

Shifts in Challenges faced by Community Health Workers (CHWs) during COVID-19 in urban slums of Dhaka, Bangladesh

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BACKGROUND

- Community Health Workers (CHWs) bridge the gap between communities living in urban informal settlements and formal health systems
- 130,000 CHWs employed in Bangladesh - 50,000 by the government, 50,000 in BRAC and rest with other NGOs¹
- Services provided by CHWs to meet the needs of the communities - preventative services, door-to-door visits, health education, referral etc.
- Since the COVID-19 pandemic, new responsibilities and risks are faced
- Critical role in - reducing misinformation and widespread stigma, early case detection, contact tracing, provision of home-based and palliative care as well as referral for timely management of COVID-19 cases
- COVID-19 exacerbates everyday stressors for CHWs including chronic exhaustion, mistrust and mental distress
- Challenges overlooked and not properly addressed

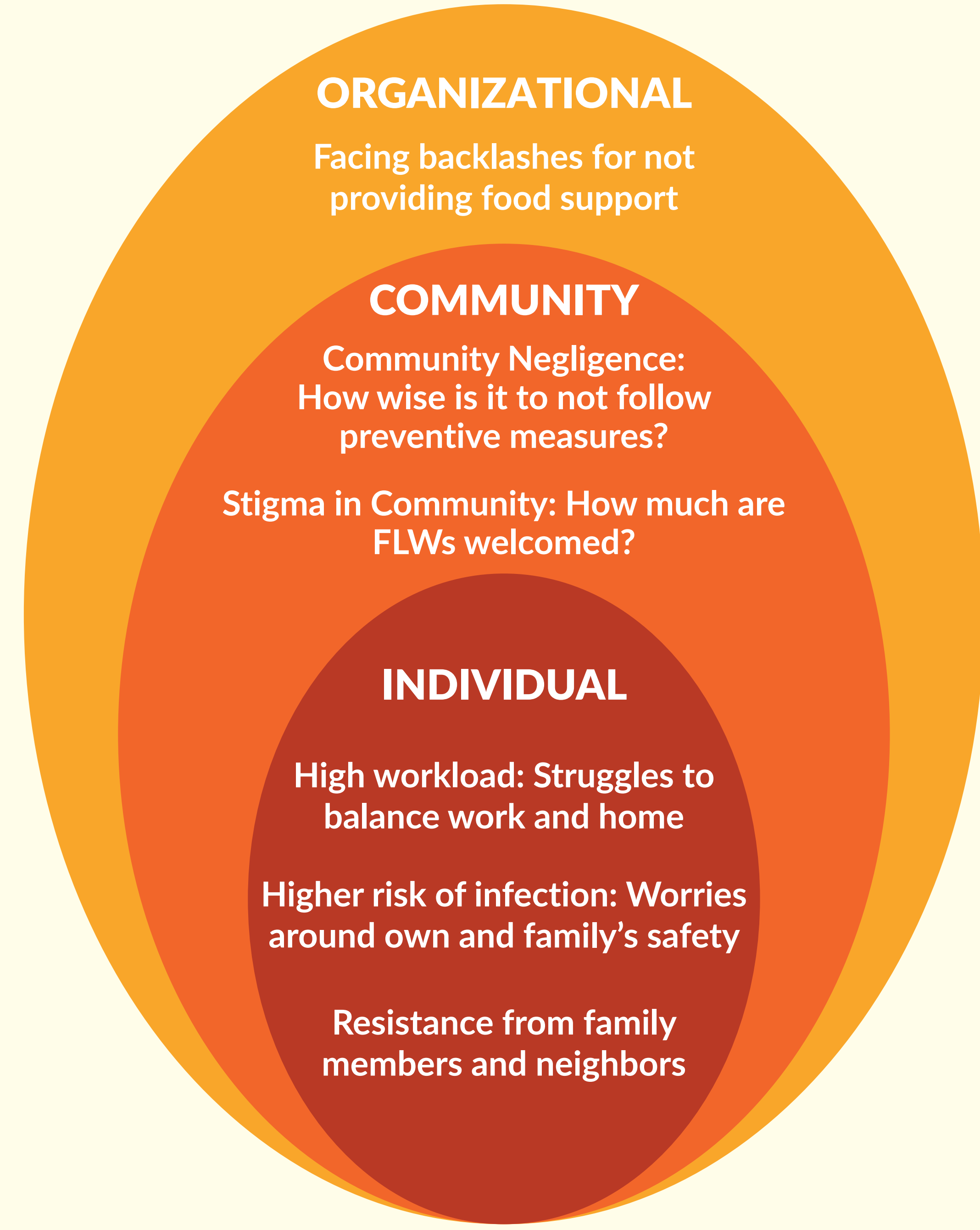
OBJECTIVE

To understand the challenges faced by the CHWs while working and living in the informal settlements of Dhaka, Bangladesh since COVID-19 outbreak and shift in challenges over time

METHODS

Study Design: Qualitative (as part of a wider research project, ARISE)
Study Sites: Six selected slums in Dhaka North and South City Corporations
Sampling Technique: Opportunistic sampling technique
Target Population: CHWs working in urban informal settlements - Community Health Workers (CHW), Community Mobilizer (CM) and Community Volunteers (CV)
Data Collection:
 19 in-depth interviews (Mar 2020 to Apr 2020)
 8 follow-up interviews (Aug 2021 to Sept 2021)
Data Analysis:
 Applied socio-ecological model

FINDINGS



Individual Level Challenges

- Increased work pressure
- Worked tirelessly around the clock to provide essential services to communities
- Struggled to manage a balance between at home and work life due to added responsibilities from both end
- Greater risk of contracting the virus due to visiting door-to-door for community mobilization
- Fear of passing the virus to family members
- Worries around health and safety
- Husbands and elderly family members scared of the virus
- Insisted to leave their jobs their and family's safety

"My daughter is only 5 years old and it's really difficult to keep her home. For the past weeks, I couldn't even manage half an hour to teach her. I feel bad for not making time for my children." (26 years old CHW, Helal Market)

Community Level Challenges

- Struggle to create awareness and follow preventive measures
- Unaware of the severity of matter
- Shift in behavior - motivated in following steps and even taking vaccines.
- Not welcomed in the households due to fear of spreading the virus (March 2020)
- Shift in behavior - faith in information disseminated by CHWs (Sept. 2021)

"We don't have food in our stomach, what would we do with masks! We won't die in Corona, we will die in hunger as we don't have any regular work. We don't need mask." (20 years old CHW, Shyampur slum)

Organizational Level Challenges

- Community expect food support whenever CHWs visit door-to-door
- Community losing trust as now no support being provided

"Community people told me that we just collect names and do not provide any support. Then what is the purpose of collecting names. They were very angry with us." (26 years old CHW, Dakkhinkahn slum)

CONCLUSION

- CHWs, the main medium for reaching out to the people at grassroots level and to serve the neglected, underprivileged, and marginalized community
- Addressing their challenges is the pivotal component of the health system which must be given importance
- Their health & wellbeing should also be the key priority of the Government and service-providing organizations

REFERENCE

1. Afsana K, Alam M.A, Chen N, Chowdhury M, Muther K, Panjabi R, Price M. Community Health Workers in Bangladesh. Exemplars in Global Health. 2017. <https://www.exemplars.health/topics/community-health-workers/bangladesh>