

Impact Evaluation – Mental Health Support for COVID-19 Affected Population

Prepared for:



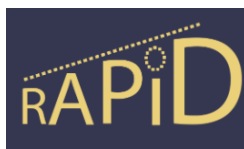
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Executive Summary

Since the horrid 1920's pandemic due to “Spanish Flu”, nearly one hundred years later, the world has faced yet another deadly virus termed “Coronavirus Disease 2019” or “COVID-19”. Not long after the declaration from World Health Organization (WHO) that the outbreak was a Public Health Emergency of International Concern in early 2020, the situation worsened globally leading WHO to officially announce the disease as a pandemic in March 2020. It was around this time that the first case of COVID-19 was detected within Bangladesh. With a population of about 160 million, the government found it difficult to control the virus from unfurling. In order to keep the masses safe, the government issued a “lockdown” and took safety precautions in order to keep the virus at bay. Consequently, the entire nation came to a halt with most businesses and economic activities shutting down temporarily. At the beginning the nation accepted lockdown following the global trend of social distancing that was being practiced. The fear of contacting the virus along with various other factors associated with the pandemic-induced economic and social challenges was starting to take a toll on people’s mental health (Singh et al., 2020; Holmes et al., 2020). In Bangladesh, the National Mental Health Survey 2018-2019 shows that 17% adults and 14% children have some form of mental disorder. About 92% of the adults suffering from mental disorders do not seek treatment for their condition, and 94% of the children with mental illness do not get any psychiatric care. The situation, however, tends to worsen during the COVID-19 pandemic with the increase of stigma, stress and burn-out.

Sajida Foundation (SF) a well reputed non-profit organization based in Bangladesh, with the support from British Asian Trust (BAT) and Psychological Health and Wellness Clinic (PHWC), has taken a set of initiatives focusing on mental health during the COVID-19 crisis. The interventions included (i) advancing psychological well-being using market insights, (ii) para counseling services and guided self-help materials as a means of building awareness and providing psychosocial support to community people, and (iii) emergency psychosocial support to frontline healthcare workers and their family members. The para counselling support has been piloted in Narshindi and Narayanganj. Awareness building and psychological support have been also provided by developing self-help materials and disseminating them through various digital channels. Besides, webinars with mental health experts on different mental health related topics have been organized and broadcasted. The topics of self-help materials and webinars have been decided based on a need assessment that was conducted during the first few months of project inception.

The purpose of the current evaluation is to assess the performance of the interventions in contrast to the intended results. More specifically, the evaluation aims to (a) assess the impact of the project; (b) assess the extent to which the project met intended objectives; and (c) Capture the unanticipated benefits and adverse outcomes of the project and key lessons learned. The evaluation assesses the project interventions against the following four broad criteria – relevance, effectiveness, sustainability and efficiency. In doing so, the evaluation focused on the results obtained in the project where target group has been directly benefitted.

Findings suggest that all the project interventions have been considerably successful in enabling the mentally vulnerable groups to deal with the COVID-19-induced mental health challenges. While it is true that direct intervention of providing mental health services is critical to addressing the challenges of the COVID-19-induced mental health problems, it is also important to understand the underlying factors that contribute to the mental health crisis during the ongoing pandemic.

The impact assessment suggests that the barrier to mental health awareness among those who are financially backward lies first and foremost in their economic poverty. Our findings reveal that the COVID-19 pandemic has affected the financial well-being of most of the beneficiaries causing them to suffer anxiety or other psychological ailments. Those who are truly distressed in any psychological capacity have all either been physically and psychologically abused for many years by their spouse or in-laws or have been abandoned by their spouse and have no social support. The abandoned beneficiaries in all cases have children to feed and educate. This appears to be the beginning of a vicious cycle of poverty and social backwardness which persist for generations. It is, therefore, important to strengthen the gender relations in society by building awareness about mental health among both women and men. The current project mainly serves women. However, in order to make the mental health support program more impactful, men must be reached out with counseling services and made aware of how mental health matters both for them and their female counterparts.

Future project design must address these deep-rooted socially induced psychological distress among the beneficiaries. COVID-19 has acted as a catalyst and has exacerbated existing mental health issues among the beneficiaries. Thus, mental health support programs would be more impactful when they were designed to address psychological ill-being due to persistent social neglect and financial backwardness.

In addition to the above-mentioned considerations, the following recommendations may be taken into account for future project design.

- Given the importance and magnitude of the project interventions, we recommend that the project be extended for at least two years so as to allow the para counselors sufficient time to follow up on their initial counselling sessions with the beneficiaries. It usually takes some time for the para counselors to build rapport with the beneficiaries and make them understand the importance of mental health, especially in the time of COVID-19. As a result, a six-month period of the project duration is too small to create a large-scale impact. The project should, therefore, be extended in order for the mental health support interventions to be more impactful.
- As observed from the survey results as well as the FGDs with beneficiaries, financial struggle was the major reason for the beneficiaries' deteriorating mental state. It would, therefore, be beneficial if the future project design involves provision of financial incentive, i.e. one-off payment of a sum of money to be invested in an income generating activity, alongside para counselling services. Such an intervention together

with the ongoing para counselor model may prove instrumental in reducing the beneficiaries' anxieties or mental distress due to financial crisis during the pandemic.

- The 20 para counsellors, who were one of the key actors of the project, are now highly skilled professionals. They make a crucial asset for Sajida Foundation as the organization has already invested a lot of resources in them. Since the para counselors lost their employment with the end of the project, it is equally disadvantageous for both Sajida Foundation and the para counselors as the former loses its important human resources and the latter is subject to mental distress due to the loss of their livelihood. The Foundation should, therefore, consider retaining the para counselors and re-employ them in any possible capacity.
- Since there exist considerable indifference about mental health among people especially in semi-urban and rural areas of the country, the para counselors faced challenges in dealing with the potential beneficiaries in the first place. In order to build rapport with the beneficiaries quickly, the para counselors might offer some primary physical health check-ups, e.g. measuring blood pressure, blood sugar etc., as icebreaker. Such an add-on to the existing para counseling services would facilitate an efficient and meaningful implementation of the mental health support program.

1. Background

Since the horrid 1920's pandemic due to “Spanish Flu”, nearly one hundred years later, the world has faced yet another deadly virus termed “Coronavirus Disease 2019” or “COVID-19”. Not long after the declaration from World Health Organization (WHO) that the outbreak was a Public Health Emergency of International Concern in early 2020, the situation worsened globally leading WHO to officially announce the disease as a pandemic in March 2020. It was around this time that the first case of COVID-19 was detected within Bangladesh. With a population of about 160 million, the government found it difficult to control the virus from unfurling. In order to keep the masses safe, the government issued a “lockdown” and took safety precautions in order to keep the virus at bay. Consequently, the entire nation came to a halt with most businesses and economic activities shutting down temporarily. At the beginning the nation accepted lockdown following the global trend of social distancing that was being practiced. The fear of contacting the virus along with various other factors associated with the pandemic-induced economic and social challenges was starting to take a toll on people’s mental health (Singh et al., 2020; Holmes et al., 2020). In Bangladesh, the National Mental Health Survey 2018-2019 shows that 17% adults and 14% children have some form of mental disorder. About 92% of the adults suffering from mental disorders do not seek treatment for their condition, and 94% of the children with mental illness do not get any psychiatric care. The situation, however, tends to worsen during the COVID-19 pandemic with the increase of stigma, stress and burn-out.

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2. Objectives of the Evaluation

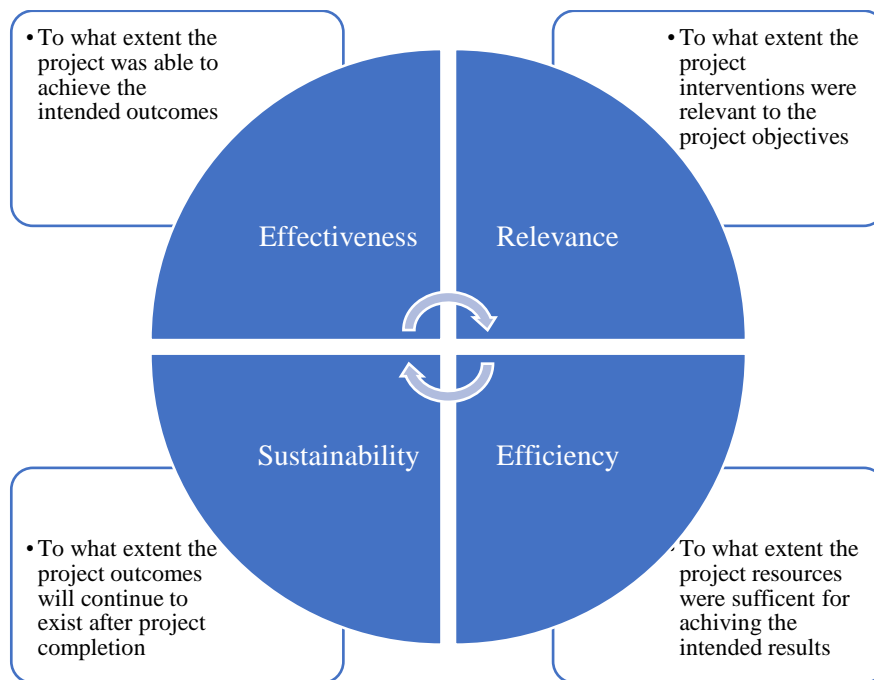
The purpose of the current evaluation is to assess the performance of the interventions in contrast to the intended results. More specifically, the evaluation aims to –

- Assess the impact of the project;
- Assess the extent to which the project met intended objectives; and
- Capture the unanticipated benefits and adverse outcomes of the project and key lessons learned.

3. Evaluation Criteria

The evaluation assesses the project interventions against the following four broad criteria – relevance, effectiveness, sustainability and efficiency. In doing so, the evaluation will focus on the results obtained in the project where target group has been directly benefitted.

Figure 1: The Impact Evaluation Criteria



Source: Prepared by the authors based on the terms of reference (ToR)

4. COVID-19 and Mental Health Challenges: Review of Selected Literature

In addition to the fear of infection with a highly contagious virus, the COVID-19 has instilled fear of losing beloved ones with the spread of misinformation related to COVID-19, the lack of medical treatment, and the lack of properly equipped patient care units. Besides, lockdown-related concerns are linked with psychological diseases such as anxiety, frustration, boredom, insomnia, anger, confusion, suicides, fear of domestic violence, and fear of survival. Thus, the widespread COVID-19 not only has negative impact on physical health but also causes emotional distress increasing the risk for psychiatric illness. A wide range of emotional reactions and unhealthy behaviors have been seen within people. People have had a tough time accepting the public directives such as home confinement and isolation rules as well as vaccination and medications creating a lot of emotional rage (Nikopoulou et al., 2020).

It is evident that people who have been in lockdown or in quarantine show a notable degree of rage, anxiety, and stress (The Lancet, n.d.). Common mental health problems associated with the sufferings from COVID-19 mental trauma, depression, moodiness, rage, and attention deficit hyperactivity disorder (Wang et al., 2011; Neria & Sullivan, 2011). Apart from the

possibility of getting infected with the virus, it evokes a sense of doom and unpredictability lingers in the air, thus leading to the feelings of anxiety and worry even within people who have relatively better mental state, and aggravating those who already have pre-existing mental health issues. Some group of people can be more vulnerable than others to the psychological effects of pandemics. People including from the range of adults to mid-aged group were at the heightened risk of emotional distress (Pfefferbaum & North, 2020). Economic stress related to the COVID-19 pandemic, like rising poverty, economic recession, and increasing unemployment rate also aggregate the mental instabilities within people (Islam et al., 2020).

Depression deteriorates the conditions of a patient with COVID-19 as it has been implied that stress and depression can harmfully affect the immune system of a patient (Leonard, 2001). Past studies have indicated that patients live through continued depression well after the widespread of contagious viruses. People with COVID-19 infection were more likely to have depressive symptoms. The patients who are subject to critical bodily pain due to the virus, such as high fever, shortness of breath and cough alongside other aftermaths of treatments, are likely to experience high degree of depression. Furthermore, patients whose family members are infected with the virus also tend to suffer depression which might stem from psychological stress, remorse regarding infecting their family, and community exclusion. It can also be deduced that women are more likely to go through depression compared to their male counterparts due to hormonal changes and sex chromosome aneuploidies. This aligns with the recent findings that suggest that woman patients were at higher risk of forming stress-related mental health issues during the time of COVID-19 (Ma et al., 2020).

The health care workers (HCWs) has become the key actors in containing the rapid spread of the virus across 206 countries around the world. Even though they are the primary crisis management workforce, HCWs do not have immunity against psychological distress as a result of COVID-19. Alongside HCWs, front-line healthcare workers who are immediate to the patients are more likely to be at risk compared to rest. The causes for such unfavorable psychological results are due to increased work hour and workload, limited personal protective equipment, stressful media news, demises of co-worker, and being subjected to community seclusion (Spoorthy et al., 2020). Consequently, the HCWs have also exhibited signs of anxiety, post-traumatic stress disorder (PTSD), depression, bad temper, stress, and sleeplessness.

In the countries like Bangladesh where healthcare system is not well equipped or ready to handle the pandemic, the HCWs have faced lack of insufficient supplies of gowns, masks, face shields, and respirators. Thus, the main worry of frontline workers has become the wellbeing of their families. The HCWs restricted physical interaction by wearing PPE within their own household or maintaining self-quarantine. Many also had to unwillingly move away from their families to contain the transmission. Separation from family members due to lengthy working schedule could arise mental stress, leading to depression in both HCWs and their family members (Ying et al., 2020). Medical and nursing workers with more mental health issues were highly intrigued by the services such as self-rescue and were more eager to pursue assistance from psychotherapist and psychiatrist. Those with minor disorders opted to seek help from

media outlets, whereas workers with more serious issues preferred to take aids from immediate professionals (Kang et al., 2020).

Hall (2020) suggests that administrations offer multidisciplinary mental health services such as support group, counselling, telemedicine, psychotherapy, psychotropic prescriptions, and emergency medication for all HCWs. These services should also be extended to the family members of HCWs. The multidisciplinary group should be comprised of psychiatrists, psychologists, welfare workers, and counselors. Particular care and additional support should be provided to HCWs who were in direct proximity of COVID-19 patients. As the HCWs have greater chances of getting infected with the virus, they along with their family members tend to be in a declining psychological state. It is, therefore, recommended that care for these HCWs continue for months after the pandemic ceases to exist.

5. Methodology

This evaluation adopts a mixed-method approach to assessing the performance of the project interventions against the intended results. Quantitative methods primarily focus on understanding the effectiveness of the para counselling services in providing mental health support to project beneficiaries. Qualitative methods involving four focus group discussions (FGDs) with project beneficiaries, two FGDs with non-beneficiaries, two FGDs with para counselors, and two key informant interviews with tele-counselors, on the other hand, help collect in-depths insights from different groups of beneficiaries (e.g., adolescents and youths, adults, housewives, and professionals) and service providers (e.g., para counselors and tele-counselors) regarding their experience of receiving and providing mental health services during the period of COVID-19. We collected quantitative data through questionnaire survey from 210 households across the two project districts – Narayanganj and Narsingdi. The sample sizes from Narayanganj and Narsingdi were 100 and 110 respectively. Our final samples for analysis were 205 as we restricted our analysis to female respondents who make 98% of the total samples (only 5 out of 210 respondents were male). In terms of collecting qualitative information, we conducted 4 FGDs in each of the two districts.

Table 1: Geographical Distribution of Samples

| Geographical Areas | Quantitative Samples | Qualitative Samples | |
|--------------------|----------------------|---------------------|-----|
| | | FGD ¹ | KII |
| Narayanganj | 100 | 4 | 2 |
| Narsingdi | 110 | 4 | |

In terms of analysis, we focused on the four criteria – effectiveness, relevance, sustainability and efficiency – against which the project interventions are assessed. We categorize the

¹ Of the total eight FGDs, two were conducted with beneficiary housewives, two with beneficiary mixed group including adolescent, service holder, and 45+ woman, two with nonbeneficiary women, and two with para counselors. Each FGD involved 8-10 persons.

quantitative and qualitative findings into these four broad criteria to understand the extent to which project has been successful in achieving the intended results. Since the project did not have baseline information nor did it identify a control group to be compared with the treatment arm, we rely on an ex-post analysis of the project interventions. We attempted to understand how beneficial the project interventions were for the beneficiaries as they elicit their responses to specific questions during our quantitative survey and qualitative interviews.

6. Findings

The evaluation findings have been presented against the four criteria mentioned above – effectiveness, relevance, sustainability, and efficiency. Each of these evaluation criteria addressed all the three major project interventions: (i) advancing psychological well-being using market insights, (ii) para counseling services and guided self-help materials as a means of building awareness and providing psychosocial support to community people, and (iii) emergency psychosocial support to frontline healthcare workers and their family members.

6.1. Effectiveness

This section assessed in what ways the project improved the availability of mental health support services to the project beneficiaries as a means of enhancing their psychological well-being during the time of COVID-19. Moreover, discussions here are based on our quantitative as well as qualitative findings, the extent to which project has improved community's outlook on mental health issues.

6.1.1. Advancing Psychological Well-being Using Market Insights

This intervention resulted in a need-based assessment of the mental health status of four groups of individuals: frontline healthcare workers (FLHW), family members of FLHWs, COVID-infected individuals, and family members of COVID-infected individuals. The need assessment included (i) a thorough need assessment through interview of the frontline healthcare worker, COVID19 infected individuals and family members of both of these groups; (ii) a quick desk review of literature to explore already published data on the needs; and (iii) expert's perspectives on service modalities and mental health needs of the COVID-19 infected individuals. In the assessment, participants were first asked to identify the factors through which they define their "overall well-being". The key findings of the assessment were recorded in terms of COVID-19's impact on these factors. Respondents shared that their well-being (both positive and negative) is most significantly shaped by psychological impact, behavioral change, social attitude and behavior, workplace, family relationships, parenting, physiological impact.

This assessment was particularly effective in designing the project interventions such as providing para counselling services and psychological support to family members of frontline healthcare workers and community people, and raising awareness about mental health issues. For instance, following the preferred mode of psychosocial help as revealed by the respondents during the need assessment, the project offered online counseling, online training, and various self-help materials to the project beneficiaries as a means of providing mental health support during COVID-19. It can, therefore, be said that the need assessment has been instrumental in designing the project interventions in an effective manner.

6.1.2. Para Counselling Support

The para counseling support intervention provided basic counselling services aiming to increase psychosocial resilience of peri urban and rural population using a para counsellor model during the periods of COVID-19. For this purpose, 20 para counselors were recruited along with two community organizers and one field coordinator officer to administer the para counsellor model at the field level. As evident from survey findings as well as FGDs, this intervention has played a critical role in improving the mental health condition of the project beneficiaries.

The socio-demographic characteristics of the para counselling support recipients show that they belong to various age groups, educational levels, income quintiles, and occupations. In terms of age groups, 38% of the respondents are 25-34 years old while 24% are in the age group of 14-24 years. About 17% of the respondents are aged above 35 years, whereas 21% are aged 45 years and above (Figure 2). Of these respondents, about 20% did not receive any formal schooling while 29% finished primary-level schooling and 38% did up to secondary-level schooling. Only 14% of the respondents had schooling of higher secondary and above (Figure 3). In terms of occupations, more than two-thirds of the respondents were housewives while 7% of the respondents were private sector employee and self-employed each (Figure 4). When asked about the monthly average income of their households, about half of the respondents reported an income range of Tk. 10,001 – Tk. 20,000. One-third of the respondents reported their household income to be between Tk. 5,000 – Tk. 10,000 while the household income of 17% of the respondents was above Tk. 20,000 (Figure 5).

Figure 2: Age of the Respondents

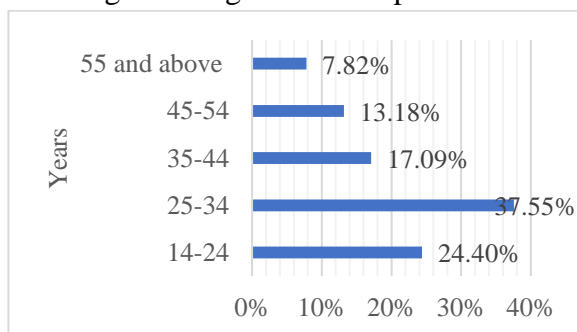


Figure 3: Education of the Respondents

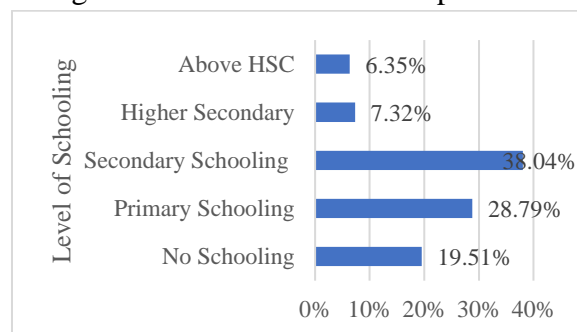


Figure 4: Occupation of the Respondents

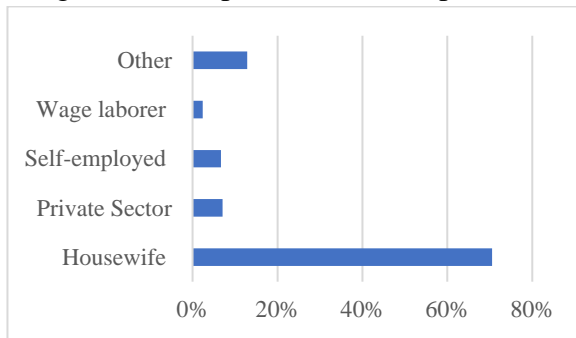
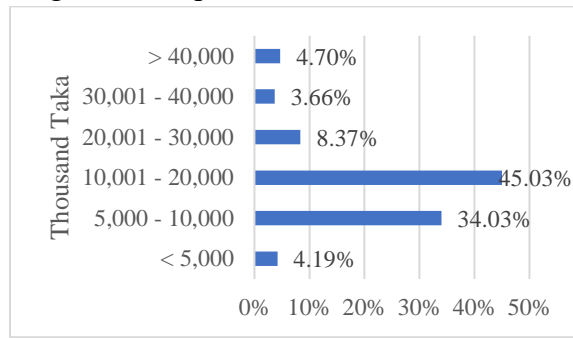


Figure 5: Respondents' Household Income



Source: RAPID – Sajida Foundation Survey 2021.

The para counsellor model has been effective in reducing the mental health challenges facing the project beneficiaries during the time of COVID-19. When asked about life during COVID-19, more than half of our survey respondents claimed that they found life stressful while one-third of the respondents found it extremely stressful (Figure 6). As put forth by a newly married woman during an FGD, “I believe that sharing the internal struggles raging through mind can actually help me reduce my stress.” Once the respondents were asked to elaborate on the reasons behind their stressful lives during the periods of COVID-19, 86% people ranked pandemic-induced financial crisis as the main reason behind their stress, followed by pandemic-induced mental health problem with 40% respondents reporting it. A close tie can be seen between the causes such as pandemic-induced physical health problem and pandemic-induced family crisis with 16% and 19% of the respondents reporting them respectively (Figure 7).

Figure 6: Life during COVID-19

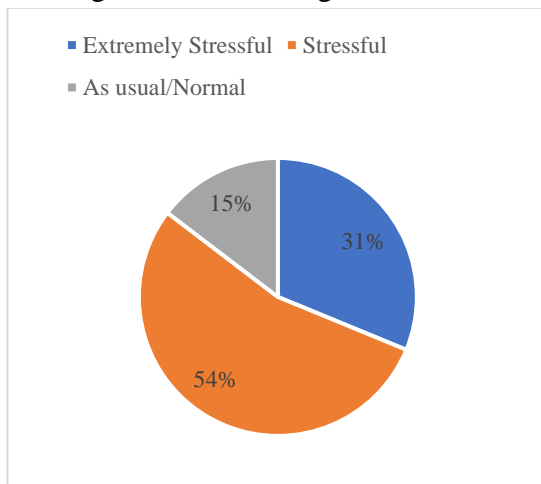
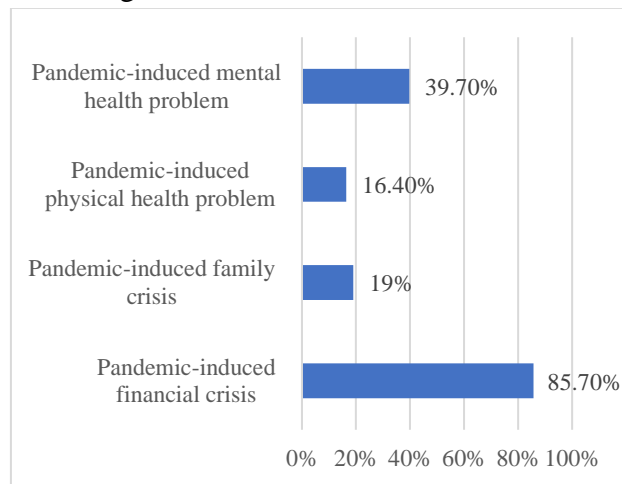


Figure 7: Reason for Stressful Life



Source: RAPID – Sajida Foundation Survey 2021.

Financial struggle is the predominant reason for stress, anxiety and other mental health issues among the beneficiaries. The ongoing pandemic added onto the struggles faced by the people, due to government-mandated lockdown, causing establishments to go out of business leading many to lose their jobs. Financial instability brought along with it many problems that eventually contributed to people’s mental stresses. The beneficiaries during FGDs emphasized that if they received some financial assistance or opportunity to engage in income generating

activities along with the mental health support interventions, they would have been able to overcome a great deal of their anxiety and stress.

We observed during the FGDs that almost all the beneficiaries were comfortable to share their personal stories of struggle with the para-counselors rather than discussing with family members, neighbors or friends. They said that discussing their mental health issues with family, friends and neighbors often caused them more harm than good. Thus, when asked about the usefulness of the para counseling services, 59% of the respondents claimed it to be useful while 20% considered it extremely useful and 12% reported it somewhat useful (Figure 8). In terms of the Likert Scale (ranging from 0 meaning not useful at all to 10 meaning extremely useful), the average score on the usefulness of the para counseling support was 8.3, indicating high utility of the counseling service among the beneficiaries. In discussing the usefulness of the para counseling services, a female professional during an FGD noted “I lost my job during the pandemic and was devastated. The counselling helped me immensely as I was motivated to look for job and eventually got one!”

Figure 8: Usefulness of Para Counseling Support

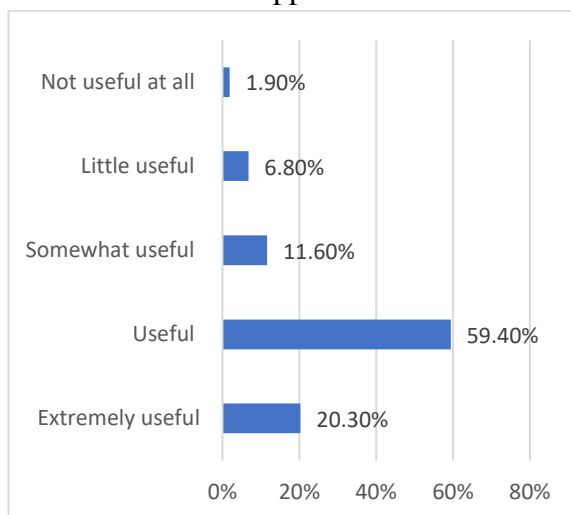
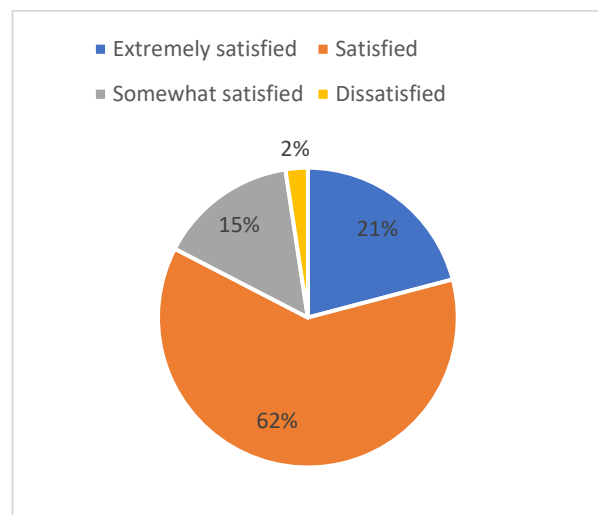


Figure 9: Satisfaction about the Performance of Para Counselors



Source: RAPID – Sajida Foundation Survey 2021.

Moreover, as we see in Figure 9, the beneficiaries were happy with the services of para-counselors with 62% of the beneficiaries reporting that they were satisfied and 21% reporting that they were extremely satisfied. However, 15% of the respondents were somewhat satisfied,

suggesting that there is room for improvement from the para-counselors' end in offering mental health services. For instance, one participant in an FGD with beneficiaries in Narsingdi suggested that the para counselors be much smarter in communicating with the beneficiaries. She further suggests that the minimum educational qualification of the para counselors be a bachelor's degree.

6.1.3. Emergency Psychosocial Support to Frontline Healthcare Workers and Their Family Members

Through this intervention, the project provided both proactive and reactive tele-counselling services to the frontline healthcare workers and their family members through appointing psychological counsellors as well as group webinars. This intervention has been effective in reaching out to frontline healthcare workers and their family members with mental health support. As reported by a female frontline healthcare worker from Sajida MHP Hospital after participating a group webinar on mental wellness –

It was very helpful, relaxing and informative. During the whole webinar, active participation with the host was very nice and I really felt so relaxed. I will follow the advice in my day to day life to keep myself relaxed and well. I also greatly benefited from the breathing exercises.

Moreover, this intervention has been successful in transmitting the knowledge from the participants to their family members, friends, neighbors, and colleagues. For instance, a frontline healthcare worker said that I would share the lessons that I learned from the group webinar with my family members and thus help them maintain a good mental health condition during the pandemic situation.

6.2. Relevance

Against this evaluation criterion, we will determine if the project responds to the urgencies and desires of the beneficiaries. Moreover, this criterion will assess if the actions and results of the project are coherent with the project objective and possible achievements.

6.2.1. Advancing Psychological Well-being Using Market Insights

The need assessment results under this intervention are the departure point for the latter interventions of the project, e.g. para counsellor model, building awareness about mental health, emergency psychosocial support to frontline healthcare workers and their family members. The need assessment identified four types of support – training, information, social support, and professional support – to be introduced as a means of improving mental health status of the project beneficiaries during the time of COVID-19. These supports respond to the

need of the beneficiaries and thus are extremely relevant to the overall objective of the project – improving mental health status.

6.2.2. Para Counseling Support

The relevance of the para counseling services to the project design is reflected in the respondents’ interest in seeking mental health support services from the para counselors. As Figure (10) shows, 79% people reported anxiety as the main factor contributing to their mental health problem. As a result, we observe in Figure (11) that 82% of the respondents went in for counseling services for this issue. Subsequently, restlessness is stated as the second most cited mental health issue (Figure 10), causing one-third of the respondents to seek help with it from the para counselors. FGDs with the beneficiaries imply that visits and counselling by para-counsellors helped them understand the importance of mental health which was mostly overlooked by their family members. Mental health related issues have always been neglected due to societal norms, and thus people are unaware of ways to take care of their mental health. The para-counselors, besides offering counseling sessions, also educated the beneficiaries on the issue at hand, which created a positive outlook and formed a new healthy custom of talking about mental health problems. Para-counsellors suggested in one of the FGDs that increasing the number of counsellors along with longer and frequent training can be a good way forward to addressing the mental health crisis at a large scale. A shared opinion of the beneficiaries also emphasizes extending the counseling program but narrowing down the focus on the targeted group so direct intervention could be used to resolve family issues and women who are mistreated, abandoned or abused could seek additional support from the counselors.

Figure 10: Types of Mental Health Issues during the COVID-19 Pandemic

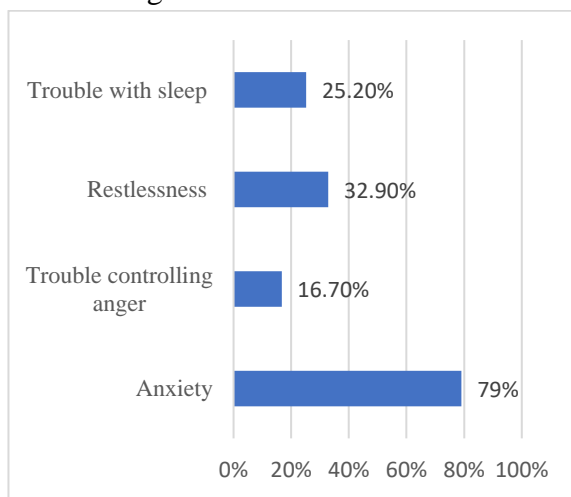
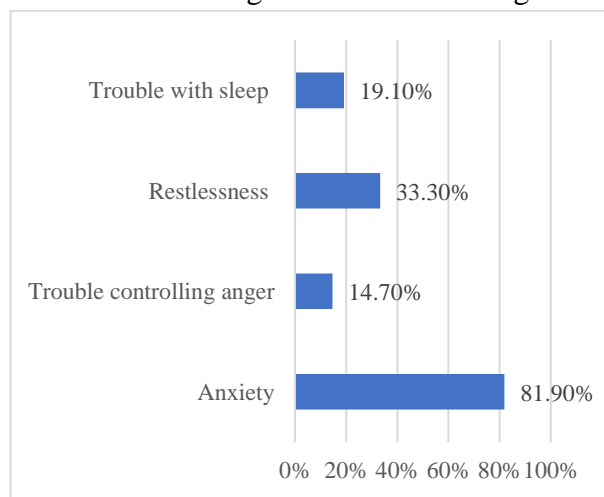


Figure 11: Mental Health Issues for Which Para Counseling Services Were Sought

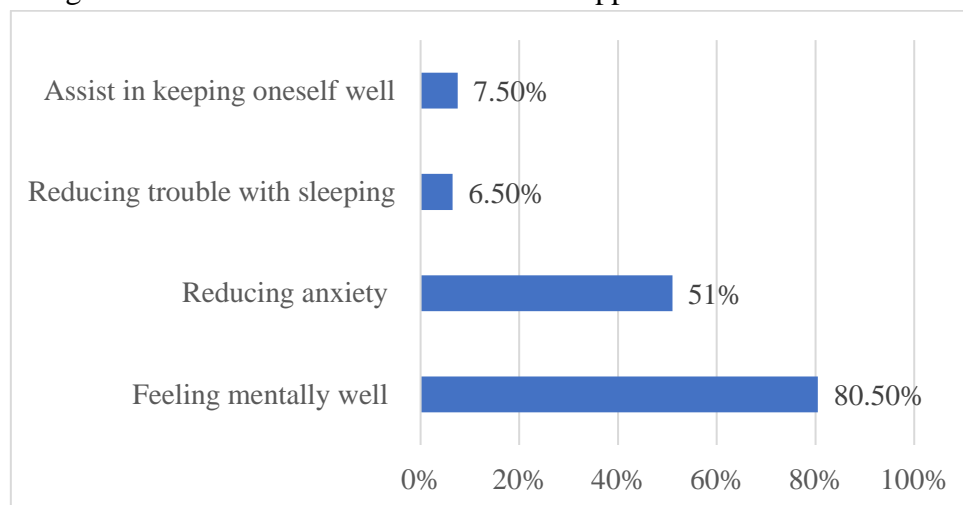


Source: RAPID – Sajida Foundation Survey 2021.

The relevance of the para counselor model to the project objectives can also be understood if we attempt to determine whether the problems for which counselling services were sought after are resolved. Figure 12 suggests that while 81% of respondents are able to feel mentally well with the support from the para counselors, more than half of the respondents could successfully

reduce anxiety. For instance, an adolescent beneficiary during an FGD reported *“I felt so frustrated thinking about my future as I was losing concentration from my studies due to the closure of school for a long time in the time of COVID-19. After talking to the para counselor and sharing my thoughts and frustrations with her, she gave me some useful advice on how to stay calm and remain focused on my studies.”* Moreover, FGDs with the para counsellors reveal that the counselors were able to motivate some of the mentally vulnerable persons who were thinking of committing suicide. As a para counselor said, “due to counselling, some mentally vulnerable people gained confidence, became hopeful that life could be better, and abandoned suicidal thoughts.” Meanwhile, those who did not receive counselling services reported that they were keen to receive mental health counselling services. It can, therefore, be said that the para counselor model created a positive social practice making people aware of mental health issues and eager to work on it.

Figure 12: Problems Overcome with the Support from Para Counselors



Source: RAPID – Sajida Foundation Survey 2021.

6.2.3. Emergency Psychosocial Support to Frontline Healthcare Workers and Their Family Members

Providing psychosocial support to frontline healthcare workers and their family members is an important intervention of this project. This intervention is extremely relevant to the overall objective of the project as the frontline healthcare workers and their family members tend to undergo serious mental health challenge. As argued in the need assessment report, frontline healthcare workers have been hiding work details from family members to protect them from stress. In addition, they have been hiding their professional identity to avoid social stigma and discrimination. Thus, it is evident that the frontline healthcare workers and their family members are subject to a greater degree of mental stress during the time of COVID-19. Emergency psychosocial support to them, therefore, serves useful purpose in advancing the mental wellbeing at the community level – one of the primary objectives of the project. In particular, the tele-counselling services addressed the mental health challenges facing the frontline healthcare workers. These services were designed to help the frontline healthcare workers reduce their mental health vulnerabilities that are due to fears and stresses emanating from infection with COVID-19.

6.3. Sustainability

Against this criterion, it has been assessed to what degree the welfare gains of the project will continue to exist after the completion of the project. Moreover, this criterion will focus on assessing whether the stakeholder's commitment will remain or level up in the longer-term after the project ceases to operate its interventions.

6.3.1. Advancing Psychological Well-being Using Market Insights

The need assessment acted as a ready reference for designing mental health support interventions in the future. Respondents in the need assessment study revealed the coping strategies, e.g. listening to music, sharing and communicating, praying, following health and safety measures, and watching movies, through which they have been adjusting to mental health challenges. The report, however, identified additional support systems that the respondents need in order to cope with the mental health exigencies of COVID-19. They include job security and organizational support, financial support, psychological counseling, and family, self, and social support. These findings would help the project stakeholders, especially the beneficiaries and mental health service providers, adopt new initiatives to advance mental wellbeing in the longer-term.

6.3.2. Para Counseling Support

The achievements that the para counselor model has achieved have important sustainability implications. From the survey results, we see that 73% of the respondents reported that the para counseling services would help them deal with mental health problems in the future (Figure 13). Moreover, the para counseling service recipients are keen on continuing to practice the advice that they received from the para counselors. During all the FGDs, beneficiaries wholeheartedly requested the continuation of the para counseling services as they found the para counselors very responsive, helpful, and trustworthy. The beneficiaries consider the lessons that they learned about dealing with mental health problems from the para counselors as gainful knowledge. As reported by a young housewife during an FGD –

I never thought that mental health mattered. After getting to know the para counselors, I learned a lot about the subtle mental health issues that eventually caused various familial, social, and behavioral problems. From now on, I will keep in mind those new lessons on managing mental health crisis and will evoke them in the future whenever I am in need.

Figure 13: Usefulness of Para Counseling Services in the Future

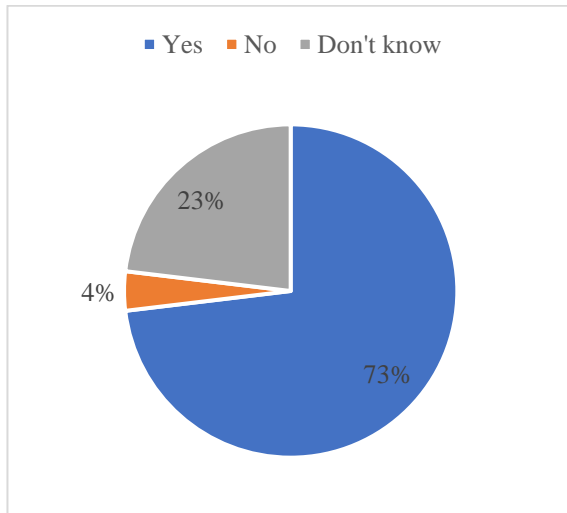
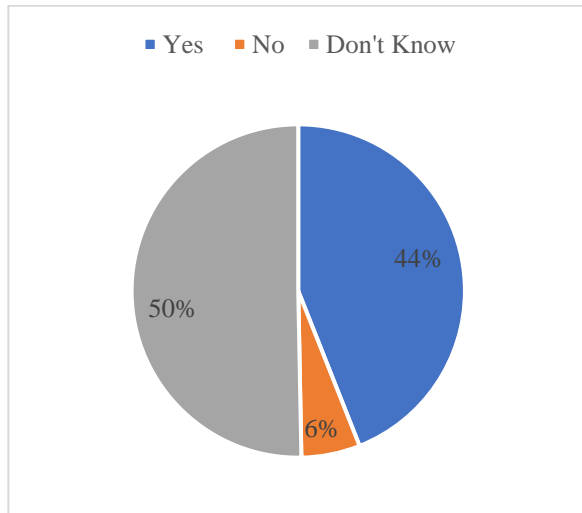


Figure 14: Usefulness of Guided Self-help Materials in the Future



Source: RAPID – Sajida Foundation Survey 2021.

In terms of the usefulness of guided self-help materials in the future, the beneficiaries seemed to be skeptical as many of them were not clear about what the materials wanted to communicate. As shown in Figure 14, half of the respondents were unsure about the usefulness of the guided self-help materials. One possible reason for such a skeptical response is, as revealed during FGDs, limited educational attainment of the beneficiaries leading to their inability to read or understand the messages conveyed through the self-help materials.

6.3.3. Emergency Psychosocial Support to Family Members of Frontline Healthcare Workers

The psychosocial support to frontline healthcare workers and their family members has long-term positive implications at individual, family, and community level. This intervention helps the frontline healthcare workers learn relaxation techniques and workplace empathy, have quality sleep, and maintain healthy relationships. These psychosocial supports will enable the frontline healthcare workers and their family members deal with mental health challenges in the future. For instance, a frontline healthcare worker reported after attending a webinar on workplace empathy –

I have learned to be more empathetic toward my colleagues at my workplace. I have observed that being empathetic in the workplace fosters professional development and job satisfaction. I will draw on this learning about workplace empathy to be more humane and respectful colleague.

In terms of the sustainability implication of the webinar on having quality sleep, another frontline healthcare worker argued that she was able to realize the importance of sleep in life, especially how good sleep helps people maintain a sound mind and health, and what to do and

what not to do for having a good sleep. Such learning is particularly helpful to beneficiaries as they can continue to receive the benefits by practicing the lessons learned in the future.

6.4. Efficiency

This evaluation criterion assessed the extent to which the resources were sufficient for achieving the intended results of the project. In other words, we will attempt to answer whether the results were proportionate with the resources that the project invested.

6.4.1. Advancing Psychological Well-being Using Market Insights

The need assessment study, highlighting the needs of people impacted by the COVID-19, recommended appropriate psychosocial intervention plans which guide the overall project implementation. The study interviewed 65 individuals from four groups of population: frontline healthcare workers, family members of frontline healthcare workers, COVID-infected individuals, and family members of COVID-infected individuals. The assessment also drew on the experiences of the COVID-infected mental health professionals who were able to offer professional recommendations informed by personal experiences of suffering from COVID-19. Although the total sample size for the need assessment study was somewhat smaller, the insights that the report produced immensely helped design and implement the project interventions. It can, therefore, be said that the output of the need assessment study created a greater value compared with the resources used.

6.4.2. Para Counselling Support

The para counselor model has been a significant success given the resources used for implementing the intervention. The major challenge associated with implementation of the para counselor model was lack of human resources. It was an immense workload for only 20 para counselors to serve about 11,000 beneficiaries within the short duration of the project. As the para counselors reported during FGDs in both Narayanganj and Narsingdi districts, they would have loved to reach out to the beneficiaries more frequently but they could not do so because of their target to cover this large number of beneficiaries. The beneficiaries also echoed the statement of para counselors in this regard as they reported –

We were initially hesitant about interacting with or seeking assistance from the para counselors. However, once we got to know them more closely, we enjoyed talking to them entirely as they were so friendly and helpful. It would have been more beneficial to us if we would be able to meet them more frequently and share our mental sufferings that we were not able to share with anyone else.

The views of the both supply- and demand-side actors imply that despite the resource constraints, the para counselor model was successful in achieving its objective. However, use of more human resources, especially mental health service providers with specialized training, would help implement the project in a more meaningful manner.

6.4.3. Emergency Psychosocial Support to Frontline Healthcare Workers and Their Family Members

The intervention of providing psychosocial support to family members of frontline healthcare workers and their family members has been a very cost-effective tool for pursuing the project objectives. This intervention has used fewer resources but produced impactful outcomes. The intervention activities, especially the group webinars, proved extremely efficient in helping the frontline healthcare workers learn important insights, e.g. relaxation techniques, workplace empathy, at a very low cost. Thus, this intervention can also be considered a success against the efficiency criterion.

In terms of the tele-counseling services, the tele-counselors would have been able to provide the services more effectively if the beneficiaries were well aware of the importance of mental health. In many cases, as observed by the tele-counselors, the service recipients tended to either hide their mental stresses or overlook the risk and vulnerabilities of their mental health problems. As a result, the counselors often faced difficulty providing services despite the case of mental health problem. As argued by one tele-counselor –

The frontline healthcare workers, who were infected with COVID-19, often suffered from considerable emotional and psychological distress. Despite their sufferings, they tried to ignore the importance of mental health. Sometimes they were also fearful of expressing their psychological illness as they assumed that if they report their mental health problem, they might lose their jobs or face difficulty in maintaining their social lives.

The tele-counselors further reported that the counseling services were often subject to efficiency loss since many of the beneficiaries would miss calls from the counselors after registering for tele-counseling appointment at their convenient time. Consequently, the tele-counselors used to lose the opportunity to serve as many beneficiaries as they expected to serve.

7. SWOT Analysis of the Mental Health Support Program

The purpose of this strength, weakness, opportunity, and threat (SWOT) analysis is to determine those internal strengths and external opportunities that the mental health support program can leverage to offer mental health services more meaningfully, while also seeking to mitigate internal weaknesses and external threats. Figure 15 demonstrates the SWOT analysis

of the mental health support program focusing on its effectiveness in enabling the mentally vulnerable people to deal with the evolving mental health challenges in the time of COVID-19 pandemic.

Figure 15: SWOT Analysis of the Mental Health Support Program

| Internal Factors | |
|---|---|
| <i>Strengths</i> | <i>Weaknesses</i> |
| <ul style="list-style-type: none"> ○ A timely initiative to address the pandemic-induced mental health challenges ○ Well-designed project interventions based on need assessment ○ Internal arrangements for training the mental health service providers ○ Diverse intervention strategies for covering different groups of beneficiaries under the project | <ul style="list-style-type: none"> ○ Limited geographical focus leaving out a true rural outreach ○ Too many interventions to be implemented in a very short period of time ○ Highly female beneficiary-focused interventions leaving out potential male beneficiaries ○ Insufficient human resources compared with a large number of target beneficiaries ○ Little scope for follow-up on the implementation of the project interventions |
| External Factors | |
| Opportunities | Threats |
| <ul style="list-style-type: none"> ○ Scaling-up of the project interventions at the national level in collaboration with the government given the significance and relevance of the project ○ Utilize the skills and experiences of the para counselors who already received hands-on training in providing mental health support ○ Increasing interest of the international development partners or donor agencies in the provision of mental health services especially in the time of COVID-19. | <ul style="list-style-type: none"> ○ Resistance from local people especially when large-scale outreach interventions are introduced ○ Limited infrastructure for the provision of mental health services at the national level ○ Inadequate emphasis from the domain of public policy on the importance of mental health vis-à-vis physical health ○ No follow-up interventions together with the evolving challenges of the COVID-19 pandemic likely to threaten the successes achieved so far |

Source: Prepared by the authors

8. Conclusions and Recommendations

In conclusion, the current impact assessment shows that all the project interventions have been considerably successful in enabling the mentally vulnerable groups to deal with the COVID-19-induced mental health challenges. While it is true that direct intervention of providing mental health services is critical to addressing the challenges of the COVID-19-induced mental health problems, it is also important to understand the underlying factors that contribute to the mental health crisis during the ongoing pandemic.

The impact assessment suggests that the barrier to mental health awareness among those who are financially backward lies first and foremost in their economic poverty. Our findings reveal that the COVID-19 pandemic has affected the financial well-being of most of the beneficiaries causing them to suffer anxiety or other psychological ailments. Those who are truly distressed in any psychological capacity have all either been physically and psychologically abused for many years by their spouse or in-laws or have been abandoned by their spouse and have no social support. The abandoned beneficiaries in all cases have children to feed and educate. This appears to be the beginning of a vicious cycle of poverty and social backwardness which persist for generations. It is, therefore, important to strengthen the gender relations in society by building awareness about mental health among both women and men. The current project mainly serves women. However, in order to make the mental health support program more impactful, men must be reached out with counseling services and made aware of how mental health matters both for them and their female counterparts.

Future project design must address these deep-rooted socially induced psychological distress among the beneficiaries. COVID-19 has acted as a catalyst and has exacerbated existing mental health issues among the beneficiaries. Thus, mental health support programs would be more impactful when they were designed to address psychological ill-being due to persistent social neglect and financial backwardness.

In addition to the above-mentioned considerations, the following recommendations may be taken into account for future project design.

- Given the importance and magnitude of the project interventions, we recommend that the project be extended for at least two years so as to allow the para counselors sufficient time to follow up on their initial counselling sessions with the beneficiaries. It usually takes some time for the para counselors to build rapport with the beneficiaries and make them understand the importance of mental health, especially in the time of COVID-19. As a result, a six-month period of the project duration is too small to create a large-scale impact. The project should, therefore, be extended in order for the mental health support interventions to be more impactful.
- As observed from the survey results as well as the FGDs with beneficiaries, financial struggle was the major reason for the beneficiaries' deteriorating mental state. It would, therefore, be beneficial if the future project design involves provision of financial

incentive, i.e. one-off payment of a sum of money to be invested in an income generating activity, alongside para counselling services. Such an intervention together with the ongoing para counselor model may prove instrumental in reducing the beneficiaries' anxieties or mental distress due to financial crisis during the pandemic.

- The 20 para counsellors, who were one of the key actors of the project, are now highly skilled professionals. They make a crucial asset for Sajida Foundation as the organization has already invested a lot of resources in them. Since the para counselors lost their employment with the end of the project, it is equally disadvantageous for both Sajida Foundation and the para counselors as the former loses its important human resources and the latter is subject to mental distress due to the loss of their livelihood. The Foundation should, therefore, consider retaining the para counselors and re-employ them in any possible capacity.
- Since there exist considerable indifference about mental health among people especially in semi-urban and rural areas of the country, the para counselors faced challenges in dealing with the potential beneficiaries in the first place. In order to build rapport with the beneficiaries quickly, the para counselors might offer some primary physical health check-ups, e.g. measuring blood pressure, blood sugar etc., as icebreaker. Such an add-on to the existing para counseling services would facilitate an efficient and meaningful implementation of the mental health support program.

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Appendix A: Survey Questionnaire

Questionnaire Survey on the Para Counseling Services for Mental Health Support for COVID-19-Affected Population

Impact Evaluation- Mental Health Support for COVID-19-Affected Population and Services for Children with Special Needs

Sajida Foundation

সেকশন ১: খানার অবস্থান সম্পর্কিত তথ্য (Geographical location)

| | | |
|--|------------------------------|---|
| ১.১. তথ্য প্রদানকারীর নাম (সংক্ষিপ্ত নাম লিখুন) | ১.২. জেলার নাম | ১.৩. আপনার সাথে যোগাযোগ করার জন্য মোবাইল নম্বর (সম্মতি নিয়ে) |
| | ১. নারায়নগঞ্জ ২. নরসিংদি | |

সেকশন ২: খানার আর্থ-সামাজিক অবস্থা সম্পর্কিত তথ্য (Income source)

| | | | | | |
|--|--|--|---|--|---|
| ২.১. আপনার খানার মাসিক গড় উপার্জনের পরিমাণ কত টাকা? | ২.২. আপনার পরিবারের উপার্জনের প্রধান উৎস কী? | | | | |
| | ১. কৃষিকাজ ২. মৎস চাষ ৩. ছোট ব্যবসা | ৪. মাঝারি ব্যবসা ৫. বড় ব্যবসা ৬. শিক্ষকতা | ৭. সরকারী চাকুরী ৮. বেসরকারী চাকুরী ৯. ঘর/দোকান ভাড়া | ১০. রিক্সা/ভ্যান/অটো ভাড়া ১১. প্রবাসী ১২. দিনমজুর | ১৩. রিক্সা/ভ্যান/সিএনজি/অটো চালক ১৪. দর্জি ১৫. অন্যান্য (উল্লেখ করুন)) |

সেকশন ৩: খানার সদস্য সম্পর্কিত তথ্য (Demographic information)

| সদস্য কেড | ৩.১. নাম (সংক্ষিপ্ত নাম লিখুন) | ৩.২. খানা প্রধানের সাথে সম্পর্ক (কোড ৩.২ দেখুন) | ৩.৩. লিঙ্গ ১. পুরুষ ২. নারী | ৩.৪. বয়স (বয়স ১ বছরে র কম হলে ০ লিখুন) | ৩.৫. শিক্ষা (পাশ করা শ্রেণী, কোন শিক্ষা গ্রহণ না করলে ০ লিখুন) | ৩.৬. প্রধান পেশা (কোড ৩.৬ দেখুন) | ৩.৭. বৈবাহিক অবস্থা | | ৩.৮. ধর্ম | |
|-----------|-----------------------------------|--|-----------------------------------|---|---|-------------------------------------|--|--|---------------------------------------|--|
| | | | | | | | ১. বিবাহিত ২. অবিবাহিত ৩. বিপত্নীক/বিধবা | ৪. তালাকপ্রাপ্ত ৫. পৃথকীকৃত ৬. স্বামী পরিত্যক্তা | ১. ইসলাম ২. হিন্দু ৩. খ্রিস্টান | ৪. বৌদ্ধ ৫. অন্যান্য (উল্লেখ করুন)) |
| ১০১ | | | | | | | | | | |

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সেকশন ৪: মানসিক স্বাস্থ্য সম্পর্কিত তথ্য

৪.১। করোনা মহামারীর সময়ে আপনার দৈনন্দিন জীবন কেমন ছিল ?

- I. অনেক বেশি মানসিক চাপ যুক্ত
- II. কিছুটা মানসিক চাপ যুক্ত
- III. আগের মতই/ স্বাভাবিক
- IV. আনন্দপূর্ণ
- V. অনেক বেশি আনন্দপূর্ণ

৪.২। যদি অনেক বেশি মানসিক চাপ যুক্ত বা কিছুটা চাপযুক্ত হয় তাহলে সেটি কেন ?

- I. আর্থিক কারণ
- II. পারিবারিক কারণ
- III. শারিরিক কারণ
- IV. মানসিক কারণ
- V. সামাজিক কারণ
- VI. অন্যান্য (উল্লেখ করুন)

৪.৩। করোনা কালীন মহামারীর সময়ে আপনি কি ধরনের মানসিক সমস্যার মধ্যে দিয়ে গিয়েছেন ?

- I. দুশ্চিন্তা
- II. অতিরিক্ত মন খারাপ
- III. অস্থিরতা
- IV. ঘুমের সমস্যা
- V. কোন কাজে মনযোগ দিতে না পারা
- VI. খাবার খেতে না পারা অথবা অতিরিক্ত খাওয়া
- VII. অতিরিক্ত রাগের সমস্যা
- VIII. পারিবারিক সম্পর্ক জনিত সমস্যা

- IX. আত্মহত্যার চিন্তা
- X. অন্যান্য (উল্লেখ করুন)

সেকশন ৫: প্যারা কাউন্সেলিং সেবা সম্পর্কিত তথ্য

৫.১। কোন ধরনের মানসিক সমস্যার ব্যাপারে আপনি প্যারা কাউন্সেলরের সাথে কথা বলেছিলেন?

- I. দুশ্চিন্তা
- II. অতিরিক্ত মন খারাপ
- III. অস্থিরতা
- IV. ঘুমের সমস্যা
- V. কোন কাজে মনযোগ দিতে না পারা
- VI. রাগ নিয়ন্ত্রনে সমস্যা
- VII. খাবার খেতে না পারা অথবা অতিরিক্ত খাওয়া
- VIII. অতিরিক্ত রাগের সমস্যা
- IX. পারিবারিক সম্পর্ক জনিত সমস্যা
- X. আত্মহত্যার চিন্তা
- XI. অন্যান্য (উল্লেখ করুন)

৫.২। প্যারা কাউন্সেলরের সহায়তা পাওয়ায় আপনার কি ধরনের উপকার হয়েছে ?

- I. মানসিক ভাবে হালকা / ভালো বোধ করা
- II. দুশ্চিন্তা / মন খারাপ কমাতে সহায়তা
- III. সমস্যা সমাধানে সহায়তা
- IV. সিদ্ধান্ত নিতে সহায়তা
- V. ঘুমের সমস্যা সমাধানে সহায়তা
- VI. রাগ নিয়ন্ত্রনে সহায়তা
- VII. আত্মহত্যার চিন্তা মোকাবেলায় সহায়তা
- VIII. নিজের ভালো থাকা/ ভাল রাখার ব্যাপারে সহায়তা
- IX. অন্যান্য (উল্লেখ করুন)

৫.৩। যদি আপনি প্যারা কাউন্সেলরের কাছ থেকে কোন ধরনের সহায়তা না পেয়ে থাকেন সেটি কি কারণে হতে পারে বলে মনে করেন ?

- I. মন খুলে কথা বলতে পারিনি
- II. যথেষ্ট সময় দেয়নি
- III. তাকে ভরসা করতে পারিনি
- IV. সহমর্মী ছিলোনা
- V. মনের কথা বলার পারিপার্শ্বিক পরিস্থিতি ছিলোনা
- VI. বাসায় গোপনীয়তার অভাব ছিলো বলে কথা বলতে পারিনি
- VII. প্যারাকাউন্সেলরের গুনগত ঘাটতি ছিলো
- VIII. আমার সহায়তা নেবার ইচ্ছা ছিলোনা

IX. অন্যান্য (উল্লেখ করুন)

৫.৪। সার্বিকভাবে প্যারা কাউন্সেলিং সেবার উপকারীতা সম্পর্কে আপনি কি মনে করেন ?

- I. অনেক বেশি উপকারী
- II. উপকারী
- III. কিছুটা উপকারী
- IV. অল্প উপকারী
- V. একদমই উপকারী নয়

নিম্নের (০-১০) রেটিং স্কেলে চিহ্নিত করুন, এখানে শূন্য মানে একদম উপকারি বা কাজের নয়, ১০ মানে সর্বোচ্চ উপকারি বা কার্যকরী

০ ১ ২ ৩ ৪ ৫ ৬ ৭ ৮ ৯ ১০

৫.৫। আপনি কি মনে করেন প্যারা কাউন্সেলিং সেবা যেটি আপনি ইতিমধ্যে পেয়েছেন সেটি আপনাকে ভবিষ্যৎ এ মানসিক কষ্ট এবং দুশ্চিন্তা মোকাবেলা করতে সহায়তা করবে ?

- I. হ্যা
- II. না
- III. জানিনা

৫.৬। আপনি প্যারা কাউন্সেলিং সেবা নিয়ে কতটুকু সন্তুষ্ট/ আসুস্তুষ্ট

- I. অনেক বেশি সন্তুষ্ট
- II. সন্তুষ্ট
- III. কিছুটা সন্তুষ্ট
- IV. অল্প সন্তুষ্ট
- V. একদমই সন্তুষ্ট নয়।।

৫.৭। যদি আপনি অসন্তুষ্ট বা অনেক বেশি অসন্তুষ্ট হয়ে থাকেন, কি কারণ ?

৫.৮। আপনার কাছে কি কোন ধরনের পরামর্শ আছে যার মাধ্যমে প্যারা কাউন্সেলিং সেবা টি ভবিষ্যৎ এ আরো উন্নত করা যাবে ?

সেকশন ৬: রেফারেল কার্ড সম্পর্কিত তথ্য

৬.১। আপনি কি কোন ধরনের ছবি যুক্ত কাগজ অথবা একটি কার্ড পেয়েছিলেন ?

- I. হ্যা
- II. না
- III. জানিনা

উত্তর হ্যাঁ হলে, এর বিষয়বস্তু সম্পর্কে প্যারা কাউন্সেলর কি আপনাকে বিস্তারিত বুঝিয়ে বলেছে?

৬.২। ছবিযুক্ত কাগজ/ কার্ড টি থেকে কোন উপকার পেয়েছেন কি ?

- I. হ্যাঁ
- II. না
- III. জানিনা

৬.৩। আপনি কি মনে করেন ভবিষ্যৎ এ এই ছবিযুক্ত কাগজ/ কার্ড থেকে মানসিক স্বাস্থ্য সম্পর্কিত কোন ধরনের উপকার পাবেন ?

- I. হ্যাঁ
- II. না
- III. জানিনা

Appendix B: Qualitative Interview Checklists

FGD and KII Checklist

Impact Evaluation- Mental Health Support for the COVID-19-Affected **Sajida Foundation**

I. FGD Checklist for the Beneficiaries of Para Counseling Service and Self-help Materials

1. How useful was the anxiety/sleep/coping/anger/relaxation leaflet/counseling service to you?
2. Did you learn any new things from these leaflets/counseling services? If so, what are they?
3. How these counseling services/leaflets benefit you? Did you follow the tips mentioned in the leaflets?
4. Do you think these counseling services/ leaflets will help you deal with anxiety/sleep/coping/anger/relaxation issues in the long-run?
5. Do you observe any community-level benefits of these counseling services/ leaflets (i.e., changes in people's lifestyle due to increased awareness)?
6. Did you/would you like to share these leaflets or the tips that you learned from these leaflets/counseling services with your family/friends/relatives/neighbor who did not receive them?

II. FGD Checklist for the Beneficiaries of the Tele-Counseling Services

1. How useful was the tele-counseling services to you?
2. How the tele-counseling services benefit you?
3. Do you think the tele-counseling services will help you deal with any possible psychological issues in the future?

III. KII Checklist for the Tele-Counselors

1. How was your experience as a tele-counselor in this project?
2. What were the major challenges that you face doing your job?
3. What would your recommendations be for improving/ scaling up of the project?