%	97%	99%	87%	100%	99%
COVID-19 Counselling	97%	97%	97%	94%	98%	97%
Contact tracing and home quarantine	92%	89%	95%	82%	94%	94%
Referrals for malnourished children	89%	94%	82%	93%	84%	93%
Pre-school activities with children	73%	73%	-	73%	100%	-

Percentage of FLWs reporting on responsibilities at present	All FLWs	FLWs in Rajasthan	FLWs in Himachal Pradesh	AWWs	ANMs	ASHAs
Provision of HCM	43%	43%	-	43%	-	-

Note: (1) All tasks inquired about in the survey tool not presented in the above table. (2) Sample sizes differ across the indicators and have not been presented in the above table.

These findings indicate that during the COVID-19 period, the role of FLWs expanded to tasks pertaining to pandemic, in addition to their regular responsibilities. There was, however, a reduction in the intensity and frequency in services provided, impacting the coverage and reach of service provision (as evidenced also by administrative data). This is likely to have a spillover effect on the health and cognitive development of children in the future. From the perspective of FLWs, the additional responsibility of COVID-19 tasks in addition to regular work resulted in an increase in the burden of work. What impact did this increase in workload have on FLWs? The next section uses the MMO framework to look at this in greater detail.

3.2. Means, Motives, and Opportunities for FLWs during the Pandemic

As roles changed, so did major aspects of FLWs' performance: workload, training, resources, incentives, supportive supervision, as well as new challenges i.e. community, household, and personal challenges. Each of these aspects are interdependent and inter-related. For example, a lack of resources can affect the capability to perform, and the opportunity to perform as well. The findings described in the following sections have thus not been bucketed under means, motives, or opportunities for FLWs but have instead been discussed together.

3.2.1. Workload Challenges

Even prior to the COVID-19 pandemic, several studies have shown FLWs facing workload challenges (Gopalan *et al.*, 2012). The increase in roles and responsibilities with both COVID-19 specific activities, such as community surveillance and contract tracing, as well as existing tasks related to service provision of health and nutrition as shown in the previous section, resulted in a significant increase in FLWs' workload. Added to that was an increase in the number of migrant workers returning to their residential places. The study covered various dimensions contributing to the increase in workload: number of people covered, increase in responsibilities, time spent per task, increased working hours, travelling long distances, and the increased number of tasks to perform. These are discussed in detail below.

90 per cent of FLWs surveyed reported an increase in the number of people in their work area. This figure was slightly higher in Himachal Pradesh (94 per cent) than Rajasthan (87 per cent), and was higher for ANMs (93 per cent) and ASHAs (94 per cent) than AWWs (75 per cent).

Across both states, the number of community members served by FLWs increased during the pandemic. The increases were largely due to the return of migrants and their families, as reported by 87 per cent of FLWs. Further, 18 per cent of ANMs, 16 per cent of ASHAs, and 9 per cent AWWs reported having to serve more villages.

Along with serving more people, over 50 per cent FLWs reported that their responsibilities had increased. This figure was highest for ANMs (58 per cent), followed by ASHAs (51 per cent) and AWWs (42 per cent). In addition, a majority of FLWs reported that they had to work harder for each task. This proportion was 94 per cent in Rajasthan and 79 per cent in Himachal Pradesh. Moreover, more ASHAs (91 per cent) and AWWs (90 per cent) reported the same, compared to a lower proportion of ANMs (83 per cent). Per day, this translated into an additional two to three hours of work.

This increase in working hours was found across the two states, with 91 per cent of FLWs in Himachal Pradesh, and 76 per cent in Rajasthan reporting the same. This proportion was higher for ANMs (89 per cent) and ASHAs (87 per cent), compared to AWWs (61 per cent).

Another challenge was having to travel longer distances for work, which may be due to the increase in work areas discussed above. This challenge was more pronounced in Himachal Pradesh, with hilly terrain and poor road access. This figure was also higher for ANMs and ASHAs than AWWs, which is expected as AWWs work primarily within their own villages whereas ASHAs and ANMs may or may not necessarily be assigned to their residential village.

Lastly, all FLWs reported difficulties in providing other services due to their COVID-19 related tasks. This was particularly difficult for AWWs, who faced a higher increase in the number of people served compared to ANMs and ASHAs. Additionally, most AWWs were responsible for all regular tasks such as the provision of THR, ANC and pre-school education (PSE). Along with this, they also managed COVID-19 related tasks such as counselling or contact tracing. Thus, 52 per cent of AWWs reported being busy with COVID-19 related work and being unable to provide other services to the same degree, compared to 27 per cent of ANMs and 21 per cent of ASHAs.

These findings are corroborated by insights from qualitative research, which indicate that the increase in workload was due to several factors. These include needing to continue both COVID and non-COVID tasks, travelling long distances for COVID-related survey work, and delivering certain non-COVID services door-to-door instead of through PHCs or AWCs. Further, insights from qualitative interviews indicate that FLWs felt stressed by the increased workload, longer hours, and the need to maintain a balance between COVID-19 and other duties.

> *""The day never ends…I have had to go to houses at 7 pm because my supervisor told me to check for symptoms. My supervisor has a daily quota of 10 houses for survey. This is challenging, because I can only do surveys after 1 pm, before which I have to be at the AWC and do tasks like taking weights of pregnant women, teaching children, and doing immunisations."*
>
> - AWW, Jaipur district, Rajasthan

The increase in workload is likely to have affected FLWs in many ways. The opportunities to perform well were compromised by a large increase in workload and expectation of carrying out more tasks over a larger population size; the means to perform were compromised by longer working hours; and motivations were affected due to longer working hours and the lack of a work-life balance. This is in line with past studies on FLW motivation, which have shown that motivation can be affected due to workload (Gopalan *et al.*, 2012).

Table 7: Workload Related Challenges Faced by FLWs

Indicator	All FLWs	FLWs in Rajasthan	FLWs in Himachal Pradesh	AWWs	ANMs	ASHAs
Number of people in your work area increased *(% of FLWs)*	90%	87%	94%	75%	93%	94%
Sample size of FLWs	351	208	143	71	140	140
Reasons for increase in number of people in work area *(% of FLWs)*						
Return of migrants and their families	87%	83%	92%	91%	85%	87%

Indicator	All FLWs	FLWs in Rajasthan	FLWs in Himachal Pradesh	AWWs	ANMs	ASHAs
Responsibilities have increased	52%	46%	60%	42%	58%	51%
Have to cater to more villages	16%	8%	26%	9%	18%	16%
Sample size of FLWs	315	181	134	53	130	132
Change in mean number of people managed *(in number of people)*	277	127	476	1125	39	196
Sample size of FLWs	294	168	126	46	122	126
Time and workload challenges faced *(% of FLWs)*						
For each task, have to work harder	88%	94%	79%	90%	83%	91%
Number of work hours has increased	83%	76%	91%	61%	89%	87%
Had to walk long distances	69%	55%	88%	39%	76%	77%
Busy with COVID-19 work so could not provide other services	29%	32%	25%	52%	27%	21%
Difficulties in coordinating with other FLWs	9%	5%	14%	0%	17%	6%
Do not have authority to deal with some problems	5%	5%	6%	2%	8%	5%
Sample size of FLWs	320	182	138	61	131	128
Mean increase in hours per day *(in number of hours)*	3	2	3	2	3	3
Sample size of FLWs	265	139	126	37	117	111

Mitigating Workload Challenges

To resolve these challenges, AWWs typically spoke to Lady Supervisors (69 per cent) or a colleague (21 per cent). ANMs spoke to their supervisors i.e. the ANM supervisor (60 per cent) and the Medical Officer/Block Health Officer (29 per cent). ASHAs reached out to ANMs (49 per cent), or ASHA supervisors (33 per cent). Across FLWs, 21 per cent said that they do not reach out to anyone when faced with workload challenges. Of those that did reach out to others, only 10 per cent of FLWs were able to resolve their issue completely. For most FLWs, there was either a partial solution (47 per cent), or no solution (43 per cent).

Therefore, while channels for communication were open, they were not as effective as desired. Supervisors may have been bound by work orders and directives stating the tasks they and FLWs needed to do, and may not have been able to assist FLWs with their workload. In some instances, however, we did see supervisors attempting to manage FLWs' workloads, for instance through assigning survey areas closer to the FLWs' place of residence to cut down on travel time.

Table 8: People Contacted and Solutions for Workload Challenges

Percentage of FLWs reporting on people contacted and solutions for workload challenges	All FLWs	FLWs in Rajasthan	FLWs in Himachal Pradesh	AWWs	ANMs	ASHAs
People contacted for workload challenges						
ANM	34%	13%	69%	2%	-	49%
ANM Supervisor	30%	22%	40%	5%	60%	11%
ASHA Supervisor	14%	14%	14%	5%	0%	33%
Medical Officer/Block Health Officer	14%	10%	18%	2%	29%	4%
Lady Supervisor	13%	24%	0%	69%	0%	1%
Colleague	13%	15%	12%	21%	8%	16%

Percentage of FLWs reporting on people contacted and solutions for workload challenges	All FLWs	FLWs in Rajasthan	FLWs in Himachal Pradesh	AWWs	ANMs	ASHAs
ASHA	3%	3%	1%	3%	2%	0%
AWW	2%	2%	1%	-	1%	2%
No one	21%	28%	12%	23%	27%	14%
Resolution of workload challenges						
Partially resolved	47%	48%	46%	51%	48%	45%
No resolution	43%	38%	48%	30%	44%	48%
Fully resolved	10%	14%	6%	19%	8%	7%
Sample size of FLWs	253	122	131	47	96	110

Note: Sample sizes differ across the indicators for people contacted for workload challenges, and have not been presented in the above table.

These findings indicate that the nature of FLWs' workload changed across multiple dimensions. First, additional responsibilities meant that FLWs had to be trained on new tasks and re-oriented on conducting regular activities in the context of a pandemic while maintaining precautions. Second, FLWs required equipment such as PPE, or subsidies for transport to cover long distances to work. Third, both state governments provided incentives in lieu of additional tasks given, likely in a bid to acknowledge the increased workload. Lastly, working with social distancing, as well as facing a huge workload meant that the relationship between FLWs and their supervisors was critical. These changes are discussed in the following sections.

CASE STUDY BOX: Going Beyond Assigned Duties

Pinky* an AWW from Jaipur district, Rajasthan, and Seema* and Anjali*, AWWs from Kangra district, Himachal Pradesh, all discussed instances of going beyond their assigned work duties out of their own initiative.

Pinky helped community members to acquire food grains by raising awareness of the Khadi Suraksha Yojna scheme for wheat during COVID-19. She would also help members access this scheme by submitting required documents – BPO, Aadhaar, and ration cards. Seema also took the initiative to ask elderly people during her household surveys about their food situation, and collected ration for them if needed.

Anjali* began reading the news in her spare time to equip herself with information about COVID-19, so that she could answer people's questions accurately. Seema* also began to speak with ex-FLWs over the phone to ask for advice on managing her COVID-19 work.

3.2.2. Training

The unprecedented nature of the COVID-19 pandemic meant that across the country over two crore FLWs had to play a critical role in ensuring dissemination of information on prevention and control of the pandemic and mitigate against its threat. This required improving FLWs' capacity and their technical knowledge. This was critical, as low technical knowledge on various activities has been a constraint for FLWs prior to the pandemic (John *et al.*, 2019).

According to the guidelines stipulated by MoHFW jointly with WHO and UNICEF, FLWs were to be trained on COVID-19 related activities in the following areas: supporting community surveillance process; strengthening community linkage with public health services on preparedness, prevention, and control

(home quarantine, home care, stigma and discrimination); enhancing uptake of response and control of public health measures (safe behaviours, social distancing, etc.); tracking and addressing rumours and misinformation; protection of healthcare workers from acquiring COVID-19 (Ministry of Health and Family Welfare, 2020). These guidelines were first released on 27 March 2020 to all states and Union Territories, with the MoHFW requesting immediate dissemination of the training/information, given the urgency of the situation.

The survey sought to capture both the nature of the training received by FLWs as well as their perception of adequacy in terms of undertaking the tasks assigned. Furthermore, given the need for social distancing, the survey also tried to capture if the means of training had changed during this period, in an attempt to see if it played a role in the challenges faced by FLWs.

Positively, the quantitative survey found that FLWs felt that they had been adequately trained or provided information on COVID-19 related activities, and this did not hinder their capabilities in performing new tasks assigned to them during the pandemic. A majority of FLWs reported receiving training or information on at least one COVID-19 related activity. Over 80 per cent of the FLWs interviewed had been trained on personal protection, signs and symptoms of COVID-19, social distancing, and hand washing technique, and the majority felt that the training they received on these services was adequate (Table 9 and Table 10).

There did, however, remain gaps in training for certain activities such as coordination with other FLWs and departments, managing stigma and discrimination around the disease, and COVID-19 sample collection. Not only did a smaller proportion of FLWs across both states reported being trained on these activities but even the ones who were trained reported them to be inadequate. For instance, 26 per cent and 18 per cent of FLWs reported that the training provided was inadequate for managing stigma and discrimination around the disease and sample collection, respectively.

Table 9: Training/Information Received by FLWs on COVID-19 Activities

Percentage of FLWs reporting on training/information received on COVID-19 activities	All FLWs	FLWs in Rajasthan	FLWs in Himachal Pradesh	AWWs	ANMs	ASHAs
Signs and symptoms of COVID-19	94%	93%	96%	89%	97%	94%
Personal protection	92%	91%	92%	89%	93%	92%
Hand washing technique	91%	91%	92%	86%	92%	93%
Social distancing	85%	87%	83%	80%	90%	83%
Role of FLWs in prevention of COVID-19	85%	81%	90%	86%	88%	81%
Data management/Record-keeping	79%	87%	66%	83%	74%	81%
Home quarantine and home care	79%	79%	78%	63%	84%	81%
Performing routine activities during lockdown	66%	64%	69%	59%	71%	64%
How to use Information, Education and Communication materials on COVID-19	64%	56%	76%	44%	66%	71%
Managing stigma and discrimination around COVID-19	58%	52%	67%	41%	69%	57%
How to coordinate with other departments	36%	38%	32%	25%	38%	39%
Community surveillance	26%	29%	23%	27%	26%	26%
How to coordinate with other FLWs	24%	27%	19%	20%	25%	25%
COVID-19 sample collection	11%	10%	13%	6%	14%	12%
None of the above	1%	2%	1%	3%	1%	1%
Sample size of FLWs	351	208	143	71	140	140

Table 10: Perceived Adequacy and Provision of Trainings before Work

Percentage of FLWs reporting on perceived adequacy and provision of trainings before work	All FLWs	FLWs in Rajasthan	FLWs in Himachal Pradesh	AWWs	ANMs	ASHAs
Hand washing technique	91%	89%	93%	85%	92%	92%
Performing routine activities during lockdown	82%	82%	83%	76%	87%	80%
Social distancing	80%	76%	85%	63%	87%	80%
Personal protection	79%	77%	82%	68%	84%	80%
How to use Information, Education and Communication materials on COVID-19	76%	72%	80%	52%	86%	74%
Signs and symptoms of COVID-19	74%	70%	79%	62%	77%	76%
Role of FLWs in prevention of COVID-19	71%	70%	73%	61%	79%	69%
Data management/Record-keeping	64%	60%	73%	36%	80%	65%
Home quarantine and home care	59%	56%	63%	31%	70%	58%
How to coordinate with other departments	56%	58%	52%	39%	74%	44%
Community surveillance	55%	53%	58%	26%	62%	62%
How to coordinate with other FLWs	52%	56%	44%	29%	74%	40%
Managing stigma and discrimination around COVID-19	47%	41%	53%	28%	55%	44%
COVID-19 sample collection	45%	48%	42%	0%	63%	35%

Note: Sample sizes differ across the indicators and have not been presented in the above table.

While COVID-19 related training was prioritised, a smaller proportion (40 per cent of FLWs) also reported being trained on the resumption of regular duties during the pandemic. Differences in roles and work expectation meant that ASHAs were mostly trained on resumption of immunisation and ANCs, whereas a higher proportion of AWWs reported being trained on the provision of THR and HCM. Out of those who did not receive this training, a majority (76 per cent) felt that they did not need to be trained on regular activities, likely because they felt comfortable in conducting those activities.

Due to social distancing norms and travel restrictions, the training and information dissemination was conducted through new media. These differed for different FLWs. For AWWs, the majority of the respondents reported that training/information was dispersed via WhatsApp or phone calls with their supervisors, while in-person training was held for around 50 per cent of ANMs and ASHAs.

Table 11: Medium of FLW Trainings

Percentage of FLWs reporting on medium of FLW trainings	All FLWs	FLWs in Rajasthan	FLWs in Himachal Pradesh	AWWs	ANMs	ASHAs
In-person training	47%	48%	46%	37%	49%	51%
WhatsApp call/phone call with supervisor	38%	41%	34%	56%	30%	38%
Group call/Zoom call	10%	8%	13%	3%	15%	9%
Guidelines, presentation/video provided	3%	2%	5%	1%	5%	2%
Others	1%	1%	2%	3%	1%	1%
Sample size of FLWs	351	208	143	71	140	140

The responses on training suggest that FLWs felt that their capabilities to perform regular activities were not affected, and the increased use of technology did not affect training quality.

3.2.3. Resources

This sub-section discusses the provision of resources for FLWs, particularly PPE and transport which were essential for work during the pandemic. WHO globally recommends masks, gloves, gowns, and eye protection (goggles or face shield) as part of PPE for healthcare workers either involved directly caring for patients or in the screening/testing process (World Health Organisation, 2020). In the guidelines released by the MoHFW, the recommended PPE for healthcare workers in community settings included triple layer mask and gloves (Ministry of Health and Family Welfare, 2020). FLWs were also required to carry sanitiser with them at all times while performing their tasks (Ministry of Health and Family Welfare, 2020). These resources are important to maintain safety and facilitate continuation of services after the onset of COVID-19.

Despite these guidelines, initial reports from the field revealed a major paucity of these necessary resources (Warrier, 2020; Accountability Initiative, 2020). With this issue widely covered and brought to light by several media reports, the MoHFW responded by releasing new guidelines emphasising the speedy provision of adequate and appropriate PPE to FLWs, along with the delivery of other additional amenities such as transport, food, and timely payments (Ministry of Health and Family Welfare, 2020). However, the scarcity of resources and delays in providing them have persisted. This study examined whether the stipulated and additional provisions were received by FLWs and if not, what steps they took to furnish themselves with resources.

A majority of FLWs received PPE from the government, with 92 per cent receiving at least one resource in Rajasthan, and 100 per cent receiving at least one resource in Himachal Pradesh. Masks remained the most widely received resource (93 per cent), followed by sanitisers (87 per cent), gloves (74 per cent) and COVID-19 Information, Education and Communication (IEC) materials (52 per cent). Across all resources, FLWs in Himachal Pradesh reported having more provisions, compared to the FLWs in Rajasthan, as observed in the Table 12 below.

Furthermore, to help better perform their responsibilities during COVID-19, the government of Himachal Pradesh decided to provide ASHAs with smartphones in July; 72 per cent of ASHAs in the state reported having received this resource, compared to less than 1 per cent of ASHAs in Rajasthan.

Across the three FLW categories in the two states, AWWs reported having received fewer resources from the government, as compared to ANMs and ASHAs.

Table 12: Resources Provided by the Government

Percentage of FLWs reporting on resources provided by the government	All FLWs	FLWs in Rajasthan	FLWs in Himachal Pradesh	AWWs	ANMs	ASHAs
Mask	93%	88%	99%	79%	98%	94%
Sanitiser	87%	79%	99%	68%	94%	89%
Gloves	74%	60%	96%	45%	89%	75%
COVID-19 IEC (whatsapp video, posters, manuals, etc.)	52%	41%	69%	31%	64%	52%
Mobile phone/tablet	20%	1%	48%	1%	12%	37%
Face shield	8%	6%	10%	0%	15%	4%
Transportation or money for transportation	3%	0%	6%	0%	6%	1%
None of the above	5%	8%	0%	13%	1%	4%
Sample size of FLWs	351	208	143	71	140	140

Some FLWs received resources and support from other sources such as rural local governments or Panchayats. There were, however, differences across the two states with FLWs in Rajasthan reporting greater support from Panchayats compared to Himachal Pradesh.

One reason for this may be the differences in the devolution of powers and functions to Panchayats in the two states. In October 2010, Rajasthan devolved several mandates of the Department of Women and Child Development and Department of Health and Family Welfare to Panchayati Raj Institutions. These included: selection of AWWs, operations of AWCs, oversight of sub-centres, PHCs and their staff, and selection of ASHAs (Department of Women & Child Development, Government of Rajasthan, 2010; Department of Health and Family Welfare, Government of Rajasthan, 2010). Panchayats are perceived as playing a significant role in planning, implementation, and supervision of health programmes in the state (Vijayana *et al.*, 2015).

Consequently, when asked about resources and support provided by the local Panchayat, FLWs in Rajasthan reported receiving greater support from the local Panchayat (with 47 per cent of respondents in the state reporting that some form of support was provided), than the FLWs in Himachal Pradesh (23 per cent). However, 53 per cent in Rajasthan and 77 per cent in Himachal Pradesh reported that they received no resources or support. Similarly, 86 per cent of the FLWs in Rajasthan and 90 per cent in Himachal Pradesh said that they received no support or resources from their local community either. Therefore, several FLWs had to procure resources on their own.

Insights from qualitative interviews indicate that many FLWs purchased their own masks and sanitisers after receiving an initial supply; after this, supervisors indicated that they needed to purchase their own supplies. This could be either because the quantity of resources provided by the government was insufficient or the quality of the provisions was poor or both. Having to procure these resources on their own could have caused possible delays in service delivery and may have prevented them from efficiently discharging their responsibilities. Moreover, the health hazards arising from the unavailability of proper safety resources may have hindered FLWs from the opportunity of serving their communities.

"There was a crisis of masks and sanitisers. I told my supervisor to provide them, but she told us that there is no supply from the Medical Department so buy them yourself."

- ASHA, Jaipur district, Rajasthan

"Resources were never a problem. We always got a regular supply of masks and sanitisers."

- ANM, Jaipur district, Rajasthan

Numerous studies have found that FLWs – in particular ASHAs and AWWs – face issues in the form of inadequate remuneration and irregular payments, which impedes their motivation to perform their duties (Saprii *et al.*, 2015). For instance, AWWs receive an 'honorarium' of less than ₹6,500 in Rajasthan and HImachal Pradesh (Accountability Initiative, 2019; Lok Sabha Starred Question, 2018). It is possible that during the pandemic period, this limited income had to be redirected towards purchasing safety equipment. Despite the provisions made by the government, 83 per cent of the FLWs reported having to buy or use their own resources. There are state-wise differences in the resources acquired: a higher proportion of FLWs reported buying masks, sanitisers, and gloves in Rajasthan.

With regards to transport, only 6 per cent of FLWs in Himachal Pradesh reported having received transportation or funds for transportation, despite having to cover long distances being mentioned as a challenge in the state (Table 13). This was corroborated by insights from qualitative interviews, which

revealed that there were instances of FLWs needing to arrange and pay for their own transport for COVID-19 survey work. This was not reimbursed later. Instead, 31 per cent in Himachal Pradesh had to provide transport for themselves. The corresponding proportions were lower in Rajasthan at 6 per cent.

Table 13: Resources Purchased by FLWs

Percentage of FLWs reporting on resources purchased themselves	All FLWs	FLWs in Rajasthan	FLWs in Himachal Pradesh	AWWs	ANMs	ASHAs
Mask	75%	76%	72%	70%	74%	77%
Sanitiser	69%	72%	65%	72%	66%	71%
Gloves	42%	45%	38%	42%	46%	39%
Transportation or money for transportation	16%	6%	31%	10%	20%	15%
Mobile phone/tablet	3%	2%	3%	0%	4%	3%
COVID-19 IEC (WhatsApp video, posters, manuals, etc.)	1%	0%	1%	0%	1%	1%
Face shield	1%	0%	1%	0%	1%	1%
None of the above	17%	17%	16%	18%	16%	16%
Sample size of FLWs	351	208	143	71	140	140

The lack of resources are likely to have affected the means, motives, and opportunities for FLWs to perform in various ways. First, the need to provide for PPE and transport out of their own pockets may have negatively impacted motivation levels of FLWs. Second, the lack of equipment directly impacted the ability to perform COVID-19 activities and regular activities for households, as discussed below.

During the pandemic, around 70 per cent of FLWs said that beneficiaries reached out to them for COVID-19 related issues such as the provision of PPE or for health advice. Across all FLWs, 37 per cent reported that they were not able to assist citizens with COVID-19 related issues. The proportion was higher for ANMs (36 per cent) and ASHAs (41 per cent). Table 14 below shows the reasons cited by FLWs for their inability to aid beneficiaries with COVID-19 requirements. The principal reason was a shortage of resources (such as phone, transport, etc. - stated by 79 per cent of FLWs), with this factor playing a greater role in Himachal Pradesh than in Rajasthan. This was followed by a lack of money (38 per cent) and authority (19 per cent). Therefore, once again, the lack of resources affected FLWs' capability to perform and serve their communities.

That being said, 41 per cent of all FLWs said that they were able to assist with all issues that beneficiaries contacted them for, and this figure stood at 52 per cent for AWWs.

Table 14: FLWs' Reasons for Inability to Assist Beneficiaries with COVID-19 Requirements

Percentage of FLWs reporting on reasons for inability to assist beneficiaries with COVID-19 requirements	All FLWs	FLWs in Rajasthan	FLWs in Himachal Pradesh	AWWs	ANMs	ASHAs
Lack of resources like phone, transport, etc.	79%	71%	89%	67%	84%	79%
Did not have money	38%	42%	33%	24%	43%	40%
Lack of authority	19%	27%	9%	29%	12%	22%
Lack of training	1%	1%	0%	5%	0%	0%
Lack of time	1%	1%	0%	0%	2%	0%
Sample size of FLWs	130	73	57	21	51	58

Note: Multiple responses provided – responses do not add up to 100 per cent.

3.2.4. Incentives and Motivation

FLWs played a critical role during the COVID-19 pandemic, often putting their own safety and security at risk. In this context, it is critical to explore the impact of incentives on motivation. This study sought to capture both intrinsic and extrinsic motivation factors. Extrinsic motivation includes financial incentives, organisational factors, and public recognition, while intrinsic motivation is the drive that FLWs have to do their jobs, irrespective of the extrinsic factors (Aberese-Ako *et al.*, 2014).

Extrinsic Motivation

Financial Incentives

As per circulars released by state governments, ASHA workers in Himachal Pradesh were entitled to ₹1,000 per month for COVID-19 related work from March to June (National Health Mission, Himachal Pradesh, 2020), which was later increased to ₹2,000 per month for July and August (Government Advisories and Notifications, Himachal Pradesh, 2020), whereas ASHA workers in Rajasthan were entitled to receive ₹1,000 per month only for March, April, and May (National Health Mission, Rajasthan, 2020). No such incentives were announced for AWWs or ANMs in either of the two states.

The majority of ASHAs in our survey reported receiving monetary incentives for COVID-19 related tasks, with differences across states. As depicted in Table 15 below, 85 per cent of all ASHA respondents said that they had been provided financial incentives, with 96 per cent having received these benefits in Himachal Pradesh, compared to 74 per cent in Rajasthan. Cross-state differences could also be observed in the mean payment amounts, with the Himachal Pradesh amount (around ₹6,900) being over two times that in Rajasthan (around ₹3,300). Most respondents received the incentive payments in a timely manner (with the figure being slightly higher in Rajasthan than in Himachal Pradesh).

During qualitative interviews, it emerged that an important aspect affecting motivation was the receipt of remuneration, given that this formed an important component of their household income. This factor was particularly significant for single women or FLWs whose husbands were unemployed. Therefore, a lack of financial incentives and the irregularity in receiving these payments for some is likely to have led to FLWs feeling demotivated in performing their tasks, particularly in the context of performing more tasks over longer hours due to the pandemic.

Table 15: Receipt of Incentives by FLWs for COVID-19

Indicator	All ASHAs	ASHAs in Rajasthan	ASHAs in Himachal Pradesh
Received financial incentives for COVID-19 work, apart from salary/incentives for regular work *(% of ASHAs)*	85%	74%	96%
Sample size of ASHAs	140	68	72
Mean amount of financial incentives received for COVID-19 work *(in ₹)*	5401	3280	6938
Sample size of ASHAs	119	50	69
Since the lockdown started, regularity of receiving incentives *(% of ASHAs)*			
Always on time	70%	72%	68%
Sometimes on time	20%	14%	25%
Never on time	10%	14%	7%
Sample size of ASHAs	119	50	69

Along with incentives, insurance was also provided to ASHAs during the pandemic. This was provided by the Union government (under the Pradhan Mantri Garib Kalyan Package) and the respective state governments (Department of Medical, Health and Family Welfare, Government of Rajasthan, 2020; Information and Public Relations, Government of Himachal Pradesh, 2020). Under these, an ex-gratia payment of ₹50 lakh would be provided in case of the death of ASHAs while carrying out COVID-19 related tasks. However, almost half of the ASHA respondents (40 per cent) were unaware of these benefits, with the figure being substantially higher in Rajasthan (57 per cent) than in Himachal Pradesh (24 per cent). Only 32 per cent of ASHAs were aware of the insurance scheme and perceived it to be adequate.

Table 16: Awareness and Perceived Adequacy of COVID-19 Insurance Scheme

Percentage of FLWs reporting on awareness and perceived adequacy of COVID-19 insurance scheme	All ASHAs	ASHAs in Rajasthan	ASHAs in Himachal Pradesh
Are not aware	40%	57%	24%
Are aware, but it is not enough	28%	16%	39%
Are aware, and it is enough	32%	26%	38%
Sample size of FLWs	140	68	72

Non-payment or delayed payments have frequently led to strikes by FLWs around India, and the same was observed during our study as well.

CASE STUDY BOX: ASHA Strike in Rajasthan

Shilpa*, an ASHA worker from Rajasthan, has been on strike for the past three months. The striking FLW's demands include better monthly payment, and a change in status to permanent workers. Further, their demands include consolidating employees under one department (either Child Welfare Department or Medical Department), since they currently face trouble with conflicting orders from different departments.

Non-financial Incentives

Non-financial incentives also play a role in motivating FLWs, particularly in the form of public recognition (Grant *et al.*, 2018). For FLWs, this recognition could be in many forms such as praise by supervisors and members of the government, members of the community, or praise by elected officials or local leaders. The Union government made an attempt to signal the same – by calling FLWs COVID "Warriors" to highlight their bravery, or by calling for public displays of appreciation by the public by clapping from their homes.

As with financial incentives, public recognition of the FLWs' efforts during the pandemic, was also low. Less than two-thirds (58 per cent) of FLWs reported being recognised for their contribution. There were disparities across FLW categories, with only 41 per cent of AWWs receiving recognition compared to over 60 per cent for ASHAs and ANMs. Further, 73 per cent of FLWs reported being recognised for their work in Himachal Pradesh, compared to 48 per cent in Rajasthan, similar to results on the receipt of financial incentives. The most common form of public recognition stated was praise by supervisors, followed by provision of certificates, praise by beneficiaries and Panchayat members. A noteworthy aspect is that recognition from relevant government officials and politicians was quite low.

"My motivation is that this job is my only source of income. But during COVID-19 times, my motivation has changed because of how much people have started to appreciate me and my work… with applause, blessings. This keeps me going."

- AWW, Jaipur district, Rajasthan

Table 17: Public Recognition of FLWs' COVID-19 Responsibilities

Percentage of FLWs reporting on public recognition for COVID-19 responsibilities	All FLWs	FLWs in Rajasthan	FLWs in Himachal Pradesh	AWWs	ANMs	ASHAs
Public recognition of the work done by FLW	58%	48%	73%	41%	65%	61%
Sample size of FLWs	351	208	143	71	140	140
Forms of public recognition						
Praise by supervisor	67%	60%	74%	72%	64%	69%
Certificate	39%	28%	50%	14%	40%	47%
Praise by beneficiaries	29%	26%	31%	28%	23%	35%
Praise by local Panchayat	29%	44%	15%	38%	26%	29%
Announcement by Government/Department official	11%	13%	9%	7%	14%	8%
Article in media	2%	2%	2%	3%	3%	0%
Others	1%	3%	0%	3%	1%	1%
Announcement by politician	0%	0%	0%	0%	0%	0%
Sample size of FLWs	205	100	105	29	91	85

Note: Multiple responses provided on forms of public recognition – responses do not add up to 100 per cent.

Intrinsic Motivation

Intrinsic motivation represents FLWs' self-recognised importance of their roles and an inherent desire to carry these out (Aberese-Ako *et al.*, 2014). Elements such as recognising the value of their work for the community can enhance FLWs' motivation and performance (Grant et al., 2018). Insights from qualitative interviews revealed intrinsic motivators for some FLWs. Emerging themes broadly centred on feeling a sense of duty to help their communities during the pandemic, a sense of pride in having the knowledge to help community members, and support received from their families for their work. Some even discussed a sense of patriotic pride and a desire to serve the community.

"For the challenges, I would remind myself that my country needs me right now, and this helps me cope with the stress of the workload. I know that my work and my profession is important to this country. I will do my work without hesitation because I know that my work and my profession is important to this country."

- ASHA, Solan district, Himachal Pradesh

"There was no COVID-19 case in our village. We feel proud about this… maybe our efforts helped in achieving this, we fought valiantly."

- AWW, Jaipur district, Rajasthan

3.2.5. Supportive Supervision

Challenges with Supportive Supervision

One channel for improved performance could be via the provision of better information and help by supportive supervisors (Som *et al.*, 2014). Conversely, poor supervision is demotivating (Tripathy *et al.*, 2016). Studies suggest that high-quality supervision focussed on supportive approaches, community monitoring, quality assurance, and problem solving may be most effective (Hill *et al.*, 2014). Furthermore, there is evidence that supportive supervision has been desired by FLWs and appreciated when received (John *et al.*, 2019). During the pandemic, support from supervisors is likely to have been essential to maintain motivation and ensure adequate performance, given the range of challenges faced by FLWs, including workload, a lack of necessary resources, and delayed payments.

In the quantitative survey, only 11 per cent of FLWs reported facing challenges with supervision and support. This figure was higher in Himachal Pradesh (17 per cent) compared to Rajasthan (7 per cent). Among those that did face challenges, 80 per cent reported facing pressure for work from their supervisors. More ASHAs (84 per cent) and ANMs (82 per cent) felt this way, compared to a smaller proportion of AWWs (50 per cent). In addition, 43 per cent of FLWs reported that they were not getting the help that they needed in carrying out their tasks.

Insights from qualitative interviews shed light on FLWs' relationship with their supervisors. Support received from supervisors was a key motivating factor, with a few specific areas that worked well. Supervisors were particularly appreciated for being cognisant of competing work priorities, offering flexibility in the time of sending reports; organising refresher training for COVID-19 related tasks; reassigning survey areas when FLWs complained about long travel times and safety issues; escalating and resolving complaints about delayed payment or PPE provisions. In some instances, supervisors stepped in to help resolve issues with community backlash, for example calling the police or speaking to community members themselves.

Having said that, some FLWs felt a lack of support from their supervisors and expressed frustrations along a few key themes. These included a lack of understanding regarding workload, impractical timelines and standards, the inability to address challenges, and in some instances, supervisors denying or cancelling leave. FLWs who faced this had a sense of feeling underappreciated and overworked, and this directly impacted motivation levels.

CASE STUDY BOX: Supportive and Unsupportive Supervisors

Supportive Supervisor

Reena*, an ASHA worker from Solan district, Himachal Pradesh, experienced supportive supervision from her Medical Officer and supervisors during the pandemic. When she made mistakes in reporting, they offered guidance and did not punish her. Later, when the FLWs ran out of masks, gloves, and sanitisers, they complained to the supervisors who in turn escalated the complaint to the Director and ensured a regular supply of PPEs thereafter.

In another incident, Reena faced problems with an uncooperative group who had returned from Delhi and refused testing; she escalated the matter to her supervisor, who took care of it by calling the police. Her supervisors had told her that her job was simply to do the assigned tasks, and the supervisors would take care of any challenges that arose.

CASE STUDY BOX: Supportive and Unsupportive Supervisors

Unsupportive Supervisor

Priya*, an ANM from Jaipur district, Rajasthan, did not have a good experience with her supervisors during the pandemic. Her supervisors told her that since she was working in her village, she should take care of any challenges herself or report them to the Panchayat – they did not offer any help themselves. When she experienced problems with a visitor from Uttar Pradesh misbehaving with her and refusing quarantine, she tried reaching out to her supervisors which was useless. She sought help from the police and then reported the case to the Panchayat.

Further, she usually had to send reports each evening; sometimes the supervisors would suddenly ask them to send it in the middle of day, which was not possible because Priya was busy with survey work or immunisations. The supervisors did not understand this, and scolded her. The supervisor also undertook surprise visits to the field for quality checks, and would scold them if they felt the work was not up to the standard.

A Supervisor's Perspective: ANM support for AWWs and ASHAs

In the context of understanding supportive supervision, it is critical to understand the supervisor's perspective as well. In the quantitative survey, we spoke to ANMs about their relationship with ASHAs and AWWs, since ANMs supervise ASHAs and AWWs on various tasks such as activities conducted at the Village Health Sanitation and Nutrition Day (VHSND), and were expected to supervise them on various COVID-19 related activities (Ministry of Health and Family Welfare, 2020). Furthermore, ANMs are considered to be senior due to their more technical medical training. In this case as well, ANMs act as supervisors for other FLWs.

ANMs reported that AWWs and ASHAs typically needed support on counselling people regarding COVID-19, supporting the District Surveillance Office (DSO) on implementing home quarantine and supportive services for high risk groups, as well as conducting regular activities like immunisation and ANC during the pandemic. ANMs in Rajasthan reported a greater proportion of AWWs and ASHAs needing support, compared to those in Himachal Pradesh. Few ANMs reported support needs on growth monitoring or providing THR/HCM, likely as the ANM is not involved in their service delivery. Almost all ANMs reported that they were able to provide support on all matters. From the ANMs' perspective, they provided what they could to ensure ASHAs and AWWs had the opportunity to perform to the best of their ability, and were capable of doing so.

Table 18: Support needed by AWWs and ASHAs as reported by ANMs

Percentage of ANMs reporting on support needed by AWWs and ASHAs	All ANMs	ANMs in Rajasthan	ANMs in Himachal Pradesh
On counselling regarding COVID-19	61%	68%	54%
Support DSO on implementing home quarantine and supportive services for High Risk Groups	57%	67%	48%
Immunisation during COVID-19	53%	67%	39%
ANC during COVID-19	47%	55%	39%
Providing IFA syrup/tablets during COVID-19	29%	36%	23%
On home visits	29%	35%	23%
On contact tracing	21%	28%	15%

Percentage of ANMs reporting on support needed by AWWs and ASHAs	All ANMs	ANMs in Rajasthan	ANMs in Himachal Pradesh
Distribute family planning items like contraceptives	10%	9%	11%
Growth measurement and monitoring	3%	3%	3%
Provide THR or something in lieu of it	1%	1%	1%
Provide HCM or something in lieu of it	1%	3%	0%
Sample size of ANMs	140	69	71

Note: All tasks inquired about in the survey tool not presented in the above table.

CASE STUDY BOX: Perspectives of Supervisors

Rajesh*, a Health Supervisor from Solan district, Himachal Pradesh, felt that a key challenge with FLWs is convincing their families to let them work. According to Rajesh, families look at FLWs' work as a job, whereas it is actually a social service. Due to quarrels with their families, FLWs are sometimes unable to work. Rajesh also felt that a key challenge is understaffing, with many FLW posts remaining vacant.

Rajesh felt that it was easy to supervise FLWs since they work diligently, out of a sense of duty towards their community. Supervisors also play a role in motivating FLWs, for instance through shoutouts, applauding them in public, providing one-on-one feedback, and helping them feel part of a larger team and mission.

Swati*, a Lady Supervisor from Rajasthan, felt that speaking one-on-one with FLWs is key to helping them stay motivated. The individual discussions help address their challenges, and enable them to feel that someone is looking out for them.

Swati also spoke about unsupportive families, with FLWs unable to work at times. FLWs would ask her to intervene with their own families, which Swati was reluctant to do. However, when things got out of hand, she did speak with family members to convince them about the criticality of COVID-19 work.

In addition, qualitative discussions covered coordination between ASHAs, AWWs, and ANMs. An interesting trend that emerged was the sense of personal support and camaraderie beyond coordinating for specific work tasks. This manifested through approaching other FLWs for support with challenges (before going to supervisors), tackling safety challenges by accompanying each other while travelling, and filling in for each other at work if FLWs faced personal difficulties.

"If any of us faced problems, we would coordinate with other FLWs to see how they are managing. This is why I never had to reach out to my supervisor or MO for any problems, because I had other ANMs with me, and we were also in touch with other FLWs."

- ANM, Udaipur district, Rajasthan

How Could Support Be Improved?

Given the challenges faced by FLWs regarding supervision, the study sought to understand what could be improved from the FLWs' perspective. According to the FLWs that faced challenges, support could have been improved in a few ways. Having more time to do the given work was key, reported by 76 per cent FLWs in

Himachal Pradesh and 40 per cent FLWs in Rajasthan. Meeting the supervisor in person (45 per cent), and having more frequent meetings (43 per cent) were other ways to improve support as per FLWs, especially ANMs and ASHAs.

During the lockdown, FLWs typically contacted their direct supervisors via phone and WhatsApp, and less than 5 per cent FLWs met their supervisors in person. Post lockdown, 30 per cent of FLWs met their supervisors in person instead of speaking via phone, due to the easing of movement restrictions. Both during and after lockdown, ASHAs contacted their supervisors via phone more than other FLWs, and contacted them via WhatsApp less than other FLWs. Some FLWs reported meeting supervisors monthly, at meetings where supervisors met all the FLWs together. Others said the supervisors corresponded only via WhatsApp, and had not visited the area at all. Qualitative insights indicate that respondents sent reports to supervisors daily via WhatsApp; further research could explore whether this mechanism works well, with lessons for the future. Given that few FLWs had challenges with supervision, the use of WhatsApp and phone calls could have contributed towards maintaining support to most FLWs, both during and after lockdown. However, as indicated by the qualitative discussions, the quality of support may not have been as desired by some FLWs, which may have affected motivation.

With regards to other aspects that could have improved the level of support received by FLWs, 40 per cent FLWs in Rajasthan said that more training could be helpful. Resources were not reported as a constraint in receiving support, but 14 per cent FLWs felt that more recognition could help them. Both payments and recognition are aspects that affect motivation of FLWs.

Overall, most FLWs did not have any issues with their supervisors and some supervisors were able to provide support by resolving complaints, stepping in to resolve issues with communities, or by being cognisant of balancing work and personal time. Training during monthly meetings and reassigning villages to be covered provided a conducive work environment, and enabled performance opportunities for FLWs. However, as demonstrated by the qualitative interviews, in the instances where support was lacking, FLWs experienced demotivation and frustration. However, motivation is shaped not only by FLW interaction with their supervisors but also via interacting with the community. This interaction is covered in the next section.

3.2.6. Community Challenges

While public recognition from the community could be motivating, there were interactions that did not go as well. FLWs faced several challenges while working with community members during the pandemic.

A majority of FLWs (70 per cent) faced community challenges. The major challenges were a lack of compliance (80 per cent), a lack of trust (57 per cent), and beneficiaries not wanting AWC-related contact (32 per cent). Instances of community backlash came through in qualitative discussions, stemming from community members' fear of contracting COVID-19 from FLWs, frustration around multiple household surveys and testing, and migrant returnees resisting testing and quarantining. The backlash manifested through verbal abuse, refusal to allow FLWs into their homes, refusal to cooperate with COVID-19 protocols and, in more extreme instances, physical violence.

The percentage of FLWs who reported community backlash stood at 43 per cent,. While backlash was experienced by FLWs in Himachal Pradesh to a greater extent, more FLWs experienced other challenges in Rajasthan. There was a greater amount of distrust for ASHAs and ANMs, and subsequent backlash as well.

Worryingly, 5 per cent FLWs also reported facing violence. This was reported by 8 per cent of ANMs and 4 per cent of ASHAs, similarly split across Himachal Pradesh and Rajasthan. Insights from qualitative interviews revealed fears around FLWs' safety, both in the course of their work and while travelling to and from work.

As discussed above, FLWs experienced verbal and physical abuse as part of their work. In addition, needing to travel long distances for COVID-19 surveys, returning home late in the evening, and the urgency of COVID-19 tasks taking place in the evenings raised safety concerns. Implicit in this discussion was the fear of gender-based violence, with anecdotes about men 'misbehaving' or 'looking at them unpleasantly'.

"I have to reach out to the police for help sometimes. One time while walking to survey homes, some men were passing comments and saying bad things about my work and my character. It was late in the evening so I was scared and reached out to the police for help. They handled it by talking to those men."

- ASHA, Kangra district, Himachal Pradesh

Table 19: Community Challenges Faced by FLWs

Percentage of FLWs reporting on community challenges faced	All FLWs	FLWs in Rajasthan	FLWs in Himachal Pradesh	AWWs	ANMs	ASHAs
Faced any community challenges	70%	66%	76%	69%	76%	65%
Sample size of FLWs	351	208	143	71	140	140
Community Challenges Encountered by FLWs						
Lack of compliance	80%	82%	78%	73%	84%	79%
Lack of trust from community	57%	54%	60%	43%	60%	59%
Community backlash	43%	38%	51%	35%	47%	44%
Beneficiaries did not want AWC-related contact due to fear	32%	42%	19%	55%	28%	24%
Community is not informed about COVID-19	31%	37%	23%	37%	26%	33%
Violence	5%	4%	6%	0%	8%	4%
Sample size of FLWs	246	138	108	49	106	91

Challenges related to safety and trust likely hampered the opportunities for FLWs to effectively serve their communities. Further, a lack of support from communities is also likely to have decreased FLW motivation, particularly when they were already working long hours with limited financial support.

On a positive note, there were some FLWs who reported cooperation with their communities, particularly among FLWs who were working in their own area and had already built rapport with members over the past few years. As per government norms, AWWs are to work in their residential village, and the same is true for ASHAs in Rajasthan. ANMs across and ASHAs in Himachal Pradesh are assigned as per population norms, and therefore may not always work in their residential villages, which can make building rapport difficult.

In addition, the number of years they had worked was particularly helpful to solidify FLWs' reputation and trust by the community. Yet, even those FLWs that did not face challenges with the communities they served, may have faced challenges within the household, or personal challenges. This is discussed next.

CASE STUDY BOX: Community Support and Constraints

Community Support
Seema*, an AWW from Jaipur district, Rajasthan experienced a good relationship with her community. She had been allocated work within her own areas, and had already built a relationship of trust over the past few years. Seema attributed the ease of her work directly to her connection with her community, and said it was easier for her to convince people to follow social distancing norms.

Community Backlash
Supriya*, an ASHA worker from Udaipur district, Rajasthan, faced backlash from her community. She had to travel long distances for survey work and to collect supplies for the PHC, but was not allowed to board public transport because people were scared that she was infected.

She also faced backlash from families during survey work, who said she should not annoy them and sometimes barred entry into their homes. Community members threatened to file police cases against them if they continued to come to their homes for survey work, and in one instance, let out dogs on her. Supriya's colleague had been pelted with stones during survey work. Further, community members lied about their symptoms, and consequently infected their families.

3.2.7. Household and Personal Challenges

The pandemic and the subsequent lockdown had an impact on everyone's personal lives in various ways, and the same is true for FLWs. Therefore, any analysis of FLWs' challenges needs to take into account challenges in both professional and personal spheres, with this holistic understanding contributing towards a discussion around FLWs' performance.

The major challenges faced by FLWs' households were not being able to visit family and friends (35 per cent), long distance travel restrictions (34 per cent), and unemployment or loss of income during lockdown (28 per cent). ANMs faced these challenges to a lesser degree than AWWs or ASHAs. A greater proportion of FLWs in Rajasthan mentioned facing the aforementioned challenges, possibly due to a higher share of cases and more stringent lockdown measures in the state.

The burden of additional household duties was felt equally across states (reported by 30 per cent of FLWs). As the National Time Use survey (Government of India, 2019) indicates, women spend a large amount of their day on childcare and housework. This was evident among the FLWs we spoke to via qualitative interviews, who reported needing to wake up early in the morning for chores, followed by working late at night once their FLW duties were complete. This combined with longer hours in the COVID-19 context led to overall long work hours, with limited family support to shoulder the double burden (or triple burden, if we factor in COVID-19 FLW work, non-COVID-19 FLW work, and housework/childcare).

> *"The good thing about being an FLW is that it gives me the chance to make a name of my own. After getting married, women are known only in relation to their husband, but because of this job, I got to make an identity of my own."*
>
> - AWW, Jaipur district, Rajasthan

Table 20: Challenges Faced by FLWs' Households during Lockdown

Percentage of FLWs reporting on household challenges faced during lockdown	All FLWs	FLWs in Rajasthan	FLWs in Himachal Pradesh	AWWs	ANMs	ASHAs
Not visiting family/friends (social distancing)	35%	38%	31%	48%	31%	33%
Long distance travel restrictions	34%	37%	29%	44%	26%	36%
Unemployment/loss of income	28%	35%	19%	32%	20%	35%
Burden of additional household duties	30%	31%	30%	31%	29%	31%
Staying indoors (quarantine/self-quarantine)	15%	13%	18%	10%	16%	16%
Household members fell sick	12%	12%	13%	10%	15%	11%
Household members who were visiting other places got stuck/could not travel back home	12%	10%	15%	13%	13%	10%
More household arguments	8%	9%	7%	7%	6%	10%
Others	5%	2%	9%	3%	8%	4%
Not able to access health services	4%	6%	1%	10%	1%	4%
Not affected	31%	30%	33%	27%	37%	28%
Sample size of FLWs	351	208	143	71	140	140

FLWs have faced several personal challenges as well while working during the COVID-19 pandemic. Primarily, FLWs feared that they or their families could fall sick. Further, 28 per cent FLWs reported that their families wished to maintain a distance from them. The lack of family support may have provoked further stress and anxiety for FLWs. The proportion of FLWs who faced personal challenges was higher in Himachal Pradesh, and AWWs feared falling sick more than ANMs and ASHAs.

Table 21: Personal Challenges Faced by FLWs during the COVID-19 Pandemic

Percentage of FLWs reporting on personal challenges faced during the COVID-19 pandemic	All FLWs	FLWs in Rajasthan	FLWs in Himachal Pradesh	AWWs	ANMs	ASHAs
Faced any personal challenges	67%	63%	73%	72%	62%	69%
Sample size of FLWs	351	208	143	71	140	140
Feared that family would get sick	81%	78%	85%	75%	83%	82%
Feared that I would get sick	74%	77%	71%	88%	74%	68%
Family members did not want me around	28%	28%	28%	25%	26%	31%
Feeling underappreciated	11%	9%	12%	2%	11%	14%
Lack of motivation for work	3%	2%	3%	4%	2%	2%
Sample size of FLWs	235	130	105	51	87	97

As per qualitative interviews, support from families varied for FLWs, and fell along a spectrum:

- **Unsupportive families:** Raised concerns about FLWs continuing duties in COVID-19 times, passed comments about their long work hours, and at times insisted that they return home instead of working
- **Neutral families:** Did not resist FLWs' duties, but did not overtly offer extra support either, for FLWs' duties or in supporting the household work
- **Supportive families:** Went out of their way to support FLWs, for instance providing transport or fetching supplies; in these instances, it was the husbands who played this role

CASE STUDY BOX: Supportive and Unsupportive Families

Supportive Families

Supriya*, an ASHA worker from Udaipur district, Rajasthan, and Jayanti*, an ASHA worker from Kangra district, Himachal Pradesh, experienced family support to mitigate the extra workload. Supriya's husband usually fetches the PHC supplies for her, so that she is able to focus on her survey work. Jayanti's family support is a key source of motivation for her, with her husband encouraging her to work harder every day. Her husband also helps out with her duties, by arranging transport for her or bringing supplies to the PHC on her behalf.

Unsupportive Families

Janani*, an ANM from Udaipur district, Rajasthan, faced problems with her family during the pandemic. In the first two months of the lockdown, her assigned areas of work were 65 kms away from her home; thus, she stayed at the headquarters for two months to save on travel time. Her family was not supportive of her stay away from home, and even now, resist her double shifts at work. Her family said they would like to see their women at home and not at the frontlines of COVID-19 work.

Source: Hindustan Times

SECTION FOUR: Conclusion and Lessons for Policy

Our research underscores the pivotal role played by FLWs in mitigating the effects of the COVID-19 pandemic and maintaining routine service delivery during this period. In doing so, FLWs exhibited positive performance while also facing challenges on several fronts. FLWs witnessed a significant increase in their workload, undertaking COVID-19 activities alongside other health and nutrition services, and catering to a larger population. To prepare them for new tasks, the government provided additional training through new modes, and FLWs largely felt that this adequately equipped them for their enhanced responsibilities. While some were provided with basic PPE materials from the government, these may not have been sufficient as a large proportion also spent their own resources towards this. Monetary incentives for and public recognition of FLWs' efforts were found to be low, which affected their motivation. On the other hand, support from supervisors emerged as a positive contributor towards motivation. Challenges faced by FLWs included lack of community trust and compliance, along with several household and personal issues.

These aspects generate some key lessons that may be carried over to dealing with future crises as well as regular service delivery. Based on the insights emerging from our research study, recommendations around the MMO framework are given below:

Means

- **Ensure FLWs have the required resources:** FLWs did not always have access to resources such as PPE, mobile phones, and transportation, and often had to supplement these provisions at their own expense. These need to be provided to ensure that FLWs can continue doing the tasks assigned and support beneficiaries without compromising their own safety.
- **Maintain momentum on technology:** Since the onset of the COVID-19 pandemic, the role played by technology in service delivery has changed and assisted FLWs in adapting to new ways of working. WhatsApp and video conference tools were successfully used to dispense training and information during the lockdown, and facilitated the ease of communication with both supervisors and beneficiaries. Even though 15 percent of FLWs felt that the training they received on new online

softwares was inadequate, there is an opportunity to explore the use of technology to enhance communication and other aspects of service delivery in the future.

Motives

- **Increase in payment for work done:** FLWs reported additional work and longer hours, especially throughout the lockdown, but were not provided remuneration for the work done in the pandemic period. This was true for AWWs and ANMs in particular. This has been a source of discontent in the past as well, with FLWs frequently striking for better pay. Even at the time of our survey, ASHAs went on strike in some regions of Rajasthan. Increasing pay would not only be more just but it could act as a motivator for FLWs' performance. Additionally, providing a mixture of task-based incentives and a base salary could further help in providing more financial stability to FLWs.
- **Regular and timely payments:** Salaries/honoraria and COVID-19 payments continue to be motivators, with appreciation from supervisors who escalate and resolve late payment issues. Addressing late payment issues could thus influence motivation levels.
- **Recognise and acknowledge FLWs for their work:** In our survey we find that non-financial incentives such as praise from the supervisor and community members are important motivators as well. Acknowledging the work done by FLWs either through recognition by department officials or supervisors remains an under-utilised channel and should be explored. This is critical to maintain intrinsic motivation of FLWs, some of whom feel passionate about serving their communities.

Opportunities

- **Cater to employee circumstances:** Trust with communities and ease of work are facilitated when FLWs work within their own villages or neighbouring areas, allowing them to build on their personal relationships with people. This insight could inform future assignment of work areas to FLWs. Assigning FLWs to areas where they have local community ties so that trust pre-exists and can be improved upon. Moreover, given the long distance they are required to travel and issues surrounding safety they face, re-assigning villages that are easier for them to travel to, or adjusting reporting times based on their travel/housework times would help with motivation levels and provide opportunities to perform their tasks better. This can also help in establishing and maintaining social accountability mechanisms (social audits, public hearings, etc.), and leveraging platforms such as VHSNDs.
- **Improve communications:** In our study, we find that the FLWs feel that the support they received could have been improved by simple measures such as meeting their supervisors more often, or meeting them in person. Furthermore, feeling heard by supervisors or thinking that their complaints are escalated could influence their motivations. This can be formalised with a grievance redressal system for FLWs.
- **Build a culture of coordination:** The pandemic period saw high levels of convergence and personal relationships being built with other FLWs. Having frequent support meetings wherein FLWs are given an opportunity to share their insights will provide a platform for experience-based practical learning and may also increase FLWs' satisfaction.

It would be useful for state governments to utilise results from this report to inform service delivery efforts in the future. The COVID-19 pandemic has re-emphasised the integral role of India's FLW cadres in the public health and nutrition landscape. It also highlighted their resilience, as FLWs operated under difficult circumstances. However, long-standing challenges continue to hinder their performance and motivation. Experiences from the pandemic presented in this report can enable the policymakers to identify and address key issues, which will contribute to improving welfare outcomes in the future.

Source: Hindustan Times

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