SLP Thematic Area: Health and Wellbeing of Urban Slum Dwellers

EXPLORING THE EXPERIENCES OF COMMUNITY HEALTH WORKERS DURING COVID-19 PANDEMIC IN URBAN SLUMS OF DHAKA CITY

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Researcher's name: Baba James Nyara
ID: 20167021
Email: babajames2000@gmail.com

Supervisor: 1

Name: Sabina Faiz Rashid, PhD
Designation: Dean and Professor
Institution: BRAC James P Grant School of Public Health BRAC University
Email: sabina@bracu.ac.bd; sabina.frashid@gmail.com

Supervisor: 2

Name: Bachera Aktar
Designation: Assistant Director
Institution: BRAC James P Grant School of Public Health BRAC University
Email: bachera.aktar@bracu.ac.bd

Mentor: 1
Name: Wafa Alam
Designation: Assistant Coordinator
Institution: BRAC James P Grant School of Public Health BRAC University
Email: wafa.alam@bracu.ac.bd>

Mentor: 2
Name: Nadia Farnaz
Designation: Research Fellow
Institution: BRAC James P Grant School of Public Health BRAC University
Email: nadia.farnaz@bracu.ac.bd

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Abstract

Introduction: Community Health Workers (CHWs) are largely female who are employed by different private and public organizations with an aim to bridge the gap between formal healthcare and community, primarily working in rural and urban settings in Bangladesh. However the COVID-19 pandemic has posed unique challenges in urban slums of Dhaka because dwellers live in overcrowded spaces, lack access to WASH facilities and experience poverty which undermine COVID-19 prevention measures. In this context, CHWs play vital roles such as awareness, relief distribution and contact tracing to combat the spread of COVID-19. This study explored their experiences during the shutdown for service delivery organizations to recognize them as essential workforce.

Method: The study drawn from 19 qualitative data transcripts from a larger research conducted by James P. Grant School of Public health at BRAC University which explored experiences of urban slums dwellers including CHWs during the COVID-19 shutdown in urban slums of Dhaka. Data was collected on phone from participants and coded inductively after organizing and categorizing according to themes and later placed on data matrix for easy visualization, analysis and interpretation.

Findings: CHWs play key role in fighting COVID-19 in urban slums by linking the community and formal health care but they face challenges that include, disrupted personal and social lives, non-recognition and mistrust, increased workload, community expectations, poor remuneration and mental and emotional distress.

Conclusion: The current COVID-19 situation has resulted to unprecedented challenges that affect the health and wellbeing of CHWs in urban slums in Dhaka, therefore government and service delivery organizations are urged to recognize CHWs as essential health workforce and implement feasible measures such as work shifts and leaves, improved remuneration, counseling support and regular training to enhance their performance. It is important to conduct additional exploratory research in other slums to generate more evidence.

1 Introduction

The COVID-19 was identified in Wuhan City, China, in December 2019, and spread to 220 Countries and territories globally (CDC, 2020). As the pandemic moves across poor Countries in the world, its threats are expected to rise due to the poor living conditions of vulnerable populations often characterized by crowding, poverty, inadequate water and sanitation facilities and prioritization to earn daily wages by going to work every day. These realities make the practice of COVID-19 prevention measures unfeasible (Rasheed, 2020; Walton, 2020). Therefore, countries are urged to support and strengthen their health workforce especially Community Health Workers (CHWs) who constitute a huge proportion of frontline health workforce globally (Iserson, 2020; Hartzler, Tuzzio, Hsu, & Wagner, 2018).

According to the World Health Organization (2017), CHWs are defined as members of the communities where they work, who should be selected by the communities, be answerable to the communities for their activities, be supported by the health system but not necessarily a part of its organization, and have shorter training than professional workers). Similarly, a systematic review evidence by (Olaniran, Smith, Unkels, Bar-Zeev, & van den Broek, 2017) describes CHWs as paraprofessionals or lay individuals with an in-depth understanding of community culture, language, have received a standardized job-related training of shorter duration than health professionals, and their primary goal is to provide culturally appropriate health services to the community they serve.

The main roles of CHWs include delivery of essential health services such as awareness-building, preventive and curative services and follow-up and recognition of health conditions that require referral to a higher level of care however these roles may vary depending on the needs of communities (WHO, 2016; Olaniran, Madaj, Bar-Zev, & van den Broek, 2019). In addition, Kok et al., (2014) noted that CHWs play significant role in linking community and health sector but are often inadequately recognized as essential workforce despite their immense contribution in achieving public health goals.

During major public health emergencies, CHWs contribute inherently by supporting health systems in low resources settings through increasing access to health products and services, health

sanitization and reducing the burden faced by formal health providers such as doctors, nurses and paramedics. Given that they have experienced past pandemics and major outbreaks such as Ebola virus disease for example in parts of West Africa, they act as buffer against emergencies particularly in serving vulnerable populations (Boyce & Katz, 2019).CHWs are essentially trusted voices of community who often play active role in social mobilization and health sensitization during outbreaks . Therefore learning key lessons from the 2014 Ebola response such as community engagement and integrating existing informal health providers into the health system of a country will contribute to successful response mechanism(Scott, Crawford-Browne, & Sanders, 2016; Perry et al., 2016).

Most LMICs face several challenges in fighting the current COVID-19 pandemic due to their health systems which face scarcity of frontline healthcare workers like doctors, nurses and paramedics thus CHWs have become critical in closing this gap by performing activities such as door to door education, contact tracing and patient referral(Bhaumik, Moola, Tyagi, Nambiar, & Kakoti, 2020). CHWs often work without proper personal protective equipment (PPE), are stigmatized and poorly compensated which demotivate them in responding to the pandemic (Raven et al., 2020; Dennerlein et al., 2020; Bhaumik et al., 2020).

The South Asian countries have experienced outbreaks of infectious diseases like cholera in the past years being the most important example in the region, a better opportunity to learn lessons regarding pandemic response. However Countries in this region are still struggling due to poor public investment and scarcity of healthcare workers and increasing urban dwellers. The region also faced many contextual challenges related to socio-economic and political development which pose huge threat in fighting COVID-19 pandemic. Despite these setbacks, CHWs still play key role particularly in closing the gap of limited formal health workforce in all Countries (Sarkar, Liu, Jin, Xie, & Zheng, 2020; Mathias & Reyes, 2020).

Similarly Bangladesh like other countries in South Asia also face increasing number of urban slum dwellers posing a huge burden to the health system due to limited resources. Evidence estimates that approximately 55% of Bangladesh population live in slums characterized by poor water and sanitation facilities, overcrowding and poor health seeking behavior. Therefore CHWs play

integral role in improving the health of poor and marginalized populations living in the urban slums (Mberu, Haregu, Kyobutungi, & Ezeh, 2016).

In Bangladesh CHWs are predominantly female workforce who work in both rural and urban settings and they play key roles in health service delivery and their routine functions include promoting family planning, immunization, and one of their remarkable contributions to the health system was promotion of oral rehydration therapy which hard significant history in health improvement back in the 1980s. Bangladesh has a total of 185,000 CHWs and approximately 115,000 are locally hired and are supported by Non-Governmental Organizations (NGOs), others are either paid salaries or incentives while some CHWs work in public sector at the community clinics, the lowest level of the Bangladesh health system (Adams, Vuckovic, Graul, Rashid, & Sarker, 2020).

However the roles of CHWs in Bangladesh have substantially changed during the COVID-19 pandemic after the first case of COVID-19 was identified on March 8, 2020 (Mukaddes, Sannyal, Ali, & Kuhel, 2020). In an attempt to prevent the surging number of COVID-19 cases, the Government of Bangladesh (GoB) implemented a nationwide holiday aimed at shutting down the population. However with a Country of more than 165 million people social distancing was not possible and even more impractical in urban slums (Shammi, Bodrud-Doza, Islam, & Rahman, 2020; Mukaddes, Sannyal, Ali, & Kuhel, 2020).

In the current COVID-19 pandemic, BRAC is responding by engaging CHWs and various platforms such as primary schools, community based organizations and microfinance groups. BRAC has suspended most of its routine activities in order to confront the deadly virus through its dedicated team of CHWs and staff who are involved in creating awareness on COVID-19 virus. This was done through house to house visits while utilizing the best approaches and experiences from their historically remarkable oral rehydration therapy program as a platform to combat the pandemic (Chowdhury, 2020).CHWs play key roles in serving the marginalized and vulnerable urban populations who have poor health seeking behavior. They are involved in raising awareness and countering misinformation about COVID-19 and trace, refer patients for better care. They also

assist in identifying vulnerable households and provide them with disinfectants, medicines and food (Rasheed, 2020).

This study hopes to generate evidence to guide government and service delivery organization to adequately recognize CHWs as essential health workforce and address their challenges in fighting COVID-19 pandemic in urban slums of Dhaka.
Therefore this research aims to explore the experiences of CHWs working in urban slums in Dhaka during COVID-19 shutdown by answering the following research questions:

1. What are the individual, family, community and work impacts of COVID-19 faced by CHWs working in urban slums of Dhaka?
2. What are the coping mechanisms of CHWs during the COVID-19 shutdown in urban slums of Dhaka?

Operational Definitions

Community health worker (CHW): In this paper, 3 categories of workers are referred to as CHWs: Community Organizer (CO) provides awareness messages and distribute relief items. CHW locally known as Shasthyo Kormi (SK) supervises 10 networks of community volunteers. Community Volunteer (Shasthyo Shebika) sells health products in the community. Currently all 3 categories perform overlapping roles including COVID-19 Prevention awareness, identification and listing of vulnerable households and distribution of relief items (Food, hygiene materials).

Coping mechanisms: It is a strategy that a person carryout to feel mentally strong when a situation of mental distress strikes, this includes maintaining a good balance of emotions and wellbeing. Copying mechanisms are applied in different crisis situation such as COVID-19 that devastates socio-economic, work, health and mental wellbeing of CHWs.

Individual level: This refer to factors that directly affect the health and wellbeing of CHWs such as mental and emotional distresses including gender dynamics such as gender based violence and abuses of rights.

Interpersonal level: These are factors that affect CHWs relationships at family and personal levels, this include disrupted family and personal relationships experience.

Community level: These are factors that CHWs encounter from the community and often inhibit their social identity and self-confidence, this challenges include social stigma, non-recognition, mistrust from community including increased community expectations for relief service.

Contextual factors: These factors are experienced by CHWs from where they live and work (urban slums) such as poor living conditions, lack of access to water and sanitation, overcrowding, lack of land ownership and poverty.

2 Methodology

2.1 Conceptual framework

This socio-ecological model in (figure 1) analyze the impacts of COVID-19 on CHWs at individual, interpersonal, community and work place which are exacerbated by broader contextual factors in Dhaka urban slums. At the individual level COVID-19 directly affects CHW's mental and emotional wellbeing, while at the interpersonal level it disrupts family and personal relationships, and at community level it contributes to social stigma, non-recognition and increased community expectations for services, and finally at the workplace CHWs face increased workload and poor remuneration which leads to reduced income to manage basic essentials such as food and rent. These factors are often interlinked and are magnified by COVID-19(CDC, 2020).

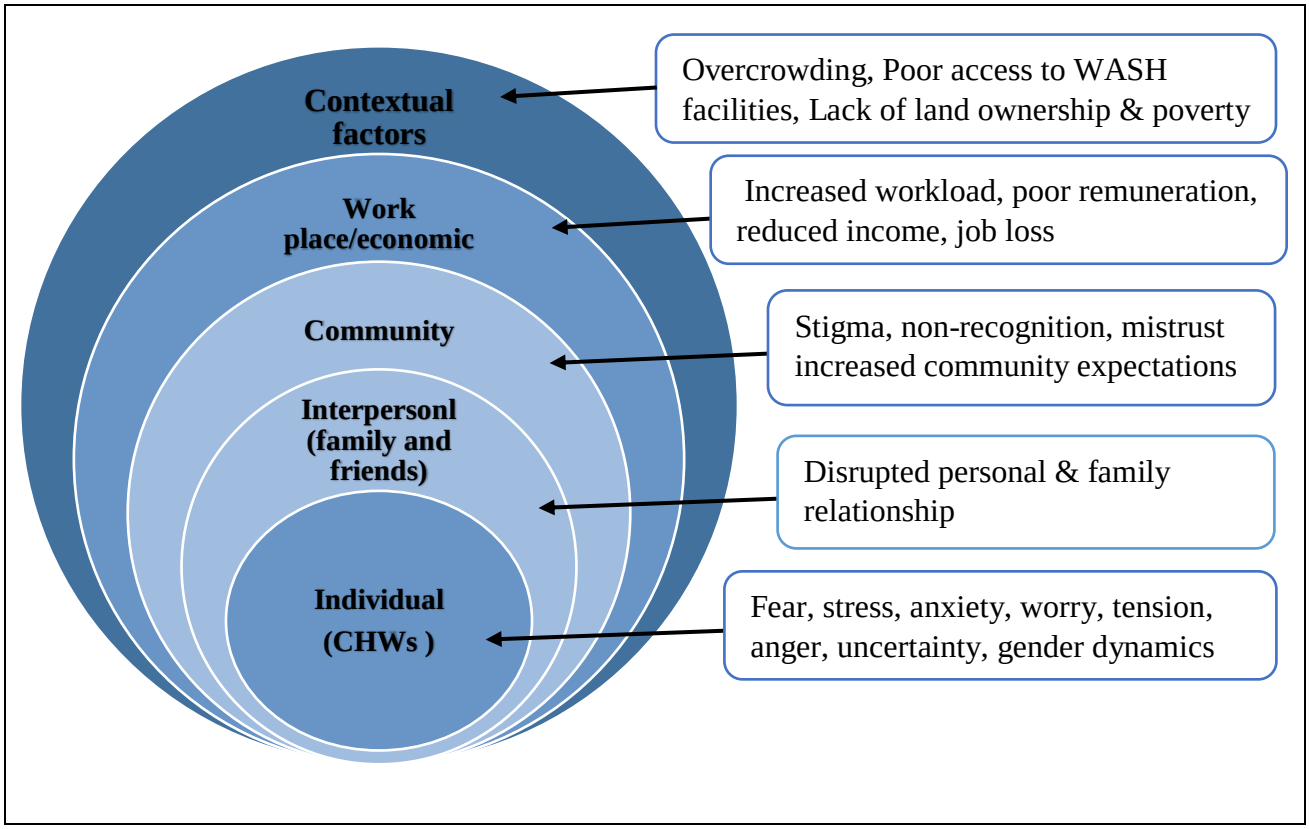

Figure 1: Socio-Ecological model to analyze factors affecting health and wellbeing of CHWs in COVID-19 situation

2.2 Study Design

Data has been drawn from 19 transcripts of a rapid qualitative research assessment conducted by BRAC James P. Grant School of Public Health, –BRAC University that explored experiences of urban slum dwellers including CHWs during COVID-19 shutdown in urban slums in Dhaka

2.3 Study Site

The study took place in six urban slums in Dhaka city (Kallyanpur Pora Basti, Dholpur, Nama Shyampur, Dokkhin Khan, Helal Market, and Calabon) located in Dhaka North and South City Corporations

3.4 Study duration

The study took place from March-April 2020.

3.5 Study population

CHWs working with BRAC Health, Nutrition and Population Program and BRAC Urban Development Program in six slums in Dhaka city. A total of 19 CHWs were interviewed categorized as Community organizers (n=3); Community Health Workers (SK) (n=4) and Community Volunteers (SS) (n=12).BRAC CHWs were recruited for interviews using convenient sampling method. Due to the country wide lockdown during the period of this research, the researchers could not physically visit study sites and recruit participants. Therefore, they collected list of BRAC CHWs including from the respective BRAC filed managers of BRAC Health, Nutrition and Population Program (HNPP) and BRAC Urban Development Program (UDP). BRAC programs shared a list of total 19 CHWs working in the six study slums and all of them were included in this study for interviews.

3.6 Data collection process and tools

Data was collected by the researchers of James P Grant School of Public Health, BRAC University, through phone interviews following a semi-structured in-depth interview guide.

Researchers scheduled appointments with the participants and reached out to them at their specified time. Each interview lasted for 40-60 minutes on average. Detailed notes were taken during the phone interview by researchers which were then converted into a summary transcript.

3.7 Data analysis

Data was analyzed based on the conceptual framework and research questions of the study. After familiarizing and reading transcripts thoroughly and making notes, then data was coded inductively. Emerging themes and quotes from the data were identified, categorized and compared accordingly. Finally five broader themes were developed that analyzed the experiences of CHWs during COVID shutdown. The five broader themes include social impacts, mental and emotional impacts, economic impacts, work related challenges and coping mechanisms. Under each main theme, inductive codes were sub-categorized and displayed in a matrix table for easy visualization of themes and patterns to ease analysis and interpretation. Meanwhile peer-reviewed journal articles, newspaper articles and reports were used to verify findings.

3.8 Ethical clearance

The ethical approval for this study was taken from the Institutional Review Board (IRB) of BRAC James P Grant School of Public Health, BRAC University. Researchers took informed verbal consent over phone before conducting the interview. Participants were given a compensation of BDT 100 for their time during the phone interviews.

4 Results

There were 19 participants interviewed using in-depth interview (IDI) guide, all of the participants were female with an average age of 38 years and their age distribution is shown in Table 1(Annex 1).

All participants resided in the slums with an average of 5 members per household, about 13 households lived with a vulnerable group of people (elderly, sick household member, or a child less than 5 years), and the living conditions were generally poor with 9 households sharing at least a communal water source, toilet, or a kitchen. Majority of participants lived in a rented house in the slums for more than 15 years.

Mostly CHWs were the main income earners in the family and the majority of household members no longer work due to the shutdown, for those household members who work like spouses and sons, they mostly do daily waged job and business and their total average income ranged from 5000-16000 BDT per month however this amount had substantially reduced during the shutdown.

3.1 ***Disrupted personal and social relationships***

Most of the CHWs repeatedly shared that they worked tirelessly during the COVID-19 shutdown perhaps till night time (8AM-9PM) while compromising their own personal and family lives. Since the COVID-19 pandemic hit in Bangladesh, they were additionally tasked with duties such as community awareness of COVID-19 prevention and distribution of hygiene products like soaps, hand wash and sanitizers by going from door to door. After returning back from work they also had to perform household chores such as cooking and cleaning. These household chores duties are generally considered roles to be fulfilled by women, and so male members would not do any of these chores even if they had nothing to do;

"Now that my husband is staying back at home, the household work pressure has increased. He doesn't help me in household chores in any way. Normally that the men don't want to work, on top of that the government has declared a public holiday" (26 years, CO, Kallyanpur, #KL_CO_F03)

"Being the CO of BRAC, I need to go out and work. Household visits have increased as people need to be aware of Corona virus, even work pressure at home is higher as the children not going to school and husband not working. Managing home and work at the same time is very challenging" (35 years, CO, Nama Shyampur, #FC_CO_F_01) complained.

When asked about how the pandemic affected their relationship with family members including their husbands, five CHWs admitted that family tension has increased during the COVID-19 due to financial difficulties to manage basic needs like food, rent and other necessities; The husband usually stays home without job and the money that CHWs get is little, even though she works overtime she doesn't get paid; Their husbands were staying at home without job and money that CHWs got was little. Even though a CHW works overtime she doesn't get paid for overtimes; The husband who is perceived as the breadwinner gets defensive, whenever he was confronted by his wife for financial support and that provokes heated quarrel which ends-up in a fight;

"How long can a family survive on just rice and pulses and veggies? Children want to eat fish or meat but there is no money to buy these things. But when children demand from the mother, she goes and forces her husband to earn money and this leads to fights Husband and wife often have fights and disputes. Such cases are common" (29 years, SS, Helal Market, #HM_SS_F_1).

It was evident that the current COVID-19 situation has made family members stay far apart as it was experience by 5 CHWs. The nature of their job involves working far from family who mostly stay in the village while they work for days, weeks or months without visiting them because of busy work schedule with breaks or leaves;

*"I could hardly manage family. I am unable to manage time for my kids" (*35 years CO, Nama Shyampur, #FC_CO_F_01).

"My family wanted to go to their village. But they couldn't as it's not possible because of lockdown" (30 years, SS, Calabon, #CB_SS_F_07).

However on the contrary, it was identified by one CHW who shared how her husband and family were supportive to her job and helped her with household chores so that she can continue her work:

"My husband is very nice. He helps me sometimes ad my mother mostly does the household chores when I am out for a long time. But mental stress is there" (35 years, CO, Nama Shyampur, #FC_CO_F_01).

3.2 ***Non-recognition, stigma and mistrust***

Incidences of stigma were commonly encountered by many CHWs, it was evident that the community considered CHWs as carriers of COVID-19 infection due to the nature of their job that involves coming into contact with large crowd of people who might be having the virus. This makes the community a little scared whenever they see them and in some extreme occasions they were rejected from accessing peoples households, perceived as a measure to prevent catching the virus.

"Sometimes people from the community are asking people not to visit houses but I usually explain to the community that we are maintaining all precautions therefore nothing to be scared off"(38 years,SS, Taltola, #CB_SS_F_05).

"*Sometimes problems arise when community members don't let me enter their homes*" (50 years, SK, Helal market, # HM_SS_F_02)

In addition, some CHWs also faced rejection by landlords due to fear that they will likely spread the virus as a result few of them were unfairly treated by landlords.

*"Sometimes problems arise when community members don't let me enter their homes. No one was willing to help me and even land lords couldn't exempt me from rent as CHWs we are always rejected by landlords. They feared us and consider us spreaders of COVID-19" (*39 years, SS, Helal marked, #HM_SS_F_01)

Even though CHWs were the only people who helped bring COVID-19 information and awareness to the people of their communities, many of them felt that they were not acknowledged or recognized for the role

they play during this crisis. Some CHWs passed through awkward moments because the community people did not value their job and could not even take precautionary measures they always tell them seriously;

"Many people in the community are asking us not to visit their houses" (30 years, SS, Calabon, #CB_SS_F_07).

In some occasions quarrels and fights with neighbors were also reported by CHWs because the relationship was already tarnished due to mistrust of CHWs as likely spreaders of the virus, this was commonly triggered because households lived close to one another and sometimes they share same compound and that increases the fear of infection;

"Yes, we are living 12-16 families together. Since everyone is staying home fights have increased. Everyday someone has an argument with someone" (32 years old, Helal market, #HM_SS_F_05).

In contrast, few CHWs acknowledged being recognized by the community which made felt great and energized to work, in this regard even a word of "thank you" was very motivating.

*"Respect in the community has increased, I have been working for long in the community and that is why the community has responded well to my message; "The people respect me a lot more now, than they did before." (*50 years, Helal market, #HM_SS_F_02).

"I become happy when the elders listen to me and try to follow my advice-some are even my mother's age" (30 years, SS, Dokkhinkhan, #DK_SS_F_12).

3.3 ***Increased community expectations***

The community expected more from CHWs on several occasion. It was revealed by few participants that they were overburdened due to increasing demands from community people who expected extra assistance like food which was crucial to survive but CHWs did not have any extra food to offer them apart from the one being allocated for distribution to vulnerable beneficiaries;

*"Community members expressed that they expected BRAC to provide a helping hand. Everyone asks me to recommend them in case any relief is given. Some community members also think that BRAC is giving to me but then I am not distributing. While people also respect me -since my work with pregnant mother but still that is not enough, they expect some relief or help from me (*39 years, SS, Helal Market, #HM_SS_F_01).

However in some occasions CHWs really felt sympathetic with some vulnerable households whom should have been included in the food distribution list but were left out because of program targets and lack of availability of enough resources , a CO justified that;

"But I feel bad when I go out for work wearing the masks and hand gloves, other community members ask for all these precautionary materials. Even though BRAC urban development program (UDP) helps only 500 HHs how about the rest. Help should be given to all or at least 1200 families" (35 years, Nama Shyampur, #NM_CO_F_01).

3.4 ***Reduced family income and job loss of family member***

Overwhelmingly 15 CHWs admitted that reduced family income and job loss of their husbands and sons brought serious economic burden. Although reduced income appeared to be a challenge for all 3 groups of frontline workers, the SS seemed to be the most affected because they only receive incentives yet their sales of health products to the community has greatly been disrupted due to COVID-19. The limited income flow created struggles to meet basic needs such as rent and food, education;

"It is very difficult to manage household expenditure now. The shop my father-in-law used to operate is closed down and my husband is also sitting at home. He used to take our harvested vegetables and sell them in the Bazar (grocery store) but now even that is not possible. There is no one in the market, who is going to buy the vegetables?" (26 years, SS, Helal market, #HM_SS_F_03).

In addition, CHWs face financial challenges to sustain rent, this was overwhelmingly discussed by 9 CHWs who had no idea how they could pay rent for the coming month, all CHWs didn't own any land yet the COVID-19 has added addition pressure.

*"During this difficult time no one is helping us .No subsidy or exemption from rent. The loan service by BRAC and shokti projects are also at hault" (*35 year, CO, Nama Syampur, #FC_CO_F_01).

When discussing managing food related challenge, majority of CHWs admitted that managing food was a real struggle because prices have increased yet sources of income remain stagnant. Despite being in the same situation as other members of the community; they didn't receive any food/cash assistance. They were told that they were not eligible for relief items because they were considered NGO staff who are able to support themselves through their salaries;

"As we are working in NGO, we don't get any support. Even our relatives don't get any support as we are working in NGOs; we are truly deprived" (26 years, CO, Kallyanpur, # KL_CO_F0_3)

3.5 ***Stress due to reduced family income and job loss***

Reduced family income or job loss was reported as a serious situation by majority of CHWs that cause mental and emotional distress. CHWs discussed that their earnings have reduced and some family income earners such as husbands and sons no longer work which mounted serious pressure to meet rent, health services, and other necessities.

"One is bound to feel emotionally stressed. If I don't have money, I will not be able to do anything, not be able to provide food for my family. Whenever I feel anxious thinking about this, I just pray to ALLAH and fast" (26 years, SS, Helal market, #HM_SS_F_03) expressed.

In addition, reduction in family income also led to difficulty in putting food on the table which was discovered as a source of mental distress. Four participants expressed that they were always worried how to survive till the next day, finding food for their family have become a life-line;

"I am not worried about coronavirus a lot. If I stay aware and safe, then I won't get it. But I am worried about my household-how to manage food if the income is gone? The head of the household is under more pressure since he has to manage the money for everything". (30 years, SS Dokkhinkhan, # DK_SS_F_12) elaborated.

Furthermore, lack of financial security was a huge problem to manage basic needs. Especially the SS who receive incentives from selling health products to the community often face serious challenges from the deteriorating hardship situation, However some of them normally feel shy to ask assistance from others probably they think people will disappoint them by saying, how comes she is working yet want assistance from others;

"Till now I am surviving on relief-my condition is very stressful. I don't have any saved money and doesn't know what will happen next-"Not everyone has received the relief yet, and we cannot even ask for help from others out of ***shame****"* (39 years, SS, Helal market, #HM_SS_F_1).

3.6 ***Poor remuneration***

It was evident that CHWs' compensation was not sufficient to meet their basic needs as revealed by CHWs, even though COs and SKs were paid salary, they still faced financial constraints, -COs and SKs mentioned that their pay is considerably low because they don't get any incentive as most activities were scaled down during COVID-19; They expected that their employer could pay them incentives to manage the current hardship.

"I am still working and getting paid even less than before. We won't get incentives as we are unable to do check-up for pregnant mothers and package sell is also very low. Instead of doing those works, we are working on Coronavirus awareness-raising" (A 35 years, SK, Chalabon, #CB_SS_F_08) compared.

"My employer only gave me protective gears once the COVID-19 pandemic begun but there was no talk of any advanced salary or any such contributions in kind" (50 years, SK, Helal market, #HM_SS_F_02)

Meanwhile the SS who only receive incentives from selling health products were greatly affected because they no longer make profits due to COVID-19 restrictions. On top of that their small incentives delay made life so difficult to manage in this period.

"As SS we do not get paid in normal times. At least during this time, they should have given us a monthly salary" (35 years old SS from Helal market, #HM_SS_F_10) expressed.

3.7 ***Increased workload***

The majority of CHWs faced too much workload since they have to work sometimes the whole day without weekends or public holidays. Their current work involves additional tasks such as identifying and listing vulnerable households, distributing relief items and creating awareness door to door with no flexible working hours. This caused too much fatigue.

"What should I say!!? I am in huge pressure-workload and mental stress. I have distributed 2500 hand wash to the community people within 2-3days walking door to door. It takes both physical and mental strength. People do not know how to use the hand wash as they are used to with soap. When I was handing over the hand wash they were asking "should we use it for face"? Then I had to demonstrate to them how to use the handwashing had to do it almost at every household, as CO so every 2-3 days there's new things to do which can be listing of poor households to provide food, distributing different kinds of materials to community people like soaps, handwash, leaflets etc. These causes-extra workload, huge pressure, long day working hours" (35 years, CO, Nama Shyampur, # FC_CO_F_01).

Besides, long working hours which were mentioned by 4 participants as a major reason for missing time with family because they have to work round the clock sometimes minus holidays or even time off;

"No weekend, no time for family, I am always busy at work from morning till night 8-9 PM, working on public holidays too" (26 years, CO, Kollyanpur, #KL_CO_F0_3)

However despite the increased workload, some participants had the desire to serve their community. Some got motivated because of making people aware of COVID-19 and felt really proud.

"If we don't work in the field, how will the community become aware?. I can make people aware, people are also listening to me-this is the satisfaction I get from work. Everyone is taking my service, calling me Daktar APA" (35 years old SS, Helal market, #HM_SS_F_10) declared.

3.8 Stress due to increased workload

It was found that CHWs overwhelmingly experience too much workload especially in the slum settings because of scarcity of formal health providers even before the onset of the COVID-19 pandemic. However in the current situation the workload has increased because of additional COVID-19 response activities such as awareness, relief distribution and contact tracing. This surpassed the normal work scope thus compromising time for personal and family activities which greatly affect mental and emotional health. This challenge was constantly discussed by most participants and they reported being stressed out especially when working round the clock without leave or public holiday;

*"The current situation is affecting me both physically and mentally. I now have a huge physical and mental stress. I have no weekends, no time for family, and I am also scared of getting an infection as well"-(*35 year, CO, Nama Shyampur, #FC_CO_F_01).

In addition, CHWs uniquely experienced extra workload, which wasn't there previously, the current work involves conducting food distribution to big crowd of people who sometimes gather in disorderly manner, this made some CHWs to feel angry and anxious at the same time due to likely transmission of COVID-19 infection since social distancing doesn't apply in this case;

"People gather in a disorderly manner during food distribution making me angry" (35 years, SK, Chalabon, #CB_SS_F_08).

3.9 Fear of COVID-19 infection

Fear of COVID-19 infection was an alarming emotional distress faced by almost half of the CHWs interviewed. Their job nature is such that it involves interacting with a larger crowd while visiting each household door to door without knowing who might be having the virus. People in the community could also not understand the situation, and would create crowds around them when they came to visit. This made them very anxious about the health and safety of themselves and their families. In addition, their family members also felt scared and gave them pressure to quit job which created additional anxiety.

"One of the biggest challenges for the community organizer is that they have to interact with people to create awareness. This creates a risk for me, as I may get affected by the virus. This is risky for my family members as well. This is stressful for me. I think that it is better if I die from this virus as in that way I will have the death of a martyr" (26 year old, CO, Kollyanpur, #KL_CO_F0_3).

"I feel anxious about my family members. While I am busy at work I am always worried if my children and other members are properly following the precautionary measures or not. My daughter is only 5 years old and it is really difficult to keep her home" (35 years old, CO, Nama Syampur, #FC_CO_F_01).

*"I was much tensed about the overall condition. I even get chills now and then due to nervousness (Haat pa Thanda houye jay) also, I heard that aged and sick people are affected more due to coronavirus. I am very aged and has both heart disease and diabetics. Thus, Iam very scared of being infected by the coronavirus" (*48 years, SS, Chalabon, #DK_SS_F_08).

3.10 Coping mechanisms

3.10.1 Prayer as strength healing and staying courageous

Even though CHWs faced serious challenges during the COVID-19 situation, they still found ways to feel better physically, mentally, emotionally, and spiritually. It was evident that majority of

participants performed prayer to cope with the hardship situation and restore their mental and emotional health to some extent.

"It is common to feel mental pressure (Manoshik Chap). It is difficult to handle work at home. To reduce the anxiety I am praying 5 times a day so that Allah saves us from this disease soon!" (26 years old, SS, Helal market, #HM_SS_F_03) revealed.

In addition, some CHWs reported finding peace of mind when they talk to people whenever they feel frustrated and stressed. This creates connection with loved ones which gave them strength and a sense of togetherness in such moments of struggles;

"Staying home and watch TV and seeing children playing around gives me strength and hope" (32 years old, SS, Helal market, #HM_SS_F_05).

3.10.2 Borrowing money to survive or returning to the village

It was overwhelmingly discussed by most CHWs that survival in the city takes two things mainly, taking loans from local shops and relatives was the first option to survive the coming days and in circumstance that they hardly get loans then the next option is to return to the village either the whole family or few members to minimize the cost of living.

*"In order to arrange food, I loaned rice and daal (pulses) from the local shop and is currently surviving on that (*30 years old SS, Chalabon, #HM_SS_F_13).

"*I sent my husband to his mother's house as either way, he didn't have any job. At least if he is away, and then there will be one less mouth to feed*" (26 years, SS, Dakkhinkhan, #DK_SS_F_09).

4 Discussion

This report delved into individual, interpersonal, community and work related challenges faced by CHWS and interlinked them to contextual factors where they live and work in Dhaka urban slums magnified by the current COVID-19 pandemic

The main CHWs challenges at the personal level were mental and emotional distress, gender dynamics. At the interpersonal level; it was disrupted family and personal relationships; while at the community level; social stigma and non-recognition including increased community expectations for services; and lastly the workplace challenges include increased workload, poor remuneration and long working hours were mentioned. These challenges are indirectly and directly fueled by contextual factors such as overcrowding, poor access to WASH facilities, lack of household tenure in the slums & poverty amidst the COVID-19 pandemic.

At the individual level the common mental and emotional destress experienced by CHWs include fear of COVID-19 infection because CHWs perceived increased risk due to the nature of their job, they constantly worry about their safety and family. Similarly, this finding was recognized by (Kang et al., 2020) that frontline healthcare workers face enormous pressure during work and develop fear of infection from COVID-19, it further argued that this fear not only affect their attention and understanding but it might undermine their effort to fight COVID-19 and cause long term mental disorders which may affect their overall wellbeing. Also, mostly female CHWs are primary family caregivers therefore they are worried of chance of infecting their children and other vulnerable household members which directly conflicts their duties with their family members (Wingfield & Taegtmeyer, 2020; Brooks, Dunn, Amlôt, Rubin, & Greenberg, 2018)

Furthermore, CHWs were immersed in serious tension and anxiety to meet their basic needs due to the hardship situation they faced, many who reported that their income had substantially reduced were persistently worrying to acquire food and manage rent which were crucial needs to survive. They often question themselves what shall happen if money for food and rent was over, this future uncertainty kept lingering in their minds which further deteriorated their overall mental health condition. Evidence by (Santarone, McKenney, & Elkbuli, 2020) confirmed this finding by identifying that frontline health workers mental and emotional challenges extend beyond the realm of facilities and settings where they work, they also face stress imposed by challenges in obtaining daily essentials.

However in an attempt to calm down, majority of CHWs pray or connect with loved ones to restore their mental wellbeing to some extent, similarly evidence by (Rubina, 2020) explored that praying and communicating with family and friends is helpful in making CHWs feel mentally and emotionally strong during the COVID-19 situation.

Meanwhile at the interpersonal level most CHWs family relationships were disrupted due to their gender roles in the family. Majority of CHWs reported worsening relationship with their spouses mainly due to problems related to finances, mostly CHWs were working while their husbands stay home due to the shutdown, and this often creates more tension and fights because husbands felt challenged due to inability to provide for the family. A related study finding by (Karim, Lindberg, Wamala, & Emmelin, 2017) revealed that even before the COVID-19 pandemic women in Bangladesh were exposed to gender base violence such as denial of social, economic, and decision making privileges at the household level, therefore it is not a surprise to find similar incidences during this period.

Furthermore, women CHWs are primary caregivers in their families, therefore their risks are amplified by their perceived gender roles and power dynamics. Whenever they return home from work they are involved in several household chores and care for their children but often undergo social isolation and rigorous disinfection measures due to fear that they might infect other family members because of their increased risk of exposure to COVID-19, and their spouses using this as a trigger for violence (Yaker, 2020).Therefore understanding these realities that women go through will help organizations to design appropriate mitigation measures to better address such violence that women go through in this pandemic period

At the community level social ostracism were common challenges CHWs grappled with in the current COVID-19 pandemic. The community perceived the nature of their job very dangerous because it involves contact with crowds and patients who might be infected .This form of social discrimination involves denial of CHWs from accessing households, therefore it affect their social identity and self-confidence in fighting COVID-19(Menon, Padhy, & Patnaik, 2020). Similarly evidence by (Wurie & Lohmann, 2020) also reveal that CHWs often face stigma and discrimination by the community and in some serious encounters they were forced to vacate their rented houses and not allowed to board public transport because they were considered to have greater risk of infecting others

In addition, CHWs were mistrusted by community based on increased expectations for relief assistance. Since frontline workers were involved in relief distribution, some community members had the notion that they were not transparent in distributing relief items.

In contrast, CHWs who reported a sense of community recognition and respect including appreciation were found to be satisfied with their job, this demonstrates that community recognition is key in enhancing effective fight against COVID-19.Positive community appraisal was also identified by (Alam & Oliveras, 2014) to increase retention of CHWs which is something service delivery organizations and community leaders should emulate.

At the workplace level CHWs live and work in a precarious situation during the COVID-19 situation, they lacked basic elements required to prevent COVID-19 including WASH facilities to practice hygiene and no enough living space to social distant, however, despite the shutdown CHWs still go for work and others lack PPE which put them at higher risk of infection. These realities existed even before the COVID19 but are further aggravated by the current situation. While at work, CHW face increased workload, long working hours, lack of breaks and poor remuneration which increased their vulnerability to sustaining essential basics such as food and rent which ultimately affect their mental health and wellbeing. This challenge is recognized by (Ballard et al., 2020) as a major bottleneck for CHWs to fight COVID-19 effectively since their health is put at risk due to poor working conditions including lack of PPE leading and likely exposure to the virus.

In addition, increased workload and lack of flexible working hours made CHWs stressed out and miss time with families, in addition to their routine activities they sensitize community on COVID-19 prevention measures, conduct contact tracing and help in delivering relief services to vulnerable populations, they perform all these roles by risking their own health and wellbeing. Similarly (Bhaumik et al., 2020) identified that CHWs generally experience increased workload during pandemics due to scarcity of formal health workers, hence their demand becomes high.

Furthermore increased workload contributes to burn-out and other mental conditions. Research by (Mathias & Reyes, 2020; Wingfield & Taegtmeyer, 2020) shows that in addition to burn-out, frontline works who experience mental and emotional distresses such as guilt, anger, fear, shame and depression associated to their job are most likely to quit from their duties as experienced in the previous SARs outbreaks and other pandemics.

Community health workers were also poorly remunerated and it revealed important aspect that CHWs were unable to afford basic essentials such as food and rent, this ultimately fueled the hardship situation that they were already facing, COs and SKs were paid salary while SS paid incentives but all experienced similar level of vulnerability. Research evidences by (Khemani, 2020) from India compared that in fact globally Countries have not invested adequately to support CHWs, despite lessons from past pandemics such as Ebola, Countries should have think in their specific context how to fix this problem, and unfortunately CHWs in many parts of the world are treated as low priority health workers and did not receive regular wages and in India State of Bihar CHWs were mostly "scolded" whenever they discuss the need to improve pay in management meetings(Khemani, 2020).

5 Conclusion and Recommendations

The study explored that CHWs play integral role in fighting COVID-19 in urban slums in Dhaka city but were generally working under poor conditions while sacrificing their own health and wellbeing. CHWs encountered social ostracism and non-community recognition as they were regarded as likely spreaders of COVID-19 due to their exposure to larger crowed of people which increased their risk of infection. They were also mistrusted based on community expectations for relief services. In order to address this challenge government and partners including communities should use media platform and appropriate communication channels to enhance mechanisms to protect CHWs as essential national health workforce. In addition, it is important to create platforms where CHWs should be allowed to share their difficulties to better address their psychological problems.

Also, at the family level CHWs were deprived of social, economic and decision making privileges by their non-working husbands due to the nature of the patriarchy society where they live. CHWs reported fights as the common form of gender based violence that occur in the household. Therefore; to prevent gender based violence, non-governmental organizations (NGOs), community based organizations (CBOs), and religious leaders should use appropriate media platforms to create awareness and strengthen counselling support for women.

Another major finding was poor working condition experienced by most CHWs which led to high mental and emotional distress. These challenges were increased workload, long working hours, fear of infection and poor remuneration. Increased workload created anxiety and disrupted personal and family relationships since they had to work long hours and stay away from their loved ones, therefore providing flexible working hours for CHWs with proper scheduling of tasks with work breaks and leaves will enhance their motivation meanwhile fear of infection can be prevented by providing regularly trainings and fostering clear communication with supervisors and providing locally feasible preventive measures which will help to build the confidence of CHWs in delivering services to the community. And lastly poor CHWs remuneration can be addressed by improving incentives payment based on performance to increase level of motivation and retain CHWs in the battle against COVID-19.

6 Limitation

The limitations for this study include challenges such as interviews were conducted on phone and it was not possible to observe participant's non-verbal expression and their environment. The analysis was drawn from data transcripts received from a larger research project which did not focus explicitly on CHWs. Therefore conducting further exploratory research to understand such gaps from CHW perspective and covering other slums in Dhaka would be important.

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7 Annexes

7.1 Annex 1: Participants age distribution

Table 1: Participant's age group

Participant group	**Age group**			
	20-25	26-31	32-37	38+
Community Organizer(n=3)	1	1	1	0
Community Health Worker(n=4)	0	0	2	2
Community Volunteer(n=12)	0	5	3	4
Totals(n=19)	1	6	6	6

6.1 Annex 2: Data display matrix

Major Theme	Sub-theme	Quote	Description
Interpersonal and community impacts	Disrupted personal and family relationships	*"Being the CO of BRAC, I need to go out and work. Household visits have increased as people need to be aware of Corona virus, even work pressure at home is higher as the children not going to school and husband not working. Managing home and work at the same time is very challenging"* **(35 years, CO, Nama Shyampur, #FC_CO_F_01)**	This challenge was experienced by many of the CHWs, as primary family caretakers women were overwhelmed by both field activities and family chores.
	Stigma and non-recognition	*"Sometimes problems arise when community members don't let me enter their homes. No one was willing to help me and even land lords couldn't exempt me from rent as CHWs we are always rejected by landlords. They feared us and consider us spreaders of COVID-19"* **(39 years, SS, Helal marked, #HM_SS_F_01)**	Most CHWs experienced social ostracism and non-recognition by the community because they were regarded as "super spreaders" of COVID-19 virus landlords even felt reluctant to offer them rent support

Work-related and economic challenges	Poor remuneration	*"I am still working and getting paid even less than before. We won't get incentives as we are unable to do check-up for pregnant mothers and package sell is also very low. Instead of doing those works, we are working on Coronavirus awareness-raising*" **(A 35 years, SK, Chalabon, #CB_SS_F_08)**	Most CHWs face financial vulnerability because of inadequate and untimely payment of incentives or salaries. Their sources of income were generally affected because of COVID-19 restrictions and most household members don't work.
	Increased workload	*"What should I say!!? I am in huge pressure-workload and mental stress. I have distributed 2500 hand wash to the community people within 2-3days walking door to door. It takes both physical and mental strength. People do not know how to use the hand wash as they are used to with soap. When I was handing over the hand wash they were asking "should we use it for face"? Then I had to demonstrate to them how to use the handwashing had to do it almost at every household, as CO so every 2-3 days there's new things to do which can be listing of poor households to provide food, distributing different kinds of materials to community people like soaps, handwash, leaflets etc. These causes-extra workload, huge pressure, long day working hours"* **(35 years, CO, Nama Shyampur, # FC_CO_F_01).**	Majority of the participants(15) complained that the current working conditions are terrible because of additional tasks and long working hours, no breaks and leaves, even they work during public holidays, they also shared that currently they visit more households than usual which make them stressed-out and miss their loved ones too

Individual level impacts	Fear of infection	*"One of the biggest challenges for the community organizer is that they have to interact with people to create awareness. This creates a risk for me, as I may get affected by the virus. This is risky for my family members as well. This is stressful for me. I think that it is better if I die from this virus as in that way I will have the death of a martyr"* **(26 year old, CO, Kollyanpur, #KL_CO_F0_3)**	Fear of getting COVID-19 was repeated discussed by many of the CHWs who expressed that their current working conditions put them and their families to a greater risks since COVId-19 measures are mostly unfeasible to practice in the slums Many of the CHWs admitted that they face mental stress as a result lack of support to sustain essential basics like rent and food, they also revealed as being staff they are not eligible for any relief and they felt shy to as for assistances
	Stress due to economic hardship	*"Till now I am surviving on relief-my condition is very stressful. I don't have any saved money and doesn't know what will happen next-"Not everyone has received the relief yet, and we cannot even ask for help from others out of* ***shame"*** **(39 years, SS, Helal market, #HM_SS_F_1)**	
Coping mechanism	Praying to calm mental destress	*"It is common to feel mental pressure (Manoshik Chap). It is difficult to handle work at home. To reduce the anxiety I am praying 5 times a day so that Allah saves us from this disease soon!"* **(26 years old, SS, Helal market, #HM_SS_F_03)**	Majority of CHW revealed that they find peace of mind after praying whenever they feel hopeless.
	Returning back to the village	"*I sent my husband to his mother's house as either way, he didn't have any*	The other option some CHWs had was to move back to the

		job. At least if he is away, and then there will be one less mouth to feed" **(26 years, SS, Dakkhinkhan, #DK_SS_F_09)**	village as the last option to dodge the hardship situation in the city because in the village they thought the cost of living is manageable

6.2 Annex 3: Codebook

Code	Definition	Sub-codes
Ind_Lev_Impacts	Individual level Impacts are those factors that directly affect CHW's mental health and emotional wellbeing resulting from distresses and gender dynamics such as fights	**Fear of COVID-19 infection**
		Stress due to increased workload
		Stress due to reduced family income and job loss
InterPer_Lev_Impacts	Interpersonal level impacts refer to those factors that CHW's experience at personal and family level that disrupt their relationships with their friends and family influenced by their gender roles and job nature	**Family disapproval**
		Family quarrels and fights
		Working far from home
		Missing family
		Increased gender roles at household
Com_level_Impacts	Community level impacts refer to the encounters CHWs go through as they work in the community	**Non-recognition**
		Stigma
		Mistrust
		Increased community expectations for relief
Workplace_ challenges	Work challenges refer to work conditions that put the economic, social, mental and emotional wellbeing of CHWs in problems	**Poor remuneration**
		Increased workload
		No flexible working hours
		No leaves

Coping_Mec	Coping mechanisms refer to those actions that CHWs take to restore their mental and emotional health, it also include taking decision to get external help or move away from a problem/situation	**Prayers**
		Borrowing money
		Connecting with family
		Returning to the village