

# Background

- Community health workers (CHWs) are the funnel through which all community-level programmes are delivered, requiring workers to learn new skills and knowledge and cope with an ever-increasing workload.
- Experiences of CHWs are shaped by gender roles and relations which are context embedded and dynamic.
- CHWs were essential in the response to the COVID-19 pandemic, demonstrating their value to communities and health systems.
- This study explores the roles of CHWs and their gendered experiences in fragile settings during the COVID-19 pandemic.
- It contributes evidence on gender-equitable approaches to supporting CHWs to fulfil their vital role in the COVID-19 response and future crises.

# Methods

- Four fragile contexts Lebanon, Nepal, Myanmar and Sierra Leone.
- Three methods: a document review, individual interviews or focus group discussions with CHWs, and key informant interviews with local stakeholders.

#### What we found

#### Additional roles and responsibilities for CHWs

- CHWs experienced a layering of roles and responsibilities on top of their routine work and family commitments, with gender differences in how this played out linked to existing gender norms.
- Women CHWs took on the dual burden of work, household chores, childcare and home schooling during COVID-19 lockdowns and school closures.

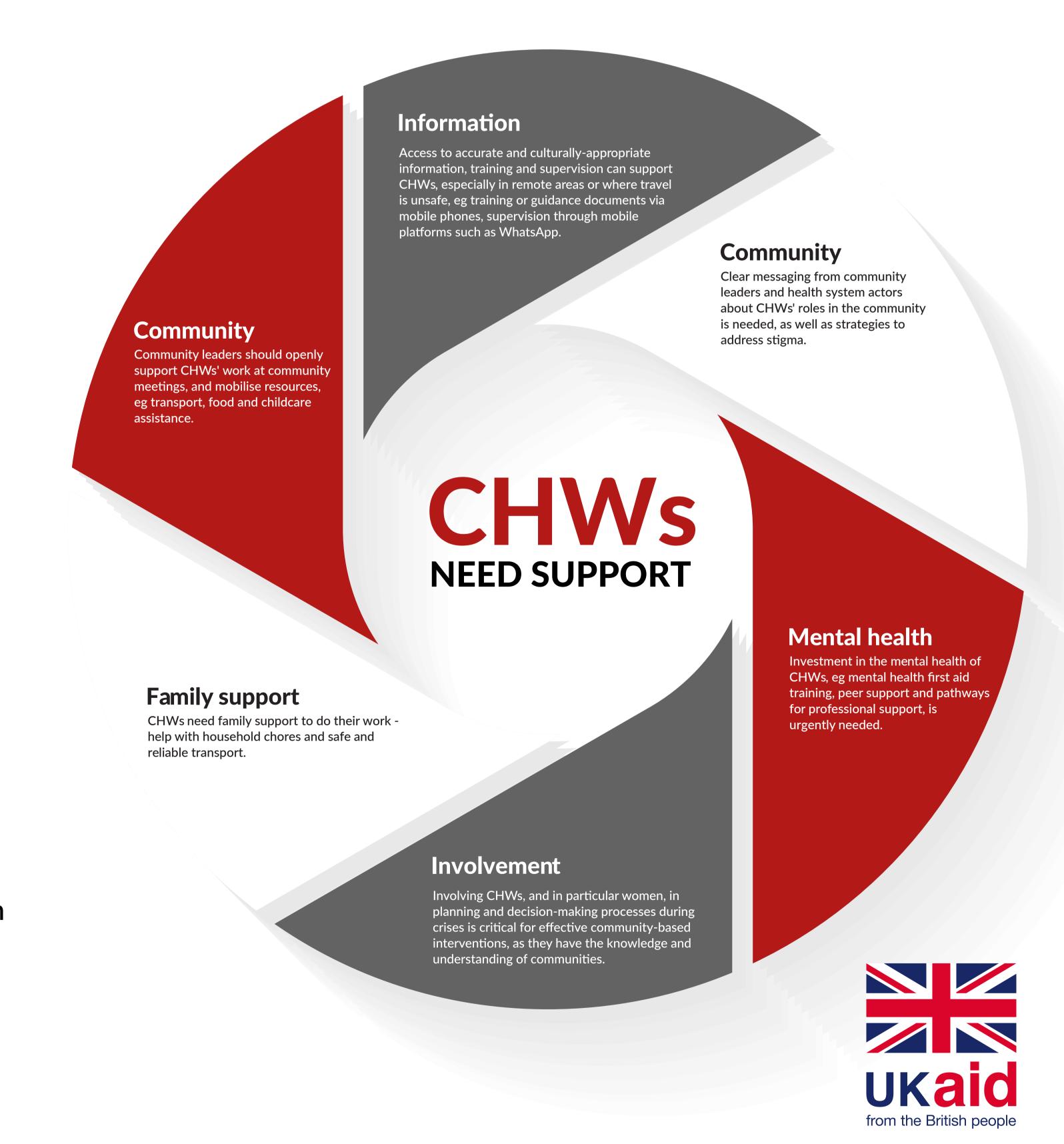
#### **Support for CHWs**

- The CHW role is poorly remunerated or not remunerated at all, and the work is seen as risky.
- CHWs did not always have the support needed to undertake the challenging role of providing support and care around COVID-19 to their communities, eg supervision and support, financial incentives, mental health support, PPE, vaccinations, and training and information.
- There were further gender-related challenges in travelling to and from work safely.
- COVID-19 has shone a spotlight on these resource gaps and highlighted the need for robust and responsive systems.

#### Trust and stigma

- CHWs still largely enjoy trust and are embedded within their communities which they have a strong willingness to serve.
- Some CHWs experienced fractures in this community trust and were viewed as carriers of the virus. The way in which this stigma was experienced was gendered.
- In Sierra Leone, CHWs were accused of prolonging COVID-19 so that they could receive more money.

## Recommendations



### Conclusion

- CHWs played a key yet often under-recognised and under-supported role in the COVID-19 response in fragile settings.
- Understanding CHWs' experience using a gender lens is critical to developing gender equitable approaches to support their critical roles in the COVID-19 response and future crises.



Further information on this study and outputs

rebuildconsortium.com

**@REBUILDRPC**