



PERCEPTION BY FLWS (FRONT LINE WORKERS) ABOUT THE SUPPORT AND FACILITIES FROM GOVERNMENT DURING COVID 19

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ABSTRACT

Governments in India play an important role in bridging the access gap that save millions at the bottom of the pyramids. This is done through the public distribution system (PDS) which takes care of food security, the National Health Mission and the Union Ministry of Health and Family Welfare that provide for village-level healthcare facilities and the Ministry of Human Resource Development that looks after inclusive development through education from elementary level to higher education and skills development. In addition to doctors and local authorities, front line workers (FLWs) from all the departments play an integral role in containing the pandemic. Governments and the WHO have released several dos and don'ts as well as other information material to be followed by FLWs while interacting with communities that ensure standard information is being disseminated and well understood among the public. This is a noble attempt by the researcher to understand the perception about support and facilities from Government to the FLWs

Keywords : COVID 19, Front Line Workers (FLW)

Introduction

The novel coronavirus disease outbreak (COVID-19) and resultant lockdowns have created circumstances unfamiliar to most across the world. The universality of the impact has brought in ramifications for the non-profit sector as well. The sector is dabbling with precarious decision-making about the fate of development projects: Many require scaling up, others have to be reviewed, some overhauled and yet others called off altogether. The global pandemic has created circumstances where every funding or programmatic decision is intrinsically related to the survival of individuals, entities like non-government organisations (NGO), even communities. Governments in India play an important role in bridging the access gap that save millions at the bottom of the pyramids. This is done through the public distribution system (PDS) which takes care of food security, the National Health Mission and the Union Ministry of

Health and Family Welfare that provide for village-level healthcare facilities and the Ministry of Human Resource Development that looks after inclusive development through education from elementary level to higher education and skills development. In addition to doctors and local authorities, front line workers (FLWs) from all the departments play an integral role in containing the pandemic. To build a comprehensive resilience of these pillars, FLWs become the first line of defence for the nation under any crisis. India's last-mile healthcare delivery mechanism is carried out by the auxiliary nurse midwife, accredited social health activist, anganwadi workers, and CRPs. The World Health Organization (WHO) is extensively focussing on raising awareness on COVID-19, demystifying myths and stigma in maintaining safety standards. It is essential that a clear distinction is provided in each of these roles while constantly supporting each other, for this purpose. First,

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extensive awareness has to be created for hand washing, maintaining physical distancing, behavioural practices for coughing or sneezing in elbows or handkerchiefs and safe disposal of used tissues or masks. Governments and the WHO have released several dos and don'ts as well as other information material to be followed by FLWs while interacting with communities that ensure standard information is being disseminated and well understood among the public. Second, there is a need to identify high risk groups and carry on healthcare delivery accordingly. Older individuals across the globe are more prone to the disease. In India, however, people aged between 40-60 are at high risk of infection.

India already has a severe burden of hypertensive and diabetic populations in this age group. Third, there should be focus on pregnant and lactating women. While there is no evidence that pregnant women are at high risk from COVID-19, complications during pregnancy can make them more susceptible. India has a higher number of hypertensive pregnancies and it is important that pregnant / lactating women and children are closely monitored for nutrition needs in rural areas. Finally, a strict administration of health and hygiene should be conducted for FLWs themselves.

Review of literature

Vikas Bajpai (2014) Despite the implementation of National Rural Health Mission over a period of nine years since 2005, the public health system in the country continues to face formidable challenges. In the context of plans for rolling out “Universal Health Care” in the country, this paper analyzes the social, economic, and political origins of the major challenges facing public hospitals in India. The view taken therein holds the class nature of the ruling classes in the country and the development paradigm pursued by them as being at the root of the present problems being faced by public hospitals. The suggested solutions are in tune with these realities. Some authors have described the big modern day hospitals as “monuments to disease.” Indeed, this is what they will be so long as they function as institutions only for curative care, detached from the larger social, economic, cultural, and political context of the people's lives which largely determines their health.

Unfortunately, even this curative care has become unaffordable to many common people due to the policy framework governing health sector in the country. The fact is that public hospitals have become increasingly detached from the larger context in which medicine operates. If the public hospitals are to be made responsive to the health needs of the people, then problems facing these institutions ought to be located in the broader conditions (we may call these structural problems) that influence their functioning, rather than locating these in their inner working alone. This also implies that the solutions to these problems ought to be socially oriented rather than being guided by narrow managerial or technocentric approaches. With respect to the challenges facing public hospitals in India, it need be remembered that the sorry state of affairs of public healthcare in the country is not for want of policies or managerial skills or for want of latest technologies. The situation is what it is because it suits the interests of the dominant classes in the society. To undo this conundrum ought to be much more than a bureaucratic or technocratic putsch. This is a situation which demands popular based mobilization of the widest possible sections of the society, especially the working masses to support policy initiatives directed at demolishing the elite capture of healthcare and medical profession in the country.

Vijay Raghavan This report provides an assessment of Knowledge, Perceptions (Attitude) and Practice of Health workers related to COVID 19 responses. The report also assesses the availability and effectiveness of the infrastructure, medical and human resources and the PPEs supplied to health workers. Mental Health and stress levels of the health workers were also assessed. Conclusions were drawn for future planning, programming and advocacy works to improve health care delivery for COVID 19 responses and protect the health workers from infections. The report is based on a survey conducted by The Johanniter International Assistance and its partners at regional, provincial, district and community level health facilities in eight provinces of Afghanistan representing all the regions of the country. The survey, was designed as questionnaire based and most of the survey was carried out over telephone due to

physical distancing and COVID 19 travel restrictions. The survey of a total of 213 health workers in 8 provinces, collected sufficient useful evidence to draw conclusions on the current state of COVID 19 response in Afghanistan and the plight of health workers. Majority of the responders are from Provincial and Regional Hospitals, followed with District hospitals, Comprehensive Health Centres, Primary Health Care facilities and private clinics. Worldwide, as millions of people stay at home to prevent community transmission, and frontline healthcare workers (HCWs) are fighting with COVID-19 pandemic.. HCWs are putting themselves at high risk in the battle against COVID-2019. Dozens of HCWs have fallen ill with COVID-19, and many of them are quarantined to prevent spreading of it. However, resource-limited settings like Afghanistan are anticipated to have a surge of COVID-19. According to the World Health Organization (WHO), in Afghanistan, six HCWs died from COVID-19 (as on 26.04.2020) and more than 130 HCWs already contracted with COVID-19. Many HCWs in Afghanistan reported that they don't have enough personal protective equipment's (PPEs) and severe dissatisfaction among the doctors infected with COVID-19 due to lack of PPEs, in particular among HCWs in Kabul city (as per the news reported). They were also reported lack of specialised care and ventilators for treatment.

Objectives of the Study:

1. To understand the working culture of FLWs during COVID 19.
2. To understand the support and facilities for FLWs by government during COVID 19.
3. To study the FLWs' perception about support and facilities by government during COVID

Hypotheses of the Study:

- H₀- The percentage of respondents having perception about support and facilities by government are satisfactory during COVID 19 is 50%
- H₁- The percentage of respondents having perception about support and facilities by government are satisfactory during COVID 19 is more than 50%.

Research Methodology of the Study:

As far as perception for the support and facilities by government during COVID 19 are concerned, following factors are taken into consideration viz., life protecting aids (e.g. PPE kit, masks, sanitizer etc), daily medical check up, insurance, separate covid care centre for FLWs, timely salaries and other dues, safety, moral support etc

The methods used are

1. Observation: Naturalistic method of observation to enable the study of the participants in their environment.
2. Survey Method: In this method the participants answer questions administered through interviews / telephone calls and questionnaire.
3. The secondary data was collected from various articles, research papers from websites and journals and books.

Study base :- Critical evaluation and analysis .

Research area :- COVID Centers from Jalgaon District, Maharashtra state

Data Source :- Primary and secondary data

Questionnaire :- Structured 55 questionnaire distributed among research area.

Respondents :- 46, after scrutiny of questionnaire.

Data analysis :- by using Z test

Information of Research Area and Respondents

Researcher select Jalgaon district of Maharashtra as research area. Researcher considered total 15 talukas and visited 35 COVID centres of Jalgaon district. Researcher discussed with Doctors, supervisors, Nodal officers, ward boys and nurses and citizens Limitations of the study.

Information of Questionnaire

In research study theoretical framework has several variable of interest and one has to come to sample size by considering all the factors of the study. Researcher prepared the questionnaire for respondents and distributed it among them (even received responses of some of them on calls). After receiving the questionnaire researcher analyse the questionnaire.

Table No 1
Information of questionnaire

Sr. No	Questionnaire distributed	Questionnaire received	Questionnaire rejected (due to incomplete, wrongly filled etc)	Net Sample size for study
1	55	51	05	46

Limitations of the study

1. This study is limited up to Jalgaon district of Maharashtra state only.
2. Researcher considered 90 % COVID center Personals and 10 % Citizens.

by government is satisfactory during COVID 19 is 50%

H₁. The percentage of respondents having perception about support and facilities by government is satisfactory during COVID 19 is more than 50%

Data Analysis

After receiving the data from questionnaire and considered final questionnaire researcher analyse the data in tabular format alongwith seven important issues then researcher finalize the value of each issue

Mathematically

$H_0 : p=0.5$

vs

$H_1 : p \neq 0.5$

Testing of Hypothesis

H₀. The percentage of respondents having perception about support and facilities

Table No 2
Statistical calculations and decision on various issues

Sr No	Issue	Proportion of respondents who stated the aspects as either very important or important	S.D.	Z_cal	p_value	Decision
1	life protecting aids (e.g. PPE kit, masks, sanitizer etc)	0.71	0.07	3.14	0.0008	Reject H ₀
2	Timely salaries and other dues	0.68	0.07	2.69	0.0036	Reject H ₀
3	Insurance	0.65	0.07	2.13	0.0165	Reject H ₀
4	Safety	0.62	0.07	1.68	0.0468	Reject H ₀
5	Moral support	0.55	0.07	0.68	0.2477	Accept H ₀
6	Daily medical check up	0.35	0.07	-2.13	0.0165	Reject H ₀
7	Separate covid care centre for FLWs	0.30	0.07	-2.96	0.0015	Reject H ₀

(Source- Primary data)

****Here level of significance is 0.05**

Researcher decide seven important issues and analysis the primary data. For perfect fact findings researcher used appropriate statistical tool and calculate standard division, Z calculation, P value of each issue Thus, our null hypothesis The percentage of respondents having perception about support and facilities by government is satisfactory during COVID 19 is 50% is rejected. Alternatively we accept our alternative hypothesis The percentage of respondents having perception about support and facilities by government is satisfactory during COVID 19 is more than 50%.

Findings

1. The most vital factor among the respondents' perception is that, **“life protecting aids (e.g. PPE kit, masks, sanitizer etc)”**.
2. The more important issue is come out from this analysis in which there is interesting results found is; the respondents are surrounded by full of fears, without no additional benefits and keeping their life in danger. They just required proper appreciation from the government as well as public

Conclusion

There are many medical staff are getting tested for the illness are found positive and in some cases the hospital's work becomes standstill. Some of hospital was closed after a specialist doctor attending Emergency Care died of COVID 19 and more than six of health staff of the hospital found COVID positive. Some doctors have

closed their clinics, putting a strain on limited health resources. Based on the study, lack of protective equipment for health workers and medical staff and those of which are available are not sufficient and stocks don't last more than four weeks in most of the cases. Low awareness among some medical staff of the precautions needed to avoid infection. The personal protective equipment is critical to protecting health care professionals' physical and mental well-being. Without this protection, many of the health workers worry that they will get sick and infect others.

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