The comparative agility of the community health worker cadre in fragile & conflict-affected contexts

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The gendered experience of CHWs in fragile and shock-prone settings: implications for policy and practice during and post COVID-19

Aim: to explore the roles of CHWs and their gendered experiences during the COVID-19 pandemic in fragile and shock-prone (FASP) settings
Methods

Sierra Leone: Kenema and Bonthe

Lebanon: 2 sites in Beqaa Valley

Nepal: Chandragiri and Gulariya

Myanmar: South Dagon, Yangon
Methods

- Document review
- Interviews and FGDs with CTC providers = 61
- Key informant interviews with local stakeholders = 25
Adapting role of CHWs during Covid-19

**COVID-19 roles**
- Awareness raising about COVID
- Distribution of hygiene kits (PPE, etc)
- Tracking, screening, registering, following-up, referral of people with COVID
- Psychosocial support
- Home quarantine
- Support other people working in COVID

**Gender differences in roles**
- Men: greater responsibilities
- Women: health education role

**Regular roles**
- Clinical services (Lebanon)
- Antenatal care and delivery and postnatal care
- Awareness / health education

- Community trust – familiar, from community
- Existing relationships enables good access
- Willingness to serve community; sense of duty
- Well connected with social organisations / support groups
- Health system / employers want to use existing staff, low cost
- First people to respond to C19 in community (Myanmar)
- Able to innovate using local resources
- Drew upon Ebola experience
Challenges that CHWs face in adapting their role during COVID: individual perspective

“Need to adjust to have equilibrium between work and family. More sacrifice for women than men as men do not have much responsibility like women. CHW, woman, Myanmar

“Family comes first: When the children are not going to schools, it exerts pressure on me. I am working outside, and when my children study online, I had to stay with them for hours. My husband is at home due to corona. This also exerts pressure.” CHW, woman, Lebanon

Juggling multiple tasks

“Increased workload, particularly challenging when unplanned work

The workload was much... we have to visit quarantine homes twice a day and talk to them and check their temperature... And in some households, there are many people.” CHW, woman, Sierra Leone

Travel and safety

“Fear of COVID

Halted or limited income generating activities

“There is a challenge for girls, and it sometimes needs for the family to accompany the girls (volunteers) on their way home from work. Sometimes, we have meetings at night. For me, my husband come and pick me up. For girls, we may need to arrange for their return trip. For example, township committee arrange a car for girls. For Boys, there is no problem as they can manage their own.” Supervisor, woman, Myanmar
Challenges that CHWs face in adapting their role during COVID: **family**

Some have limited support for their role

Some have limited support for household work

“The family member scold asking, “Why do you need to do that work?” My own husband scolds me asking, “How much do they pay you? Why do you go there?” I have been used to this type of scolding. I let him continue scolding. I’ll carry on with my work.” CHW, woman, Nepal

Adopt coping mechanisms e.g. wake up early to do household chores, ignore
Challenges that CHWs face in adapting their role during COVID: community

Stigma and discrimination from community members

“Initially during the first wave some people in the community are frightened to talk to me which eventually reduced in the second wave.”
CHW, woman, Myanmar

“Communities do not tend to often listen to women in certain situations due to cultural beliefs...they are not given the audience they need...so in some cases we provide them with a male back up if there should be pressing issues to be addressed.”
Key Informant, man, Sierra Leone

Reluctance to listen to women CHWs

“Neighbours and people around me used to tell me: Stay away from us. Don’t come closer. You work with Corona. Maybe you could infect us.”
CHW, woman, Lebanon

“Some of them lock their door. They have dog. The dog attacked us. When we ringed bell, they used to look at us and go inside fearing whether we might have brought corona. When we told them, “We need to discuss something with you,” only then they came out to their balcony.”
CHW, woman, Nepal
Challenges that CHWs face in adapting their role during COVID: health system

- Limited training and supervision
- Limited equipment and supplies including PPE
- Not prioritised for vaccine
- Limited financial support for additional roles despite policy

“There was no proper training - our main source of information was Facebook”
CHW, woman, Myanmar

“We can hardly secure the PPE for the employees.”
Key informant, man, Lebanon

“The money that they gave us was too small... during a lockdown, we have to buy things in the house to eat. The family burden is too much on us we have our children to look after and other family members.”
CHW, woman, Sierra Leone

“I feel very sad when they send us for work but don't provide us necessary equipment. We tell them [health workers] that we are in need of safety items while visiting community. But HWs say even they don’t receive adequate supply at health post.”
CHW, woman, Nepal
Families: help in doing their work, arrange transport, accompany to and from work

Innovation: digital technology for supervision and training

Community: strengthen links with community leaders and organisations

Health system: training, incentives, protection from infection

Mental health support and development of coping mechanisms: “Providing us with the support we need will makes our work easy...Without support, the work cannot be done as required.” CHW, man, Sierra Leone

Recognition: “It would be really good if the health department recognizes the community health volunteers and tries to connect and collaborate with them more” CHW, woman, Myanmar

CHWs need support
Thank you

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