

### **Summary**

The data comprises open ended interviews conducted with rural health care workers (known as ASHAs) and women in the Sirmaur District of Himachal Pradesh, India. The data documents ASHAs' experiences acting as frontline healthcare workers during the COVID-19 pandemic, including their perceptions of risks, challenges, and professional responsibilities. The data also documents rural women's experiences of managing their households, caring for children, and navigating the challenges that they faced during this highly uncertain time. Respondents were identified through snowball sampling, and all interviews were conducted through telephone conversations due to pandemic-related travel restrictions.

### **Methods and questionnaires**

Our data collection was guided by two sets of questions:

- The "General" Covid-19 questionnaire includes questions about household labor roles, livelihoods, care for children, and emotional experiences navigating the COVID-19 Pandemic.
- The "Community health worker" (ASHA) questionnaire includes questions for community health care workers, their roles and responsibilities, and experiences as frontline healthcare workers during the COVID-19 pandemic.

### **Interviews:**

All interviews were conducted over the phone due to pandemic-related travel restrictions. The questionnaires identified main topics for discussion, however the interviews were semi-structured. We allowed the respondent to share their thoughts and experiences of their own choosing and to direct the conversation where they wanted to take it. We conducted additional follow-up interviews where the respondents agreed to do so. Data was collected between July and December 2020.

### **Sampling:**

Respondents were contacted through snowball sampling. Initial contacts were made through an NGO in the Sirmaur District as well as through field staff employed on the research project, "Institutional Networks and Self-Organized Adaptation". After making initial contact with several respondents, they were able to suggest others to speak with from the area. The sample is thus non-random. We spoke with whomever we were able to get in contact with and who was willing to spend time speaking with us over the phone.

### **Limitations of the data and disclaimers:**

This data was collected during the pandemic, at a time of great uncertainty and challenges with field data collection. The notes are detailed, accurate accounts of interviews and respondents' answers to questions. However, they should not be regarded as direct and comprehensive transcripts. Moreover, there are several limitations and errors in record keeping; for example, there is some inconsistency in recording the date of interview. Since these were open-ended interviews, the conversations were allowed to flow freely and not all questions were asked of all respondents. We recognize these limitations, and we encourage anyone who wishes to use this data to get in touch with the corresponding authors to learn more. The data should be used with these caveats in mind.