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In Covid-19 Pandemic Time Experiences Of Community-Based Health Actors during Covid

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Abstract

There is a lack of clarity regarding who is included in this ecosystem of actors and how these actors experience the complexity of providing community-level care in the context of a public health emergency, despite the fact that community-based health actors' activities are widely acknowledged as being essential to pandemic response [1]. The purpose of this study was to describe the real-world experiences of community-based health workers during the COVID-19 epidemic in the Philippines and to find new ways to assist these vital members of the medical community [2]. Employees of a non-governmental organisation with roots in the Philippines participated in virtual semi-structured interviews to talk about their COVID-19 pandemic experiences [3]. A mixed inductive-deductive coding procedure was used to evaluate the data thematically, guided by Toronto's definition of an ethic [4]. Caution Participants' lived experiences were influenced by discourses on fear, caring, and the interplay of these two emotions. Participants described their daily experiences with dread [5].

Keywords: Community-Based Health Care; Ethic of Care; Covid-19 Pandemic; Lived Experience

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Introduction

Anxieties about COVID-19 test, realising the social and personal repercussions of a positive test; perceived fears among community members where they worked; and fears about NGO employees contracting and spreading COVID-19 to others [6]. Participants experienced care in their daily lives despite their concern; care was a strong incentive for them to keep working; they felt supported by a caring organisation that adopted safety standards and gave material help to those in quarantine; and they practised self-care [7]. These results help us comprehend the ecosystem of players participating in community-based health care and engagement activities as well as the difficulties they face [8]. Their job, especially in the context of a pandemic [9]. We discuss the consequences for civil society groups responsible for safeguarding the mental and physical health of their employees as well as how these activities might boost local health systems [10]. The COVID-19 epidemic has put pressure on health systems throughout the world and widened already existing gaps in the provision of healthcare services. Increased community involvement, or expanding health services into local communities, has been advocated as a way to improve health systems, particularly in environments where resources are few, as is the case in many low- and middle-income nations [11]. These non-state actors have assisted with a variety of community-based tasks, including coordinating humanitarian aid, disseminating public health messages within local jurisdictions, and assisting with illness prevention and case management in communities to support government-led emergency response efforts [12]. At a time when resources are few, this community-based initiative has covered significant gaps in state capability and assisted in addressing the COVID-19 pandemics direct and indirect health effects [13]. During the COVID-19 epidemic, especially in several LMICs, community health workers have been generally acknowledged as essential elements of the health workforce [14].

Discussion

They aid people in navigating local health and social supports throughout the pandemic through their community-based initiatives, which include basic illness screening at the home level, offering health education, and helping people find local resources

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[15]. They aid people in navigating local health and social supports throughout the pandemic through their community-based initiatives, which include basic illness screening at the home level, offering health education, and helping people find local resources. Nevertheless, there is a more intricate, dynamic network of, beyond community health professionals, community-based health actors addressing comparable healthcare system demands the frontline personnel hired by NGOs are part of the ecosystem of community-based health actors, which provides services and supports that frequently overlap or are complementary to official health systems. It's significant to note that this ecosystem of community-based health actors frequently shares a dedication to safeguarding and enhancing the health and wellbeing of communities in situations with limited resources. People who work for NGOs on a paid or volunteer basis are included in this ecosystem of community-based health players. Although NGOs have diverse organisational structures, many medium- to large-sized organisations have a similar workforce mix, including frontline service providers and those in managerial or supervisory positions. In localised disaster response, people in these many occupations frequently occupy unusual positions as both workers and volunteers. People who live and work in the places they serve. As a result, these workers must manage intricate duties as liaisons between the formal institutional structures connected to their businesses and the communities in which they work and live. In dynamic pandemic scenarios when community-based health actors encounter continual uncertainty and shifting levels of danger - whether physical or social - while providing treatment, this ethic may take on a distinct, or heightened, meaning. Therefore, an ethic of care is a valuable theoretical framework within which to investigate the lived experiences of community-based health actors in this dynamic environment of risk, as well as how these actors' community embeddedness changes their attitude toward care work. This study was a component of a larger qualitative investigation of how During the COVID-19 epidemics, a medium-sized NGO in the Philippines has collaborated with workers to continue their community-based poverty alleviation efforts. A faith-based non-governmental organisation (NGO) called International Care Ministries seeks to assist extremely low-income families in the Philippines by offering community-level health education, hands-on learning experiences, and resource supply. Approximately 500 full-time employees at various levels of labour and management are employed by ICM, which runs programmes out of twelve regional locations across the Visayas and Mindanao islands. To get an overview of ICM's organisational structure and related personnel duties, refer to Appendix A in the Supplementary File. ICM's main initiative, Transform, enlists a network of NGOs to assist rural communities within barangays, the smallest political subdivision in the Philippines, with training and assistance in the following areas: health TB testing, prenatal and newborn care, basic skin and diarrheal illness treatment, and teaching on sustainable living Health trainers are in charge of delivering Transform's health component. Many of these people midwives, nurses, for example have had formal training in health care and continue to learn new skills via their work in health promotion and education. They also serve local communities with basic public health and primary healthcare. In positions that are interdependent and interconnected but separate from one another Dodd, health trainers frequently collaborate closely with government-funded barangay health workers. For instance, using ICM's active case discovery programme, health trainers may identify people who are suspected of having TB and refer them to a local health facility for testing and help from barangay health workers. At the beginning of the COVID-19 epidemic TB testing, neonatal and prenatal care, fundamental skin and diarrheal sickness treatment, and sustainable living instruction Transform's health component is delivered through health trainers. Numerous members of this group midwives and nurses for instance have had formal training in the medical field and continue to further their knowledge via their involvement in health promotion and education. They provide primary healthcare and fundamental public health services to the nearby populations. Health trainers usually work closely with government-funded barangay health workers in roles that are interdependent and interrelated but distinct from one another Dodd. As an instance, health trainers may use ICM's active case discovery programme to find persons who are thought to have TB and direct them to a nearby health facility for testing and assistance from barangay health workers. When the COVID-19 outbreak first started In addition to ICM's internal organisational norms, these rules mandated the use of PPE, infection prevention and control training, and the observance of regional public health regulations by staff members. Additionally, ICM established a widespread programme to guarantee that all employees underwent routine COVID-19 testing. ICM made this choice in accordance with legal requirements and in order to ensure the safety of community-based work because they understood the potential severity of the effects that COVID-19 transmission may have in the resource-constrained areas where they operate. Based on geographic variety and heterogeneity in COVID19 testing availability, bases were chosen from a list of ICM regional bases.

Conclusion

Participants in the research within certain bases were purposefully accordance to their individual organisational roles and responsibilities, a sample was taken. This sampling strategy was employed to take into consideration how organisational responsibilities may affect the risk of COVID-19 exposure and the relationship to ICM's testing requirement. In order to assure a diverse representation of participant roles and geographic areas, we tried to recruit a sizeable enough group of people. Email or in-person invitations to participate in an interview were sent to the participants. Participants were still being sought for after the interviews had stopped discussing any fresh experiences or ideas. All participants received study-related material, gave informed oral consent, and agreed to have their interviews videotaped using the Zoom videoconferencing system. The University of Waterloo granted this project permission to use its research ethics committee. In outlining their personal narratives with an emphasis on how they handled day-to-day chores and activities related to their work in the NGO, NGO employees who participated in the pandemic response recalled their fears and care narratives. The findings were then categorised into two main themes: commonplace feelings of caring and commonplace experiences of dread. The interplay between fear and caring effects were underlined in a third key theme that was found.

Acknowledgement

None

Conflict of Interest

None

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