


Community health workers: The gender agenda
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- Asha George, Johns Hopkins School of Public Health, USA
- Sally Theobald, Liverpool School of Tropical Medicine, UK
- Amuda Baba, IPASC, Democratic Republic of Congo
- Hana Rabadi, World Vision, Jerusalem - West Bank - Gaza

**Community health workers:
The gender agenda**



Sally Theobald, 10th February 2016


 **Global Health Landscape** 
 UHC and sustainable development





 **Where are the evidence gaps?** 

- How do gender roles and relations, and other axes of inequity, shape provision of close to community services at multiple levels:
 - Individual
 - Institutional
 - systems/societal







 **REACHOUT aims** 


- Synthesise lessons from the literature and in-depth qualitative research in six countries
- Develop lessons for addressing gender inequities and power in the policy and practice of CTC service provision








 **Discussion** 

- CTC are embedded in community & strategically placed to understand intra HH gender and power dynamics
- There is a need for:
 - further exploration to feedback to health system and aid HSS
 - a holistic gender analysis of CTC services
 - intersectional and reflexive analysis of ways gender and power shape CTC provision and
 - intersectional and reflexive analysis of the ability of CTC providers to influence their wider environments



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Gendered experiences of community health workers in a fragile context: resilience and mobility





AMUDA BABA, IPASC DR CONGO



 **Human Resource issues in the context of rural DR Congo** 

- Human resources in health: concentrated in urban areas (about 70%)
- Exacerbate during war and conflicts
- Challenges include: drug shortages; difficult working conditions: limited options for capacity building; not being able to transfer patients; poorly equipped health facility; poor road infrastructure; limited supervision and working in a context of extreme poverty
- HRH attrition in rural areas high
- Rural populations often self medicate using traditional medicines and unprescribed medicine from pharmacies in rural areas

 **CHWs characteristics in rural fragile DR Congo** 



- Most of CHWs in rural DR Congo are elderly women
- The few young people (< 30years) working as CHWs are mainly male
- It is extremely rare to find young females working as CHWs
- The attrition of CHWs is extremely high among young people. As soon as they find a paid job, they stop working as voluntary CHWs

 **Gender, power and CHWs experience: resilience and mobility** 



- CHWs are committed to work in order to provide support to their communities, in difficult circumstances. Their community's health is their main motivation:

"We have accepted to take risk through serving. We just make sure that every serious case is being taken care of..." (Male CHW, Mixed FGD)



"When there is war, troubles, what I do, is just avoiding move a lot. I invest myself in helping the community very close to my place, just to avoid problems with those fighting (rape)" (CHW, Female FGD)

 **Working as a CHW during conflict** 

- During conflicts and war, CHWs accept to risk their life when helping the community
- Nurses often leave the health centres, leaving the community under the responsibility of CHWs
- CHWs take responsibility to transfer serious cases to the nearby referral hospital
- During conflicts, female CHWs run high risk of being raped as they go about their duties at community level


 



"Once during the recent war, there was a pregnant woman who was in labour. She was taken to traditional birth attendants as nurses were not there. She found that her condition was very serious, she could not manage. That lady was supposed to be transferred in the referral hospital. So, we were asked to take her to the referral hospital, 7 km from where we were, and there were militia and soldiers all over. We were arrested by 3 different groups before we reached the hospital. We were 2 CHWs, the traditional birth attendants and that woman. So, we had to go back, expecting all the possible risks" (CHW, Male FGD)


"Here, it is dangerous for women to do anything during war, as we can easily be victims of rapes. Those soldiers, ... mmmm, do not respect women, even if you are old. It is really risky for us." (CHW, Female FGD)



"It is not easy for CHWs during war period. Most of them accept to risk their life for their community" (KII)





 **Gender of CHWs and relationships with communities** 

- Arguably easier for female CHWs in identifying some sensitive health problems affecting women (fistula,...)
- Women are really open to share their problems with female CHWs.




 **How CHWs issues are being addressed?** 

- Identifying potential candidates from unstable settings to be trained (both male and female)
- CHWs are trained on their activities in relation to maternal health
- CHWs play key roles in maternal health promotion in remote settings
- CHWs, mothers groups very active in promoting women's health
- Despite multiple challenges they have a strong commitment to supporting communities

A CHW mobilizing women on the importance of delivering at the health facility (ARU, DR Congo)



How best to support these unsung heroes of community health?
A community health worker during an awareness campaign (Aru, DR Congo).



Thank you





Community health workers In Palestine
challenges and achievements





Hana Rabadi, World Vision, Jerusalem - West Bank - Gaza

The CHWs programming

- Started in 2008 in only one community
- 15 CHWs were identified and trained and began delivering MCHN key messages at the household level
- Now we have 150 CHWs working in hundreds of communities around West Bank and Gaza
- Every year they target around 2000 mothers with key messages

Community health workers should be members of the communities where they work, should be selected by the communities, should be accountable to the communities for their activities, should be supported by the health system but not necessarily a part of its organization, and have shorter training than professional workers

Main Challenges

- The approach was new to the country
- CHWs were not accepted by their communities or by the health system
- Women in communities are not allowed to go outside their communities and they were not allowed to work
- Women in communities don't trust in their abilities

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Steps to overcome the challenges

- Collaboration with village steering committees and village councils
- Building CHWs capacities
- Linking them with the health system



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Capacity building for the CHWs

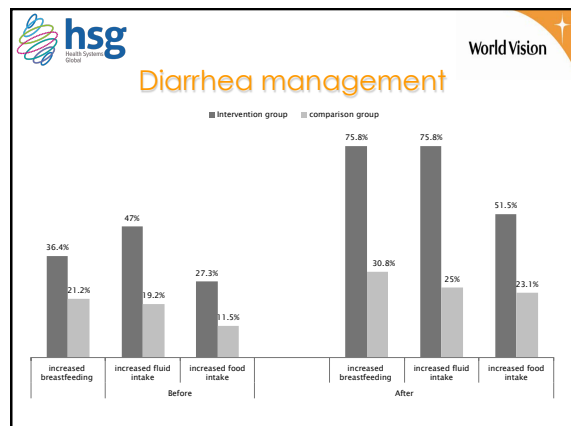
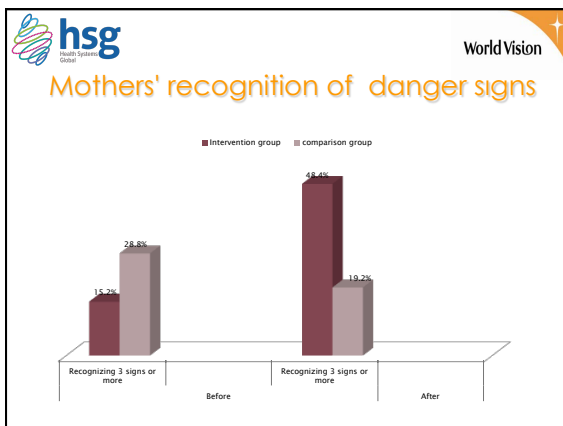
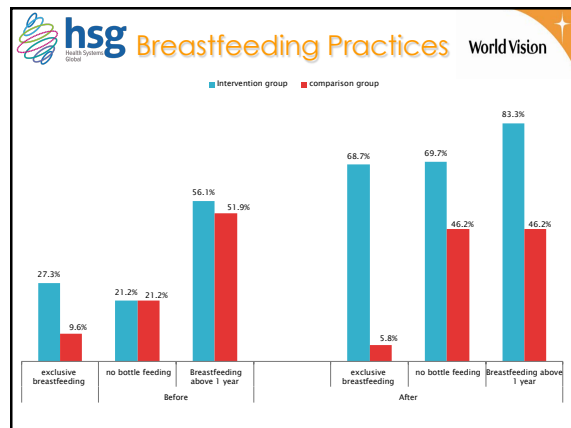
- Maternal child health and nutrition (new born care, feeding practices, access to services, illness management,...)
- Growth monitoring
- Social determinants of health and identifying community needs
- Communications skills


Addressing gender issues through following different strategies




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Achievements and results




 **Transformation** World Vision


- Transforming relationships not only within the community members themselves but also between members of different communities and between communities' and partners
- Building caring and trusting relationships between the health community workers and the family members including mothers, husbands and mother-in-law's
- Building good relationships with neighbours and relatives who are inviting themselves to attend the household visits to benefit from the message delivered by the CHWs


 **Transformation** World Vision

- This approach contributed strongly in changing communities' acceptance of working women. Before this, females were not allowed to go outside their communities and therefore they were not allowed to finish their education. After recognizing the importance of the CHWs role this was changed and most managed to finish their study; becoming highly respected community members
- The collaborative relationship between the CHWs themselves is also a major achievement. CHWs are supporting each other when needed, even when they have to serve members from other communities
- The trusting transformed relationships between the community members and the MOH which increased the utilization of services provided by the health center's

 **Transformation at the personal level** World Vision



- Another outcome of the intervention was the positive effect on the community health workers personalities; they became recognized and respected members in their communities
- They have become positive role models for females in the communities




 **Tasks delivered by the community health workers** World Vision


CHWs perform a wide range of tasks:



- Home visits
- First aid
- Health education
- Nutrition and surveillance
- Maternal and child health and family planning activities
- Support the health system
- Educational plays
- Refer urgent cases

 **Additional impact for CHWs** World Vision

- Had more autonomy in marriage choice
- Became a member in the village council
- Officially registered at the directorates of health

 **CHWs programing** World Vision

"I wanted to be a CHW because I always wanted to know the right information concerning topics related to mother and child health and nutrition, and I always wanted to transfer this to my community" (CHW)

"Confusion is what I used to feel. Before this project, I used to hear different stories about infant care and feeding practices, but now I'm so happy I'm not confused any more! I have one source of information that I can rely on, and I really can see the impact of that on my child!" (A mother from a targeted village in Bethlehem)

