

Policy and discourse on community health workers: A gender and equity analysis



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BACKGROUND:

The ways in which gender roles and relations shape access to healthcare and decision making in communities has been well documented. A growing body of evidence, including the REACHOUT consortium context analysis, has highlighted how gender roles and relations also shape the opportunities and challenges community health workers (CHWs) face in realising their unique role as an interface linking communities and health systems.

WHY GENDER MATTERS:

- At the **community level** CHWs' ability to do their work effectively is shaped by the norms and power relations that govern how their communities shape gender, for example who is considered an appropriate source of information on sexual, reproductive, and maternal health.
- CHWs' links and interactions with other staff at **health facilities** is also influenced by gender, which can affect issues like recruitment, supervision, remuneration, and progression.
- At the **system-wide level** governance structures and health policy and management have the potential to shape gendered attitudes and behaviours. They can track the effects of gender on the provision of CHW services and intervene as necessary. Or they can harness the potential of CHW programmes to alter harmful gender norms and act on the social determinants of health.

This research draws from, and builds on, findings from the REACHOUT consortium context analysis, which found that gender was an important factor in CHW service delivery. This study reviewed CHW and Human Resources for Health (HRH) related national policy in the six REACHOUT countries (Bangladesh, Ethiopia, Indonesia, Kenya, Malawi, Mozambique) to assess the extent to which it is gender aware, responsive, or transformative. The next stage of this research will be to conduct in-depth interviews with policy makers, actors and implementers to explore the context and processes of policy development.*



Figure 1: A proud community health worker in Savar, Bangladesh

GENDER IMPACT ON CHW SERVICE PROVISION: SELECTED FINDINGS FROM THE REACHOUT CONTEXT ANALYSIS

In all REACHOUT countries female CHWs were perceived to be a facilitator for pregnant women to access facilities. In **Bangladesh**, where most CHWs are women, the sex of the provider influenced the acceptability of services.

In **Mozambique**, where CHWs are both male and female, cultural norms formed a barrier to male CHWs visiting women in their homes. In Malawi Traditional Birth Attendants (TBAs) are more

likely to be women and men are more likely to retain supervisory positions. However, in **Indonesia** there were also some male TBAs.

Attrition rates were also linked to gendered norms – in both rural and urban areas of **Kenya** attrition rates among male volunteers were high due to the perception of men as 'breadwinners' making commitment to a voluntary role challenging. For female CHWs in rural areas of **Kenya**

and **Malawi** attrition was linked to marriage, which may result in women moving out of the village.

In **Mozambique**, gender was linked to recruitment. While the revitalized CHW policy had an explicit preference for women, communities selected men. The reasons for the preference of men requires further exploration, but it was suggested that the four-month training programme is difficult for women to comply with.

METHODOLOGY:

Aim: To understand from a global perspective the current discourse around CHW policy and gender and, to what extent national CHW guidelines and policies address gender

Part 1: International policy analysis

Objectives:

- Find out to what extent gender roles are acknowledged in CHW policy, if at all
- Explore what practical guidelines/tools/recommendations are in place to advise countries to make strategic decisions about CHW gender based on their expected roles and responsibilities

Part 2: Key Informant Interviews

Objectives:

- Understand to what extent gender is considered in the development of CHW policy
- Describe current discourse of how gender responsive CHW policy could (better) be incorporated into policies
- Find out, where tools/guidelines are in place, how these are implemented and what are main challenges to implementation?

RESULTS:

National policy documents rarely mention gender in the context of CHWs. In some policy documents gender is mentioned with regard to wider HRH policy but little, or no detail is given on how the policies are gender responsive. Further, only Kenya and Ethiopia have included indicators to measure this. In Mozambique, Bangladesh, and Indonesia no mention of gender was found in relation to HRH.

Kenya's current (2014-2018), and previous Health Sector: Human Resources Strategy document cites gender responsiveness as a guiding principle: 'gender responsive approaches will be adopted to ensure gender equity in the training, recruitment, deployment and management of the health workforce'. The current strategy also includes the following indicator: 'Gender sensitive policy developed & disseminated by Dec 2015'. However, no such policy currently exists in the public domain.

Malawi also recognises the need for gender sensitivity in health programmes for its population in the current Health Sector Strategic Plan. However, no indicators are included to measure



Figure 3: Mehret Lamiso, a Health Extension Worker sits with the head of the district at her station in Sidama Zone, Ethiopia (Photo: R.Steege)

impact, nor does it make any mention of action to address inequities. This guiding principle is not carried over to Malawi's HRH strategy policy, in which gender is not mentioned. However in the 2014 'Health Workforce optimisation analysis: Optimal Health Worker Allocation for Public Health Facilities across Malawi' a gendered breakdown of health surveillance assistants is provided.

Ethiopia, which has a provision to enroll predominantly female health extension workers, has one of the more detailed gender components included in the current Human Resource for Health Strategic Plan (2009-2025). Gender features across two strategic objectives. The first, to 'Create a Gender Responsive and Healthy workforce', is supported by 5 strategic actions. Although these are not CHW specific, they do aim to integrate gender responsiveness into policy, programmes and implementation. Specific targets for some strategic objectives are also included e.g. 'Number of regions with gender officers and focal persons assigned' with an accompanying implementation timeline that begins in 2016.

However, these targets are just for the national level and it is unclear whether they will be implemented at all levels of the health system.

The policy analysis approach was informed by Walt and Gilson's policy triangle. To analyse "content" a systematic search of national HRH and CHW policy documents was conducted. 18 documents were analysed, across six countries. Where CHW policy or wider HRH policies could not be obtained, community health strategy documents, overall health sector policies, and gender policies were analysed within the context of health and human resources. A framework for gender analysis, that built upon concepts from the Liverpool School of Tropical Medicine's gender and health group's 'Guidelines for the Analysis of Gender and Health' framework and underpinned by findings from the REACHOUT context analysis, was developed and used.

The next stage of this research will be to conduct in-depth interviews with policy makers, actors and implementers to explore the context and processes of policy development.*

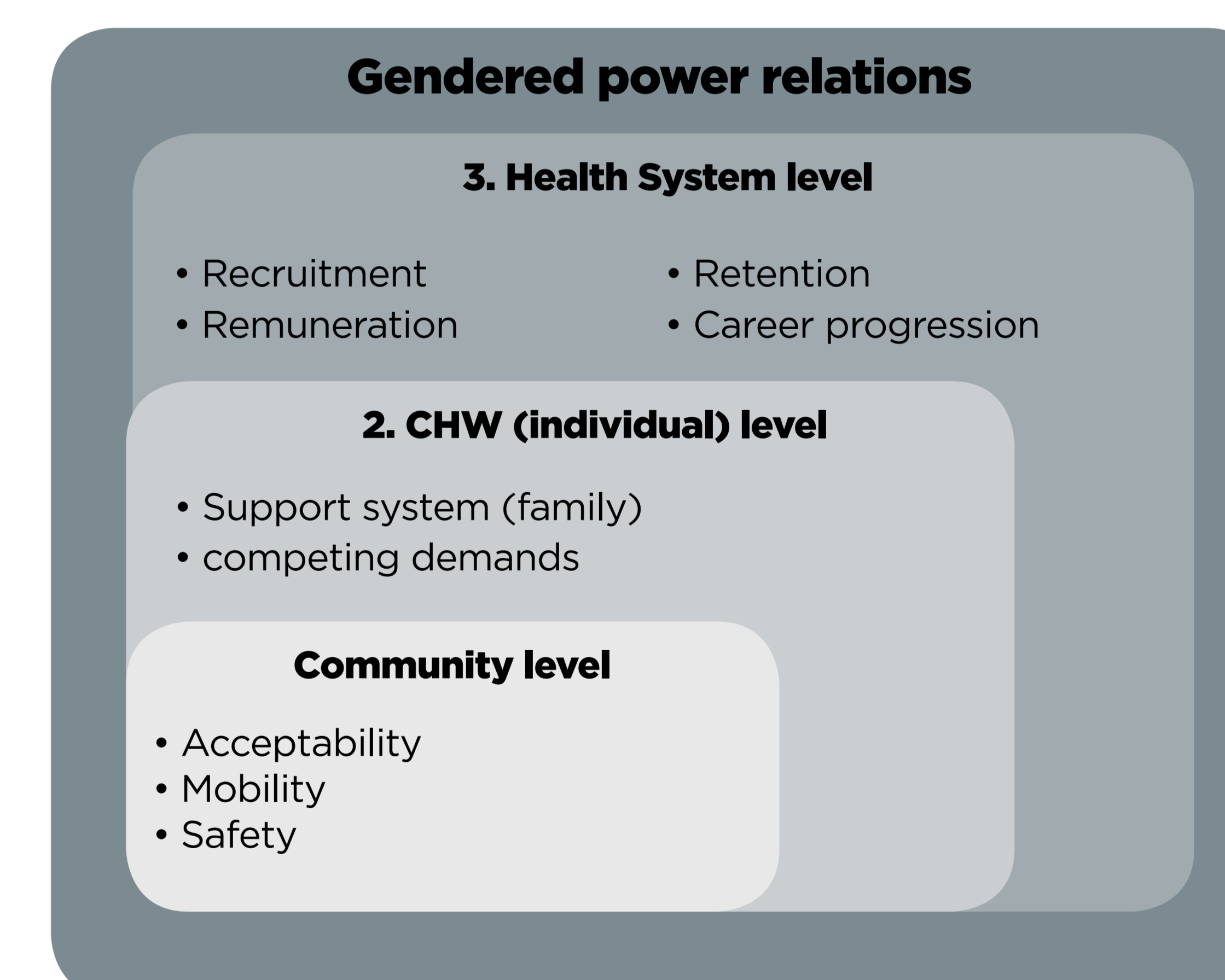


Figure 2: Gender analysis framework used. The framework was developed based on themes that came out in the international literature and the REACHOUT context analysis

CONCLUSION AND RECOMMENDATIONS

To date, there has been minimal attention paid to the gendered experiences and needs of CHWs from a health systems policy perspective. This is a missed opportunity to promote gender transformative approaches at different levels of the health system. National HRH policies and guidelines are starting to recognise the importance of gender responsiveness, this is mainly at the higher levels of the health system. However, HRH policies need to be gender transformative, at all levels of the health system, in order to appropriately support CHWs in their challenging roles, and overcome the inequalities they are uniquely positioned to address.

*INTERESTED IN PARTICIPATING?

If you have insights around HRH or CHW policy development or implementation and would be willing to contribute to this important research please contact me:

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RESOURCES

De Koning K, Kok M, Ormel H, Kane S, Rashid S, Sarker M, et al. A common analytical framework on factors influencing performance of close-to-community providers. June 2014 p1-78.

Walt G, Gilson L. Reforming the health sector in developing countries: the central role of policy analysis. Health Policy Plan. 1994;9(4):353-70

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REACHOUT is an international research project to understand and develop the role of close-to-community providers of health care in preventing, diagnosing, and treating major illnesses in Africa and Asia