

# The gendered experience of community health workers in Sierra Leone: Implications for policy and practice during and post COVID-19

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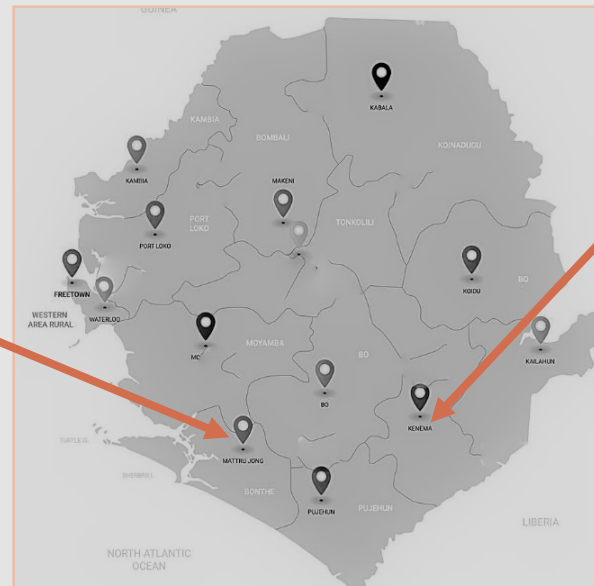
**Aim of the study:** to explore the roles of CHWs and their gendered experiences during the COVID-19 pandemic in Sierra Leone.

- CHWs are important - providing health services within communities in Fragile and Shock Prone (FASP) settings
- The first point of contact at community level
- Values demonstrated in outbreak response at community level (Ebola), further evidenced by COVID-19
- Evidence gaps: how policy and practice have adapted to the realities of the COVID-19 pandemic, including CHWs' experiences
- This study will contribute evidence on gender equitable approaches to supporting CHWs in FASP contexts

# Contexts

## *Bonthe District*

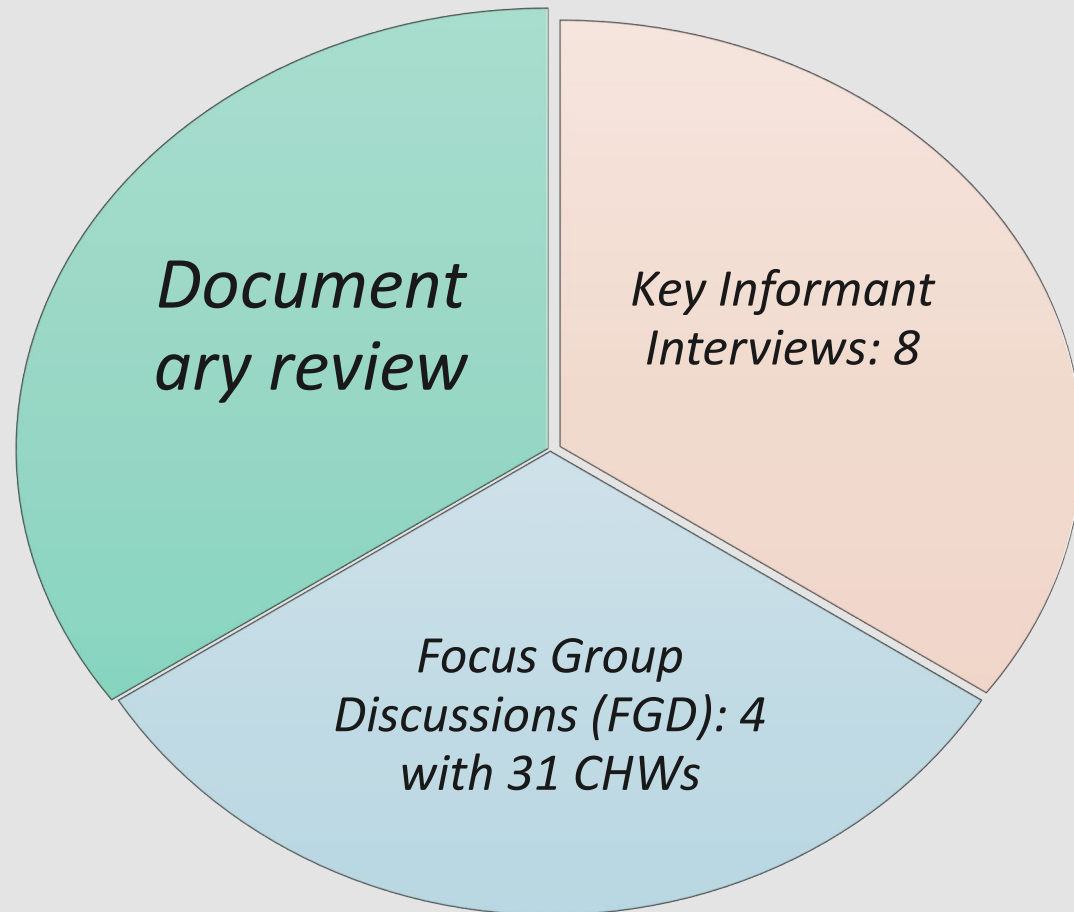
- A hard to reach area
- Riverine with several islands,
- Less affected by the Ebola outbreak
- Strong donor support for the CHW programme



## *Kenema District*

- A large urban and rural areas
- Heavily affected by the Ebola outbreak,
- Less NGO support for the CHW programme.

# Methods



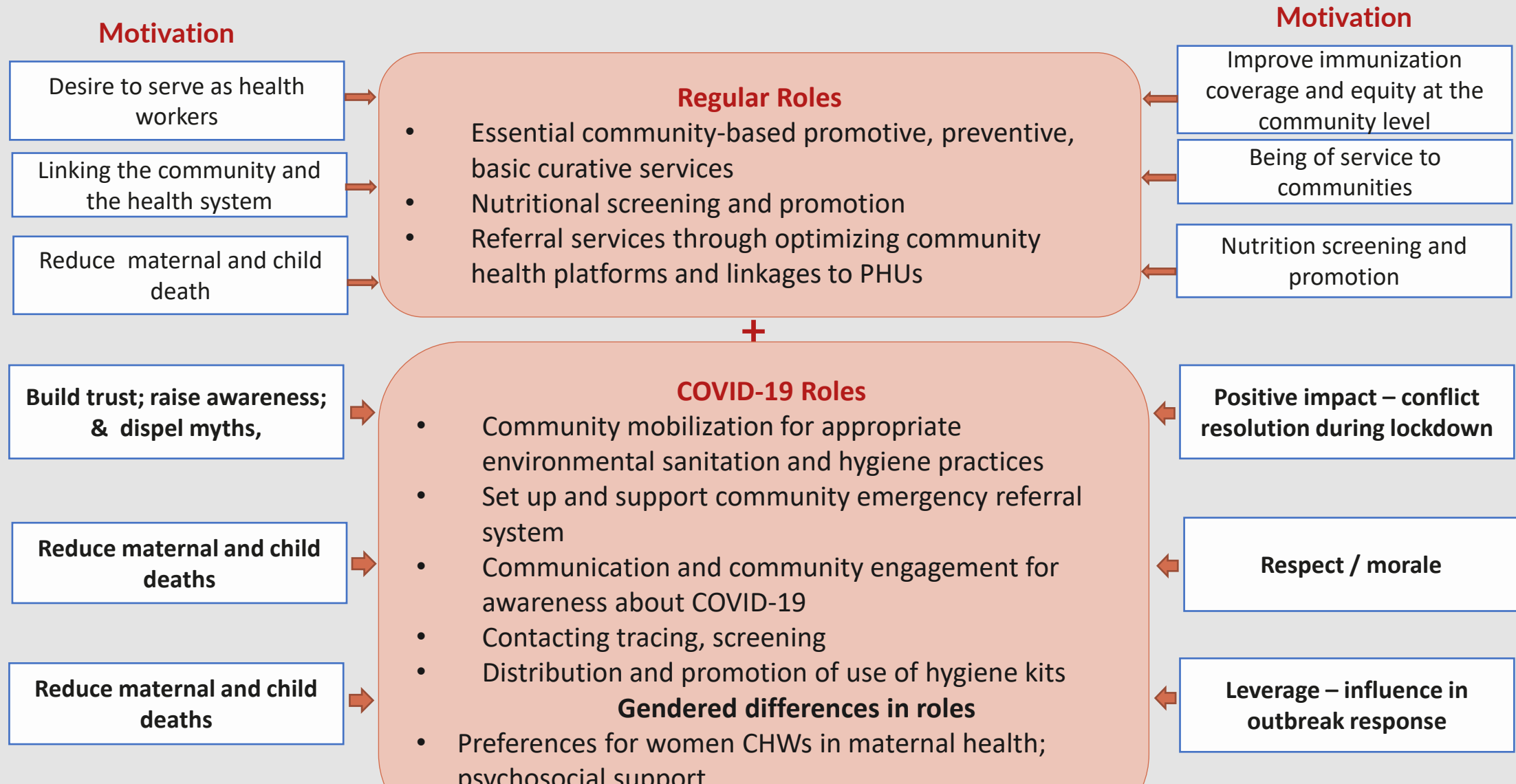
**FGD with Women CHWs**



**FGD with Men CHWs**

# Key Findings

# Roles and Responsibilities of CHWs



# Roles and Responsibilities of CHWs - Motivation

“Our people will not agree for their children to be vaccinated... They used to hide their children because they thought the nurses wanted to give them poison... So when I saw this, I volunteered to become a CHW... By talking to them, they are now accepting and taking their vaccination”  
(Woman CHW, Bonthe)

**Positive impact – conflict resolution during lockdowns, Gender-based Violence.**

**Improve immunisation coverage and equity at the community level**

**Desire to serve as a health worker and saving lives**

**Reduce teenage pregnancy, maternal and child death**

“Men normally beat up their wives... That is no longer happening because of us CHWs... We settle disputes within families, especially homes where there is no peace.” (Woman CHW, Bonthe)

“The CHW work has led to a significant reduction in infant mortality rate and teenage pregnancy, as we are charged with family planning activities... A significant number of children have also been saved from malnutrition... We are always weeing out children at the risk of malnutrition to save their lives.”  
(Man CHW, Kenema)

# Workload burden and daily work life

- Generally: 2-3 hours
- **COVID-19 context:** increased working
- Expected twice daily updates from 10-15 quarantine home visits was perceived a burden
- Difficult accessing to communities

## Gendered implication

- Double burden of care giving + COVID-19 roles of women CHWS
- Early work hours for nursing mothers



Sierra Leone's Community Health Workers

<https://chwcentral.org/>



# Stigma and Mental Health Issues

“I went to a school to sensitize students about COVID-19...Due to misinformation, they saw my purpose of visit as injecting students with the disease... I was severely beaten and I had to run for my life, sustaining serious injuries on my leg...Even my wife was influenced by her family to break up with me...During lockdown, I had to do my work in the presence of law enforcement officers... So that was my worst experience in this Covid-19 response.”  
(Man CHW, Kenema)

**Stigmatisation from community and family members**

**Halt in other income generating activities to focus on COVID-19**  
**Disruption of small businesses, economic activities and other income generating sources – Lockdown effect**

**Physical abuse from communities**

“There was a split between my family and friends... I was a contact tracer... Some were totally scared of coming in close contact with me for fear of catching the virus...Only those who knew what my job was all about were confident to interact with me.”  
(Man CHW, Kenema)

“We were only focused on the Covid-19 fight...there was no time for other economic activities.”  
(Man CHW, Kenema)

# Support for CHWs

## Family Support

- Motivated CHWs to work more and earn the respect they deserved
- Encouraged by spouses to continue what they do best
- Psychosocial support families and peer supervisors

## Community Support

- Motivated CHWs to work more and earn the respect they deserved
- Encouraged by spouses to continue what they do best
- Psychosocial support families and peer supervisors

## Health Systems Support

- Motivated CHWs to work more and earn the respect they deserved
- Encouraged by spouses to continue what they do best
- Psychosocial support families and peer supervisors

# Challenges

## Social Norms and Values

- Less audience to female CHWs addressing emergencies in communities, unless with a male back up
- Less value for female CHWs in supervisory roles

**“Some men CHW will behave like they know it all... Because I am a woman I should not be a peer supervisor for them.” (Key Informant, Female CHW Peer Supervisor, Kenema)**

## Community Factors

- CHWs were rendered powerless
- Their response activities thwarted by communities due to misconception about the virus
- Accusations of prolonging and monetizing the response

**“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.” (Male, Key Informant, Kenema)**

## Health System

- Delayed or non-payment of incentives,
- Limited logistics and training

**“There were shortages of contact tracing materials... a lot of working tools were promised but not delivered on time... except the thermometer... because we cannot work without that.” (Male CHW, Kenema)**

# Conclusion/ Reflection

- Less gendered, traditional and cultural considerations in the design of the country's health policies
- Gender parity in policy, but translation in practice determined by societal and gendered norms
- CHW remuneration / incentives – a long standing issue unresolved
- Human capital and health institutional development
- Strengthen the roles of CHWs at community level

# Recommendations

## Health system recommendations

- Promote integration of CHWs into communities especially during outbreak response
- Effective supervision for CHWs, with holistic support structures
- Frequent refresher training and capacity building to CHWs for stronger health systems at the community level
- Increased and timely payment of incentives to motivate CHWs
- Provision of non-financial incentives (enablers)

## Community recommendations

- Frequent community engagement to address communication gaps
- Settle possible misunderstanding between CHWs and communities

# Thank you

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