

***Title: Experiences of Volunteers as change agents for prevention of COVID-19  
in Cox's Bazaar, Bangladesh: an exploratory Qualitative Study***

**Final Report of Summative Learning Project**

Is presented to the BRAC James P Grant School of Public Health, BRAC University

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## Abstract

**Background:** Community volunteers are an important backbone for engaging communities to bring about health related behaviour change among the people of the communities. In recent years the pandemic due to Coronavirus 2019 has gained all the momentum and most of the preventive strategies have been shifted in reducing the further transmission of this virus and curbing the pandemic. This study examines the volunteering experience of the volunteers working in the BRAC Community Support Team intervention as change agents in the Cox Bazaar community. The area has been chosen for its high urban and peri urban type of population density.

**Methods:** This was an exploratory qualitative study done among ten volunteers involved in BRAC CST project in Ramu, Sadar and Kutubdia upazilas of Cox's Bazaar. In depth interviews were conducted and data was organised, coded and analysed using manual coding and web-based software Dedoose. Thematic analysis has been done and results has been interpreted using the Social Cognitive Theory.

**Results:** Ten volunteers were interviewed, out of which 1 is female and 9 males. The age ranges from 21 to 38 years. All volunteers perceived their desire to work as a volunteer a noble cause for the community. They were also recognised and respected in the society for their work done. Social recognition, job satisfaction for working in public welfare and support from their families and communities helped them to perform their job better. However, social, cultural and language barrier and shaming of their work by abusing and harassing played an important role in hindrance to performing their activities as change agents. There were also some power distribution roles in community which hampered the volunteering activity. Lack of refresher training and limited resources and absence of mobility support are some of the identified factors that also hampered their activity as a change agent.

**Conclusion:** In general volunteers were able to perform their assigned tasks. However, ensuring continuous organisational support, refresher trainings can lead to a greater motivation for acting as a change agent and performing their tasks better. Future research directed towards exploring the gender differences in experiences will also add to the knowledge gap.

## Introduction

The spread of Coronavirus disease 2019 (COVID-19) has affected the health systems and communities at large and exposed the potential vulnerabilities and inequalities globally. It was observed that the risk of secondary infection rate was reduced by following proper home isolation measures and quarantine policy as majority of the cases were mild and asymptomatic (Van de, 2020). It was also observed that following of COVID precautionary measures had cut down the transmission rates significantly (Ayelett et al., 2021). However, it was seen that these measures were followed by the public through imposing of lockdown and strict legislative measures. In refugee camps like Cox Bazaar district of Bangladesh also, where the people are vulnerable, lack education and lack internet facilities thus, are prone to misguidance and ignorance and fail to adopt the prevention practices. Further such areas have overcrowding, poor sanitation facilities, communal facilities which all favour increased person to person transmission (Ayelett et al., 2021).

Involvement of young people in decision making for health through training on health promotion packages can help to raise awareness among their peers and their families for protection against the pandemic (World Health Organization [WHO], 2022). One such strategy has been implemented in the Cox Bazaar district of Bangladesh under the BRAC Community Support Team (CST) intervention where volunteers have been recruited from the communities and engaged in health promotion activities for behaviour change in their host community.

From the previous experiences of Ghana, involvement of students as change agents in control of malaria has been a successful intervention strategy to promote the use of bed nets (Ayi et al., 2010). This low-cost effective intervention strategy has also been used among non-formal school system like madrassas as young children and adolescents are perceived as effective change makers by disseminating the required and relevant information to the people in their community (India, 2018).

However, much remains unexplored in terms of the enablers and challenges faced by these young health change agents which might hamper the outcome of the health promotion intervention activities. At personal level, stress, good or bad experiences of life, emotions, knowledge, and cognition play an important role in engagement of such activities. External

factors like social insecurities, power in family, gender bias and social norms also hamper to perform their action as a change agent (Shankar et al., 2019). Support from the mentors, positive support from family and friends also enables these change makers to perform their activities (Bandura, 2002).

Education about COVID-19, its preventive messages can reach to a larger part of the local community in which the volunteers live, family (parents, siblings, and relatives). Various previous studies have investigated the experiences of community health volunteers in terms of their volunteering activity. In depth studies to investigate experiences of engaging community volunteers as change agents for COVID-19 prevention activities have not yet been explored. This study is thus being conducted as a part of ongoing BRAC CST project to have an insight into the experiences of these change agents who are involved in performing the health promotion activities and thus will help to improve the community-based intervention strategies.

### **Conceptual Framework**

The conceptual framework of this study is built on the Social Cognition theory (Bandura, 2002). This model (Figure 1) has been used to study the experience of volunteers by interaction of the three factors, cognitive or personal factors, environmental factors, and behavioural factors. Through the literature review it is found that at individual level, stress, good or bad experiences of life, emotions, knowledge, and cognition play an important role in engagement of such activities. Environment is the external factors like social insecurities, power in family, gender bias and socio- cultural norms which might hamper to perform their action as a change agent.

### **Key Terms:**

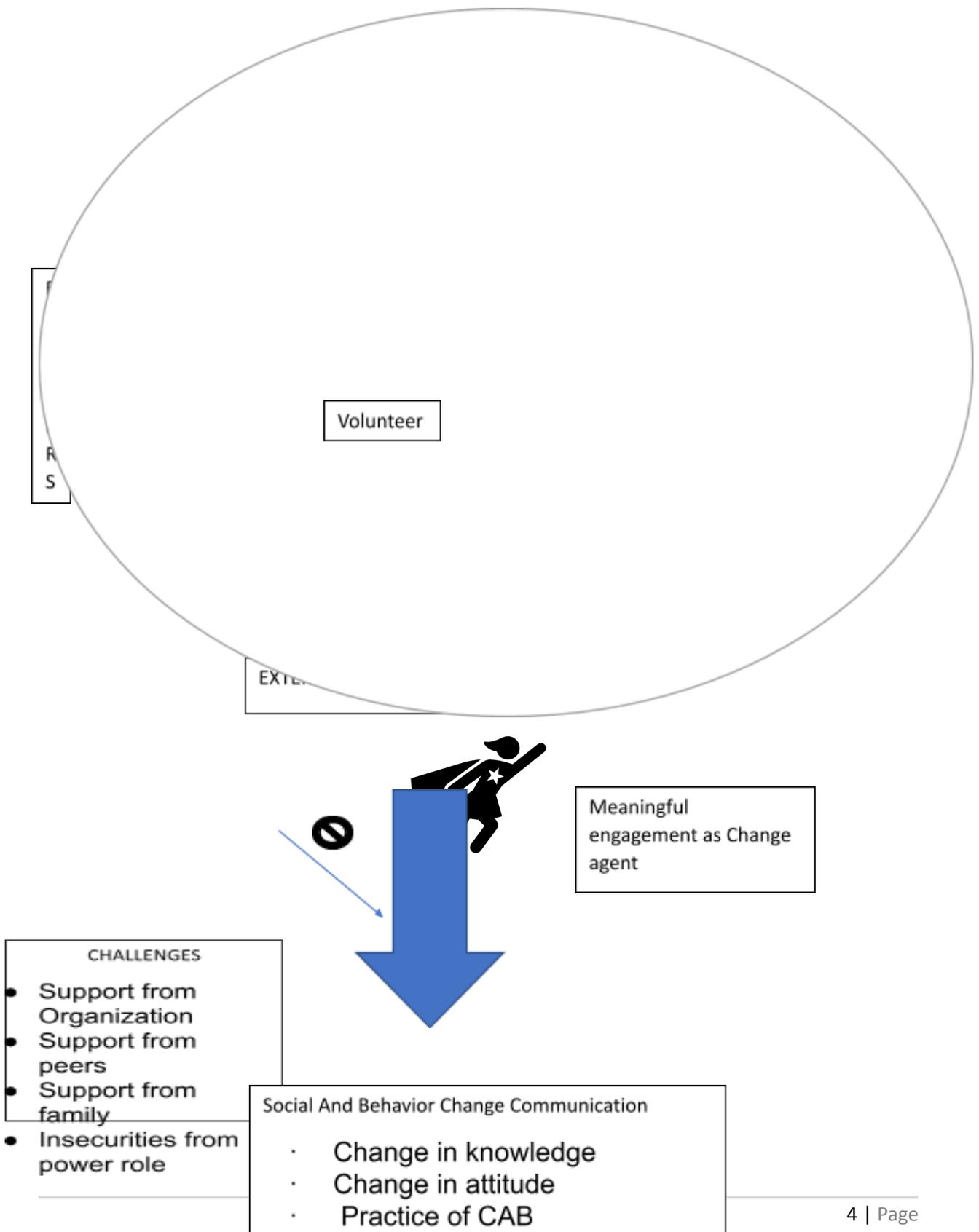
**Change agents** – They are the volunteers that act as catalyst to bring about change in attitude, mindset, and behaviour of people.

**Facilitators** – The factors that favour or help in taking a course of action.

**Barriers** – The factors that act as hindrance in taking a course of action.

**COVID Appropriate Behaviour** – This includes greeting without physical contact, wearing of face masks, not spitting in public, regular handwashing, maintaining physical distancing, avoiding crowded places.

**Motivation** - Motivation includes all the conscious and subconscious processes that energize and direct action, to volunteers for motivation to engage in behaviour change-related work for their assigned communities.



**Fig. 1: Conceptual Framework based on Social Cognitive Theory (Bandura, 2002)**

**BRAC CST Project:** With assistance from UNFPA and the World Bank, BRAC has carried out an intervention project in the Cox's Bazar Sadar, Chakaria, Kutubdia, Maheshkhali, Ramu, and Pekua upazillas. Distribution of masks, social and behaviour change communication activities, meetings of the school management committee, informational seminars for students at classrooms and madrasas, and the installation of handwashing stations were all part of this intervention effort. BRAC has selected volunteers through interviews and have engaged these volunteers for intervention where they provided the community with information about COVID19 prevention and vaccination followed by the administration of messages through miking. These volunteers had undergone one round of training after one month of their recruitment where they were told about the activities to be carried out in the field. The volunteers were involved in a varied type of Information Education and Communication activities. The major work done by the volunteers were selecting of hotspots which included crowded places and religious places like mosques, temples and schools and madrassas. Their work also consisted of conducting meetings, spreading awareness messages on COVID-19 prevention and appropriate behaviour through miking and distribution of leaflets in shops. They have been informally recognised as change makers in their neighbourhoods as they are the key persons involved in delivering the awareness messages in the community as well as responsible for dissemination of information on hand washing stations in the community. This study was conducted as a part of this ongoing intervention

**Research Question**

What are the experiences of volunteers engaged as change agents of BRAC CST project on COVID-19 prevention in Cox's Bazaar?

**Objectives**

***General Objective***

To explore the experiences of the volunteer engaged as change agents in the BRAC CST project on COVID-19 prevention in Cox's Bazaar.

***Specific Objectives***

1. To explore the perception of volunteers as change agents about their engagement in BRAC CST project.
2. To understand the volunteer experiences in terms of facilitators and challenges faced by them during provision of their services in BRAC CST project.

## Methodology

**Study Approach and Design:** This study is a Qualitative Research, and an exploratory design was followed to document the experiences of volunteer as change agents.

**Study Setting:** The study was conducted in the CST Cox's Bazar project area in Ramu, Sadar and Kutubdia upazilas of Cox's Bazar district.

**Study Population:** The study was conducted among the volunteers engaged in BRAC CST Project of Cox's Bazaar district.

**Study Duration:** This study was conducted for a period of two months i.e November and December 2022.

### **Inclusion Criteria:**

1. Volunteers from the identified intervention in Cox Bazaar's district and working for last 4 months.
2. Volunteers available on the day of interview.

### **Exclusion Criteria:**

1. Those who do not give consent.

### **Sample Size, Sampling Frame and Sampling Method:**

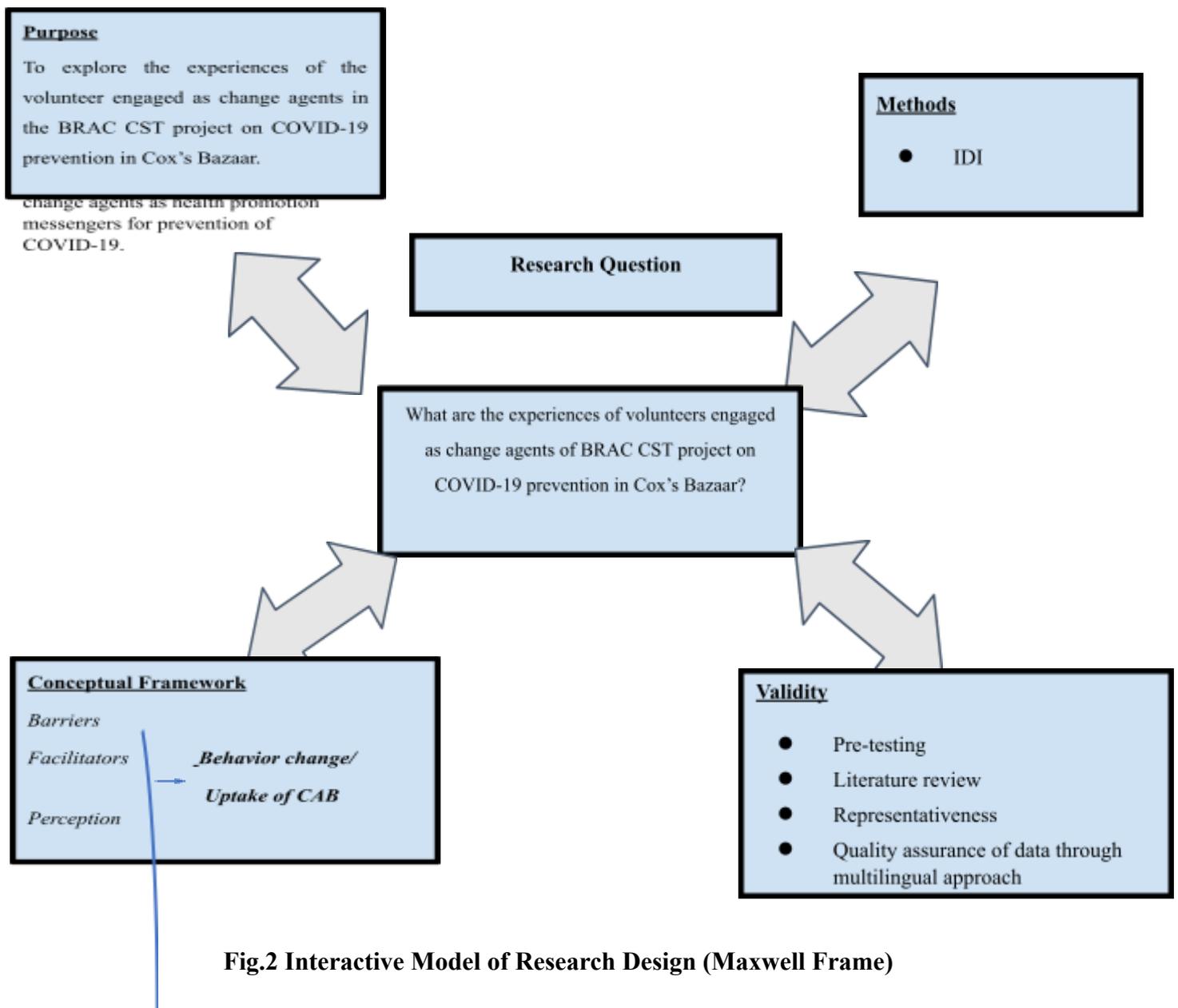
The list of 30 volunteers working in the BRAC CST project was obtained from the BRAC Office. Purposive sampling was done to select a total of 10 volunteers as change agents for inclusion in the study.

### **Data Collection Tool -**

Topic Interview Guide – A semi structured interview guideline for in depth interview (IDI) was used. It had questions on socio demographic details of study participants, perception as change agents, potential barriers, and facilitators faced by them in performing their activities.

### **Data Collection Method:**

**In depth Interview (IDIs)** were conducted. The list of volunteers was obtained from BRAC CST project manager. They were contacted prior to the date of interview and explained the purpose of visit. A written informed consent for conducting the interview and permission to record the audio was taken. Ten IDIs were conducted due to the limited time frame but we ensured data saturation. Each IDI was of 30 minutes duration. Data collection was done in the BRAC office and in community of Ramu, Sadar and Kutubdia as per the convenience of the volunteers.



**Fig.2 Interactive Model of Research Design (Maxwell Frame)**

**Data Analysis:**

All the recorded interviews were transcribed in English. Data familiarization was done during thorough reading of these transcripts. Based on apriori codes data were labelled and coded line by line. A codebook was maintained (Annexe A). A data display matrix (Annexe B) was then made using MS Excel to sort coded data into clusters and visualise them case by case. Further, these clusters have been organized into broad categories, and comparison among clusters were done to identify a pattern and trend. At last, themes were produced, and an interpretation of the pattern has been reported through emergent codes and verbatims. Both manual coding and web-based data analysis software Dedoose were used for organising, coding, and analysing data.

### ***Ethical Considerations***

The study was conducted after approval from the Institutional Review Board of James P Grant School of Public Health, BRACU. Informed written consent was sought from the respondents for In-depth Interviews (IDIs). Confidentiality and anonymity were maintained throughout the process. Predicted required time had been informed beforehand to the respondents. Participation was voluntary, and respondents were free to withdraw at any time. No remuneration has been provided to study respondents.

## Findings

The 10 volunteers involved from the BRAC CST Project were all male except one female. Their age ranged from 21 years to 38 years, and they had been working as volunteers past 5 months. The education level of volunteers ranged from secondary to tertiary level. Most of them were college going students and were also performing the volunteering activity.

### **Perception as Change Agents**

#### *Considering volunteering as the public welfare activity*

The experience of being a volunteer was seen as positive by all the volunteers. They all considered as feeling satisfied by the marked contribution that they were making to their communities. The reactions from these volunteers were a tangible sign of their inputs they were willing to give to the communities.

“I will feel blessed if my approaches save a life. That’s why I do voluntary works.” (IDI 1, M, age 22)

“I got interested because I wanted to work for public welfare.” (IDI 11, M, age 21)

#### *Learning from the community*

Volunteering also expanded their skills from active listening to providing advice on coping emotions and can understand the community better.

“people come from different backgrounds like elder people, and younger people, then there is discrimination in our society like the rich people and poor people, I can communicate with all of them. So, I can analyse the behavioural changes among the people”. (IDI 7, M, age 23)

#### *Appreciation from family about the volunteering activity of change agents*

Though most of them were seen in a good light in the community. Getting positive feedback from the family and community helped the volunteers to feel self-pride and self-worth.

“am serving people. People are getting benefits. I tell my mother about my work. She is so happy with me. She feels proud. My mother says. “Keep working from your heart.” (IDI 1, M, age 22)

### ***Respect from the community about the volunteering activity of change agents***

Most of the volunteers had positive feedback from the community people on their activity as change agents of society. They were being recognised for their volunteer work in the communities they served.

“when I go any place and find people are not wearing mask after they see me they immediately wear the mask as they may think that brother can be get angry.” (IDI 8, M, age 35)

“Most people respect us, some even mention me as the “BRAC Shaheb” when I arrive.” (IDI 10, M, age 21)

### **Facilitators of Volunteering Activity**

The volunteers experienced the support from BRAC organization supervisors, positive support from the communities that they were engaged with, their previous volunteering activity, social recognition and financial incentive as being facilitatory in acting as change agent in their BRAC CST intervention work.

#### ***Support from Supervisor***

The volunteers reported support from their supervisors but was mostly ad hoc in nature or need based. The support was mainly to manage the complex situation arising in the field.

“Yes, our Ahsan Habib Murad bhai visits them. He is our Volunteer Coordinator. He visits our fields twice a week. It is not possible to visit every one’s field. He visits as much as he can. We have to submit our action plan every morning.” (IDI 1, M, age 22)

“some brother from brac they come and give us lecture and mask and also tell us about humanitarian work those things make me feel good. we together drink tea and other things and become friend.” (IDI 8, M, age 38)

### ***Financial Incentive as Motivation***

The volunteers reported that some financial incentive (mostly 960 taka a day) gives some motivation to them to work in the field as most of them were pursuing this volunteer job for the need of the money in their families.

“Partially because I needed to earn money for my family, my two younger siblings and I were still students, both my parents are sick and my younger brother also ill from esophageal damage. 3 sick members from a family of five. So, I badly needed a job in order to support my family.” (IDI 10, M, age 22)

### ***Support from the Community***

The community engagement has mostly been favourable for almost all the volunteers. Most of them get respected in the communities they serve.

“no one give me a bad look nor even say a single bad word. They say see brother has come and tell me to sit. everyone say it is a humanitarian work so no one create any problem and also local members and chairman of the union give instruction everyone not to disturb their work.” (IDI 8, M, age 38)

### ***Support from the family***

All the volunteers reported of getting a positive support and motivation from their family members in performing their volunteering work. They could not only be a change agent for the society but also helped their families to cope with and adapt to the pandemic.

“My family is proud of me for helping out the community's people. Besides, I can also make my family aware about all this.” (IDI 9, M, age 35)

“I have full support from my family ... Since Eidgarh is my hometown, I have the responsibility of the union. So, after joining in this project, I told my mom I have a feeling that people of Eidgarh would not appreciate me much. To what my mom

said, this is your job and you're not causing harm to anyone. Your job is to provide service to people, why are you self-doubting? And just like that my parents have supported me, and I continued doing my job.” (IDI 10, M, age 22)

### ***Experience from previous Volunteering Activity***

Having a previous volunteering experience was taken as a positive state of contribution to the society and a confidence to apply for the current BRAC CST Project volunteer role. Except three volunteers all others had a previous experience of working with a Non-Governmental Organisation (NGO).

“came to know that this project is working on covid-19, CHT project community support team. As I already had experience of working as a CM, I knew that working here is very enjoyable. That's why I became very eager and interested to work here. With a hope that I can help and support and community with my previous experience and also, I'll learn something new from the training sessions. When I heard that this community support team will work on covid-19, I became even more interested. Because not only in the community but I can help people outside from the community as well. I can help anyone who has less knowledge on this matter. I was encouraged by all these aspects.” (IDI 9, M, age 35)

### ***Social Recognition***

Most of the volunteers reported that they were respected in their communities and working with BRAC gained them more popularity and facilitated their work as change agents of the society.

“like we have the batch from BRAC, whenever they see they respect us. Then we don't have to introduce ourselves that much. they understand we are from BRAC and are working for COVID 19.” (IDI 6, M, age 22)

“They take me positively because we have worked for their wellness and raised awareness between them. That's why they definitely approve of us. Oftentimes they thank us and BRAC for our work.” (IDI, M, age 35)

### ***Motivation by getting Satisfied for helping the people of the community***

Almost all the volunteers mentioned that they were able to disseminate the messages of COVID-19 prevention and were able to distribute masks to the maximum possible people.

They had also been additionally able to discuss and communicate about other health and related issues to the people of the community and bring about change in the behaviour of the people.

“We want the local people to change and get good service. They used to go to the bathroom without sandals, but now they wear sandals everywhere. Even at home. We have noticed this change in people. If we can draw such changes in the people of the village, then we will know that we have done it.” (IDI 10, M, age 22)

The volunteer also added that he enjoyed doing volunteer work and was very satisfied with his volunteer work. He stated that

“I personally am very satisfied working as a volunteer. It’s great to receive positive feedbacks.” (IDI 1, M, age 22)

## **Challenges**

The major hindrances faced by volunteers in performing their activities as change agents in the field included socio-cultural barriers, religious barrier, role of power play, language barrier due to the change in dialect of the region, the barrier in understanding due to low literacy level and lack of importance of COVID-19 by community people. There was also ad hoc support from organization and lack of standardized training reported by volunteers which hampered them to perform to their maximum ability in the field.

### ***Socio-cultural barrier***

The social and cultural environment sometimes does pose a challenge for the volunteers. Women in these societies are not allowed or found outside their household. Most of the information on prevention of COVID-19 awareness gets addressed only to the male members of their society and women are left in the hands of such men to communicate to their household.

“but men outnumber women because most of the chosen hot-spots are local shops. And women don’t often come and chat at local shops.” (IDI 10, M, age 22)

“Yes. We do not find them in the field. Women come less.” (IDI 1, M, age 22)

### ***Language Barrier***

Dialects differ between Chittagong and other parts of the Bengal region. Thus, communication barrier arose. Though the volunteers try to address it by using the common dialect of the region.

“Language problems like in Cox Bazar people can understand if I'm using the Chittagong dialect. And if I'm using pure Bangla then some people don't understand.” (IDI 7, M, age 21)

### ***Low Literacy level***

Volunteers described that engaging the people in making them to listen to the COVID-19 preventive messages were also dependant on their literacy level. It was difficult to initiate a dialogue with such group of people.

“Many people in our society didn't go to school, it is difficult to make them understand.” (IDI 7, M, age 21)

### ***Power Role***

Power role played an important role in these communities. Villagers and other local leaders were not ready to accept the coronavirus situation and demand for other issues pertaining to their health needs get addressed. The lack of importance to COVID-19 situation was present mostly among elderly of the villages.

“Sometimes challenging situations arise. Village people are mostly obstinate. Sometimes they cut our way and ask us why we had come. They say there is no corona. They interrupt us for no reason. We target them first to motivate.” (IDI 1, M, age 22)

“No, I don't think people are interested any more for covid-19. for example, a few days ago when there were cases of Conjunctivitis some of them wanted us to give them glasses instead of masks. they would say instead of masks if you could just give us some glasses.” (IDI 6, M, age 22)

### ***Religious Barrier***

The volunteers informed that most of the mosques and temples allowed them to use their space for disseminating information, but the support was minimal due to the religious issues and concerns. One of them stated that

“yes, for like mosques they don’t normally give us permission since we have to submit a report to the office about our work like mask distribution by using pictures. For that some hujurs don’t agree to taking photos.” (IDI 6, M, age 22)

### ***Myths and Misconceptions regarding COVID vaccines***

Most of the community people were aware of the importance of COVID-19 vaccine. Almost everyone had taken two doses of the vaccine except the booster. They were either not sure of its benefits or were unaware of its availability. This was also a major concern which all of the volunteers kept on addressing time and again.

“They think that they suffered from body ache and fever from the 1st dose. If they take the second dose, they will fall sick again. There I explain them that nothing like that would happen. They will feel sick a little bit, but these doses will give them lifelong immunity. They needed to be explained.” (IDI 1, M, age 22)

### ***Shaming for the work they do***

Neglect and harassment were mostly not reported by volunteers and most of them were respected in their communities for their volunteer work in the community. Wearing of BRAC vests even gave them easy access to the community members. However, two volunteers reported of being harassed and name called in their own communities where they lived.

“likes to work as a volunteer but not in his community. In his own community, people tease him saying what kind of job he does when he is so educated, and he feels ashamed.” (IDI 2, M, age 38)

“some wicked people also say as they are related to covid work we should not say anything to them. One day some garbage collector told me that see who come mask brother is here.” (IDI 8, M, age 35)

Some volunteers showed resentment in performing the volunteering activity as they feel guilt or pressure from the community as to how the volunteering activity is perceived. The

demeaning behaviour of some of the people of the community led them to question their self-worth. Therefore, they were unsatisfied and thought that they are overqualified for the job.

“not happy to be selected as a volunteer as he believes he has double master's degree and should get a senior position.” (IDI 2, M, age 38)

### ***Lack of logistics and mobility support from the Organization***

The supplies and logistic support from the organization was also informed to be limited by almost all of the volunteers. The organization had initially not provided the volunteers with their ID cards too for easy mobility which had led to challenge in engaging communities successfully. The masks are also being supplied in fixed quantities while on field situation the scenario becomes difficult when crowding of more than 50 people occur. There is also no mobility support provided to these volunteers.

“At first we were not introduced with the members. And we also didn't have any IDs with us as we work on a temporary project. So, when I went to people they were not satisfied with our identity. We said that were from BRAC, but they didn't believe us fully. Many volunteers quitted due to lack of identity.” (IDI 1, M, age 22)

### ***Lack of refresher training***

The training was conducted for almost everyone after one month of their recruitment. It was not uniform and there was no quality assured. Training was held only once for their job description and no refresher was conducted.

“It was basically an orientation. We were informed about corona in detail at this training or orientation, however you'd put it.” (IDI 9, M, age 35)

### **Coping Strategies Adopted**

To overcome the above-mentioned challenges, the volunteers adopted a need-based strategy.

### ***Increasing the involvement of women***

They communicated the male members to convey the messages to women of their household. Miking was done so that women could also hear those messages. A suggestion on courtyard

meetings was given to involve a greater number of people especially the women in the community who could get this information.

“Actually, in the Cox’s Bazar sadar, in the shops female don't come a lot. Mostly it’s the male. Then I tell them that the reason of me telling you people about these preventive measures is that not only you will take this measures but also you have to tell your family members about this. you should tell 10 more people, your family members and should show them how to hand wash and show how to wear mask to your friends and family. That's what we tell them.” (IDI 6, M, age 22)

### ***Use of local dialect***

To address the language barrier, the volunteers used the prevalent dialect of the region

where they used to work in the communities.

“They can understand it better if I'm using the Chittagong language. So, I need to use that according to the place.” (IDI 6, M, age 22)

### ***Involving local leaders for engaging resistant communities***

The volunteers saw involvement of local influential people in the community to increase their acceptability among people with low literacy or where community lacked acceptability due to ignorance or lack of importance on COVID-19.

“People who are not educated, didn't take it at first but when we went there, we talked with the leaders, we had a meeting, we took them along or they informed us about the spot. Like which spot have more people. The leaders helped us a lot.” (IDI 7, M, age 22)

### ***Addressing the myths***

The myths pertaining to COVID-19 vaccine and wearing of masks was also addressed in a scientific manner by the volunteers.

“We explain them what COVID-19 is. We give them examples of their community people. Our CM had meetings with their community people. I got to know some of them in those meetings. We gave them example of some

people who got affected by COVID. Then they understand.” (IDI 1, M, age 22)

“They worry about infection and so I assure them by saying that there’s nothing to worry about infection as they had gotten the shots more than a year ago. Later they ask about the procedures, and I tell them to register with their NID and to carry the registration card with them to the BRAC office. Then our BRAC staff will help them get the vaccines.” (IDI 10, M, age 22)

### ***Becoming resilient and adaptable***

Since the workload of the volunteers is huge and most of them were still studying, they had to manage time accordingly to be more resilient.

“I don't have to go to college every day. when I get time after 5 p.m. then I study. if I need to go to college, I take some time off from the office.” (IDI 6, M, age 22)

## **Discussion**

This study explored the experiences of volunteers as change agents of society involved under the BRAC CST Intervention project. The study identified the perception of change agents where they considered volunteering activity as being done for public welfare. It also explored the facilitators in implementation of their volunteering work and the challenges faced for them to act as change agents in the community which they served. The findings indicated that the social recognition as BRAC agents helped the volunteers in easy access to their communities. Also, positive support from their supervisors, enabling environment and support from their own families facilitated their work. Financial incentive as part of the job and working for the goodwill of the community helped the change agents to remain motivated for their work. The major hindrances in performing the work as change agent was language barrier, lack of acceptance on the importance of COVID-19 due to power role by influential people and due to low literacy level in some communities. More men and less women attended the meetings conducted by the volunteer change agents due to the prevalent socio-cultural norms which acted as a barrier in engaging women for disseminating COVID-19 prevention messages. Other challenges include lack of organizational support in terms of logistics, mobility support and lack of refresher trainings.

Despite all the hurdles, the potential role of volunteering for social welfare activity was seen as confidence booster for the volunteers involved in this study. Motivation for volunteering was found out to have a sense of self accomplishment and to learn new behaviour and activities. The host community also perceived their volunteering activity with great respect and gave them a position of social responsibility within their communities. A British study conducted among emotional stressors of volunteers has also reported that getting positive feedback and support for volunteering activity increases the self-pride and worth which is similar to that reported in our study (Vattoe et al., 2020).

The volunteers involved in the BRAC Community Support Team Intervention project adopted an education-based strategy to impart awareness on COVID-19 prevention, vaccination, and hand washing. They utilised mass communication like miking, distribution of leaflets to reach to a larger part of community by consistently delivering same message constantly. As per the conceptual framework discussed earlier these health volunteers had some internal subconscious factors for motivation, their external and social environment and their individual factors or opportunities that influenced their activity as change agent to bring about behaviour change in people of the community. There was a high degree of inherent motivation among the volunteers for changing behaviour of their communities. All expressed a desire to improve the lives of the people in their communities and informed about feeling sense of satisfaction about their jobs. In Sub-Saharan Africa the success to community health volunteering programme has been attributed to the motivation of these volunteers as they share an intimate relationship with their local communities (Hermann et al., 2009; Mwai et al., 2013). This high level of motivation keeps the change agents tasked with the behaviour change activities despite the challenges faced by them.

Supervisory support from the organization or NGOs is an important facilitator in performing the volunteering activity. An ongoing support was being provided to the volunteers of our study and was mainly addressed to the complex challenges faced by them in the field and found such support to be helpful. However, some studies report the insufficient nature of supervision owing to the level of challenges faced by the volunteers in the field (Aseyo et al., 2018; Kawakatsu et al., 2012).

In our study recognition from the community motivated them to perform their activity as change agent as they felt valued and respected by them. In a cross-sectional study conducted among provider and client perspective in Rwanda also observed a similar finding where the community people of the households visited by health volunteers respected and extended

them support in performing their activities (Condo et al., 2014). Such motivation will compel the volunteers to improve their performance.

Support from family and the people of the community that is being served plays a crucial role in facilitating their performance of volunteering activity. In this study the volunteers were able to perform as change agents as they all had positive support from their families and their families and community people also appreciated their nature of work. However, this finding is different from few of the existing literatures which have reported the unwillingness of family members to understand the work done by the health volunteers as well as were criticized by their communities (Maes K., 2017; Woldie et al., 2018). Some studies have also reported discontent and disapproval from their family members in pursuing the volunteer job as opposed to other jobs which pay more (Laurenzi et al., 2021; Loth et al., 2020).

Improving the population health depends on changing the behaviour of the people. In our study some of the people were willing to listen and change behaviour if they were offered snacks or some eateries in exchange of the information and masks distributed. In some areas people were hesitant and resistant to the messages on mask use and COVID-19 vaccination. They were not ready to engage in a dialogue with the volunteers and thus, it was difficult for these change agents to bring about a behaviour change. Aseyo et al. (2018) reported in his study that involvement of local communities and leaders in the African urban settings helped them to handle the difficult resistant communities. This study also reported that community volunteers could build a rapport by involving the TB survivors while addressing the disease in such communities. In our study also the volunteers reported the successful involvement of local influencers to address such resistant communities and groups of people as well as involved COVID-19 survivors to address their myths and misconceptions about COVID-19. This strategy helped them to cope up with such challenges.

Though volunteering is considered as a noble act by the people but in our study few volunteers faced demeaning and shaming attitude from the community in which they reside. This demotivated them in performing their activities in the field. In Nigeria too similar findings were reported among the community health volunteers who faced stigma and harassment from community members (Sam Agudu et al., 2018). Other study reported that women faced more harassment than men and were abused with the nature of work especially pertaining to reproductive health (Zulu et al., 2014). However, our study could not find any difference between male and female perspective due to very low representation of the female respondent.

Training of change agents is a vital part involved in changing the health-related behaviour of the people. The community volunteers reported participating in training which were not standardized and was held only once. The training lacked components of behaviour change techniques and strategies and absence of any refresher training which might have created a knowledge gap. In a review by Michie et al. (2011) reported using adoption of 116 different techniques for behaviour change in the community. This highlights the gap that not just education-based behaviour changing methods but other modern behaviour changing strategies also needs to be included in the training of these volunteers which will provide a scope to address many other issues as well in the community. Thus, will help to increase their performance in the field as change agents.

Limited supplies of logistics like masks, lack of transport support in field, lack of or absence of badges or identity cards facilitating their identity as change agent acted as negative influencers in acting as change agents in our study. Many studies have reported similar challenges encountered by volunteers in performing their activities. These studies also reported the non-uniformity or very limited amount of stipend also a hindrance in doing their work (Laurenzi et al., 2021; Sam Agudu et al., 2018; Zulu et al., 2014). However, this challenge could not be assessed in our study and is a limitation of this study. Such challenges can cause stress among the volunteers and hinder their performance and effectiveness in providing their services.

These study findings will enable the BRAC CST Intervention implementers to focus on the measures that can be taken to eliminate the barriers faced by the volunteers in performing their activities as change agents and facilitate their activities in future. Therefore, while panning the volunteer in other behaviour change intervention for disease prevention or health promotion in the future BRAC can incorporate these findings to improve the outcomes of the intervention. This study did not assess the extent of behaviour change adopted by the communities. It also had few limitations in terms of shorter time frame of the study and challenges faced in use of multiple languages. Data collection tool was first made in English and then translated to Bangla for field data collection staff. Data was collected in verbal Chittagong dialect. The audio recordings were then transcribed in Bangla and then translated and analysed in English. Another limitation was that it was not possible to do method triangulation as only IDIs were conducted. The study did not assess physical and mental barriers of the volunteers and cannot be representative of the volunteers as females did not have adequate representation in the study. This study also could not assess the gender

differences in experiences. Nevertheless, the study still unfolds experience of volunteering as change agents of society which has not been done before, to best of my knowledge.

## **Conclusion and Recommendations**

### ***Conclusion***

The volunteers of BRAC CST Intervention project played a key role in acting as a change agent for behaviour change with respect to COVID-19 prevention. This study found out that overall, there was acceptance at large in the community and their own families for these volunteers as change agents of society. Most of them did not face any major hurdle while engaging with communities. The study identified factors like motivation, social recognition, support from family, communities and supervisors as enhancing their activities in the field while factors that limit the change agents to deliver behaviour change strategies in their communities included socio-cultural and religious barriers, issues pertaining to understanding within communities due to change in dialect, power role, myths and misconceptions and lack of logistic supplies and mobility support. This study will help to overcome the challenges faced by these volunteers and will enhance their interaction with community. Moreover, the findings of this study about volunteers experience as being a change agent of society will help to involve and recruit these change agents in more and more behaviour change activities by roping them as lay workers in the formal health system.

### ***Recommendations***

- For volunteers to be engaged fully for community support and change agents of society a complete organizational support is needed.
- The organizational support will ensure continuous supplies of logistics and provide them support for field mobility which will help them to perform their tasks better.
- Materials for their identification like vests and photo identity proof with the organization logo to help them to identify within a part of health system and gain better recognition in the community that they serve should be provided at the time of induction.
- Financial and non-financial incentives can help increase their motivation level in the current scenario of job insecurities.
- A standardized tailor-made training curriculum and on-site job training needs to be developed for trouble shooting of the issues faced by volunteers while in field.

- There is also a scope for conducting this study in the future with more volunteers of diverse background and with multiple responsibilities and exploring beneficiaries' perspective on activities of volunteering for behaviour change to assess the actual effectiveness of change agents of the community. Also, research needs to be conducted to understand the gender difference in experience as change agents.

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## Annexure A

### Codebook – Apriori Codes

Code Label	Brief Definition	Full Definition	When to use and not to use
<b>Perception</b>	Perception of being a change agent or being a community health volunteer.	Perception of self in being a volunteer change agent, perception among family and community members on acceptance and credibility of volunteering activity as change agents of society.	<p>When to use: When the respondent mentions of self being a volunteer agent, how they and others see them as a volunteer change agent.</p> <p>When not to use: When the respondent talks about volunteering activities and his or her experience.</p>
<b>Facilitators</b>	Factors that helped or facilitated being a change agent for the community.	The factors that favour or help in taking a course of action.	<p>When to use: When they mention how and what factors helped in facilitating their activities in the field to bring a change in people's behaviour.</p> <p>When not to use: When they do not mention any positive factors helping them in their work.</p>
<b>Challenges</b>	Factors that were hindrance in being a change agent for the community.	The factors that act as hindrance in taking a course of action.	<p>When to use: When the respondents mention of any challenge or barrier they faced from community, family or did not get nay support while working as volunteer.</p> <p>When not to use: When they do not mention any challenges.</p>

<b>Coping strategy</b>	Coping from challenges faced in the field during activities performed.	Strategies adopted because of challenges faced in terms of change in tactics, behaviour for problem solving or crises management.	<p>When to use: When they mention the strategies or action adopted in response to a challenge faced, or to address the myths on COVID-19 or when they mention their self-coping strategy due to increase workload.</p> <p>When not to use: When they do not mention any challenge and any crises situation.</p>
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### Sub Codes

Apriori Codes	Sub codes	Definition
<b>Perception as Change Agent</b>	People's Welfare Agent	How volunteers perceive themselves as change agents, and their attitude
	Acceptance From Family	How their family members view their volunteering activity
	Respect From Community	How their community members view their volunteering activity
<b>Facilitators</b>	Self-Motivation	Self-motivating factors, level of interest that help keep going on the activity, sense of job satisfaction
	Social recognition	Recognised and respected in community by the people of the community for their work as change agents
	Financial Motivation	The financial responsibility or the money received for volunteering activity

	Support from Community	Positive support from community people in helping to organize the various activities of volunteer.
	Support from Supervisors	Positive support from BRAC organization in helping to organize the various activities of volunteer.
<b>Challenges</b>	Socio-cultural	Social and cultural barriers that act as a challenge in delivery of services of volunteers.
	Power Role	Hindrance from a particular community or villagers or involvement of influential community people to make people listen and address the community gatherings by the volunteers.
	Religion Barrier	Hindrance from religious leaders
	Language barrier	Difficulty in making community understand due to language issues.
	Lack of organizational support	Lack of provision of logistics by BRAC organization which led to hampering of the activities if volunteers.
	Shaming for their volunteer activity	Neglect, harassment, and name calling faced in the community.
	Myths	Misconceptions related to COVID-19 vaccines, mask usage and other COVID-19 pertaining information
<b>Coping Strategy</b>	For addressing challenges	Measures taken to address the challenges encountered in the field
	Addressing myths	Measures taken to make people receptive for COVID messages
	Self	Measures taken for self by volunteers to make themselves resilient to perform the duties well.

## Annexure B

### Data Display Matrix

				Perception of being Change Agent/Volunteer activity		
IDI	Age	Gender	Occupation	by Self (Positive attitude, interest)	Acceptance from Family	Respect from Community
1	22	M	Student	I will feel blessed if my approaches save a life. That's why I do voluntary works.	am serving people. People are getting benefits. I tell my mother about my work. She is so happy with me. She feels proud. My mother says. "Keep working from your heart. Don't listen what people say."	they cordially accept us and introduce us with other people.
2	38	M	Volunteer	not happy to be selected as a volunteer as he believes he has double master's degree and should get a senior position. However, given he needed a job, he agreed	Family supports his volunteering job.	
3	35	F	Volunteer		When I return home, my child does not come near to me until I wash my hands	
4	22	M	Student	volunteering is a type of work through which other people will benefit from me		They know I am working for BRAC and talk about COVID-19. So, they wear the mask as soon as they see me.

5	23	M	Student	I was interested because previously back in 2020 the work I have done. people from different backgrounds like elder people, and younger people, then there is discrimination in our society like the rich people and poor people, I can communicate with all of them. So I can analyse the behavioural changes among the people	Father encouraged me. He used to say that, as I'm working as a volunteer, this is noble work. My father helped me a lot. My father never told me anything, even during shut down I was outside	we go there, people become more excited and they take us nicely.
6	35	M	Volunteer	I will do it for humanitarian service. I feel good	Of course they do. My two daughters are small and when they are out after 5 to 10 minutes they use hexisol and say corona virus is there outside	when I go any place and find people are not wearing mask after they see me they immediately wear the mask as they may think that brother can be get angry

7	35	M	Volunteer	As I already had experience of working as a CM, I knew that working here is very enjoyable. That's why I became very eager and interested to work here. With a hope that I can help and support and community with my previous experience and also I'll learn something new from the training sessions. When I heard that this community support team will work on covid-19, I became even more interested. Because not only in the community but I can help people outside from the community as well. I can help anyone who has less knowledge on this matter. I was encouraged by all these aspects.	My family is proud of me for helping out the community's people. Besides, I can also make my family aware about all this.	Because, the community that I am working with, the chance that I am getting to know them and being able to deliver the messages face to face, they all love me for it. And they often express admiration for our initiative of delivering important messages to them.
8	21	M	Student			Most people respect us, some even mention me as the "BRAC Shaheb" when I arrive.
9	21	M	Student	I got interested because I wanted to work for public welfare.	They are happy that I work regarding COVID-19. They are conscious about it too.	When I visit them, they become excited and say, " Brother has come, now he will talk, come everybody

10	22	M	Student	I definitely enjoy working on public related projects like this. I've been interested ever since I joined FAO and YPSA	Since Eidgarh is my hometown, I have the responsibility of the union. So, after joining in this project, I told my mom I have a feeling that people of Eidgarh would not appreciate me much. To what my mom said, this is your job and you're not causing harm to anyone. Your job is to provide service to people, why are you self-doubting? And just like that my parents have supported me and I continued doing my job.	Yes. People respect a lot. There are many drivers who give me lift.
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Facilitators				
	Motivation for money	Enjoy Volunteer work	Community Support	Supervisor support
1	960 taka	you enjoy to volunteer and to help people. I personally am very satisfied working as a volunteer. It's great to receive positive feedbacks.		Yes, our Ahsan Habib Murad bhai visits them. He is our Volunteer Coordinator. He visits our fields twice a week. It is not possible to visit every one's field. He visits as much as he can. We have to submit our action plan every morning
2			when he works in another location other than his own, he feels good because he feels respected.	
3			They appreciate us a lot	

4	I like working here. Cause I work as a volunteer, I worked in the field and met with everyone. Plus, this is providing support for my family, and also other people are being benefited. That's why I like this work.		like we have the batch from BRAC, whenever they see they respect us. Then we don't have to introduce ourselves that much. they understand we are from BRAC and are working for COVID 19.	BRAC batch provided
5		I got the opportunity to make people understand, I can talk to people, and I can explain to them about Covid. This is great work.	t first when I started working, I was new in Cox's Bazar area I used to call them after that people used to come. Sometimes the respected people of the area like the school teachers and the members and chairman used to come. Then I told them I came from BRAC. They ask me what is my purpose behind coming here. I told them I came from the CST project. Community support team. I'm working as a volunteer. We will distribute some masks and we will set a basin for hand washing. They took it nicely. Then they asked us to share some information with them so that they can share that information at home	

6			no one give me a bad look nor even say a single bad word. They say see brother has come and tell me to sit. everyone say it is a humanitarian work so no one create any problem and also local members and chairman of the union give instruction everyone not to disturb their work.	some brother from brac they come and give us lecture and mask and also tell us about humanitarian work those things make me feel good. we together drink tea and other things and become friend.
7	Our payment is made at the end of the month. If we work for 25 days in a month then we get paid for 25 days. Our daily payment is fixed at 960 taka		They take me positively because we have worked for their wellness and raised awareness between them. That's why they definitely approve of us. Oftentimes they thank us and BRAC for our work.	
8	Well yes, because I completed my HSC exams and am still studying in honors. I really needed the job			
9	960 TK per day		Maximum people respect us.	
10	Partially because I needed to earn money for my family, my two younger siblings and I were still students, both my parents are sick and my younger brother also ill from esophageal damage. 3 sick	We want the local people to change and get good service. They used to go to the bathroom without sandals, but now they wear sandals everywhere. Even at home. We have noticed this change in people. If we can draw such changes in the people of the village,	Alhamdulillah no, I didn't face any other problems. After performing salah, I simply tell the Imam that I won't be taking more than 5 minutes as it is a mosque. Then he tells everyone that "he came from BRAC and wants to convey some	: To give you an example, the BRAC uniform plays a massive role. When we wear it in the field, they ask are you from BRAC? We then say yes, we are from BRAC. They usually ask this when they see us wearing the uniform.

<p>members from a family of five. So I badly needed a job in order to support my family. ( unclear 31:45-31:43). But I couldn't join that as it was in Noakhali. I got a chance in Chittagong but couldn't go for family matters. So in order to provide for my family, it was necessary for me to find a job as soon as as possible</p>	<p>then we will know that we have done it.</p>	<p>messages related to covid-19. He will just take 5 minutes of your time." So after everyone finishes their prayers, they sit and we convey the messages among them right there.</p>	
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Challenges					Coping Strategy		
ID	Sociocultural barrier	Power Play	Lack of Community support	Lack of organization support	From Challenges	Addressing myths	for self
1	<p>Yes. We do not find them in the field. Women come less.</p>	<p>Sometimes challenging situations arise. Village people are mostly obstinate. Sometimes they cut our way and ask us why we had come. They say there is no corona. They interrupt us for no reason. We target them first to motivate.</p>	<p>They don't agree because we will spend an hour in the shop. So, there might be some problems.</p>	<p>At first we were not introduced with the members. And we also didn't have any IDs with us as we work on a temporary project. So, when I went to people they were not satisfied with our identity. We said that were from BRAC, but they didn't believe us fully. Many</p>	<p>Then our CM meet with them and introduced us. Members are they key persons of a community. When we visit, they ask us where did we come from, what are we doing, there were many volunteers like us who deceived people and took money from them, are we like them or not. Then</p>	<p>We explain them what is COVID-19. We give them examples of their community people. Our CM had meetings with their community people. I got to know some of them in those meetings. We gave</p>	<p>should ensure security. As volunteer need to go different places, their safety should be ensured. dada managed a permission letter from the police superintendent. It became easier for us</p>

				volunteers quitted due to lack of identity.	we made them contact with our CM Dada. Then the problem was resolved.	them example of some people who got affected by COVID. Then they understand.	to work with that letter.
2			likes to work as a volunteer but not in his community. In his own community, people tease him saying what kind of job he does when he is so educated, and he feels ashamed.				BRAC vest provided, helped him to have respect among people
3					those men to share information with their female family members.		
4	yes, for like mosques they don't normally give us permission since we have to submit a report to the office about our		its s like not every human are same. Some people get angry and say that they can't give us time in their shops. We don't force them; we just request them to let us use their shops. If they agree then we will		they can understand it better if I'm using the Chittagong language. So I need to use that according to the place. Actually, in the Cox's Bazar sadar, in the shops female don't come a lot. Mostly it's the male. Then I tell them that the reason of me telling you people about this		I don't have to go to college every day. when I get time after 5 p.m. then I study. if I need to go to college, I take some time off from the office.

<p>work like mask distribution by using pictures. For that some hujurs don't agree to taking photos. Language barrier: they can understand it better if I'm using the Chittagong language. So I need to use that according to the place. Actually, in the Cox's Bazar sadar, in the shops female don't come a lot. Mostly it's the male.</p>		<p>work there, otherwise we won't No, I don't think people are interested any more for covid-19. for example, a few days ago when there were cases of Conjunctivitis some of them wanted us to give them glasses instead of masks. they would say instead of masks if you could just give us some glasses.</p>		<p>preventive measures is that not only you will take this measures but also you have to tell your family members about this. you should tell 10 more people, your family members and should show them how to hand wash, and show how to wear mask to your friends and family. That's what we tell them</p>		
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7	<p>They have a concept that they will die if they take vaccine. Then we motivate them that vaccines will make their immunity stronger. Then they do registration for vaccine from mobile.</p>		<p>Sometimes shop owners have to serve load of customers. Then they do not like those stations in their shops and ask us if we can replace it at a different shop. We then take them away and set it up in a different shop.</p>	<p>there are many places where no or very few vehicles are available. If they could help us then, it would be better.</p>			
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