

How gender influences the service provided by Community Health Workers in Sierra Leone

Findings from a photovoice research project





Following the Ebola epidemic Sierra Leone is investing in a new cadre of Community Health Workers. A policy was launched in 2016 and 15,000 Community Health Workers have been selected, trained and deployed.

This collaborative project between the Liverpool School of Tropical Medicine (LSTM) and the College of Medicine and Allied Health Sciences (COMAHS) used photovoice to conduct research with seven Community Health Workers in two purposefully selected districts in Sierra Leone: Bonthe district (rural, hard to reach, riverine) and eight in Kenema district (rural). They took photos of their communities, and the work they do, to illustrate their experiences and the opportunities and challenges they face.

The ways in which gender roles and relations shape health experiences and access to services emerged as a key theme. Community Health Workers also used photovoice to demonstrate how they negotiate gendered and cultural norms within their communities to promote better health. This booklet explores how gender shapes livelihoods, risks, experiences of pregnancy and health seeking behaviour.



“We did this photovoice study in Sierra Leone to better understand the experiences, challenges and opportunities Community Health Workers are facing through their own lens in two different districts in Sierra Leone. This is timely given the new policy and investment in this cadre.”

Dr. Haja Wurie, CHW Research Lead, REBUILD Sierra Leone, COMAHS



“We showed the Community Health Workers how to use the phone to capture photographs of their community and their work. They took some practice ones that we discussed and then they had a few months to take the pictures they wanted.”

Ayesha Idriss, Research Fellow, COMAHS

“The Community Health Workers came back together to present and discuss their photos, why they took them and what effect it had on their work. With facilitation they discussed them as a group and found joint solutions to many of the problems they faced.”

Abdulai Jawo Bah, Research Fellow, COMAHS

Health and the rising tide: Exploring gender through intersections with water

Gender roles and livelihoods shape
interaction with water and sanitation

➔ This is not a good toilet because it doesn't have a door and so provides no privacy. It is risky for girls to use these toilets.



Toilets without doors pose risks
for girls in Kema by Mamie Fadiru

➔ This is inside the market, it is high water due to the sea tide. The presence of water is not good, because adults and children can be swiped off their feet by the current and drift into the sea. The market women climb on their stall to avoid the water.



High tide at the market place in Bonthe
by Christiana Palmer



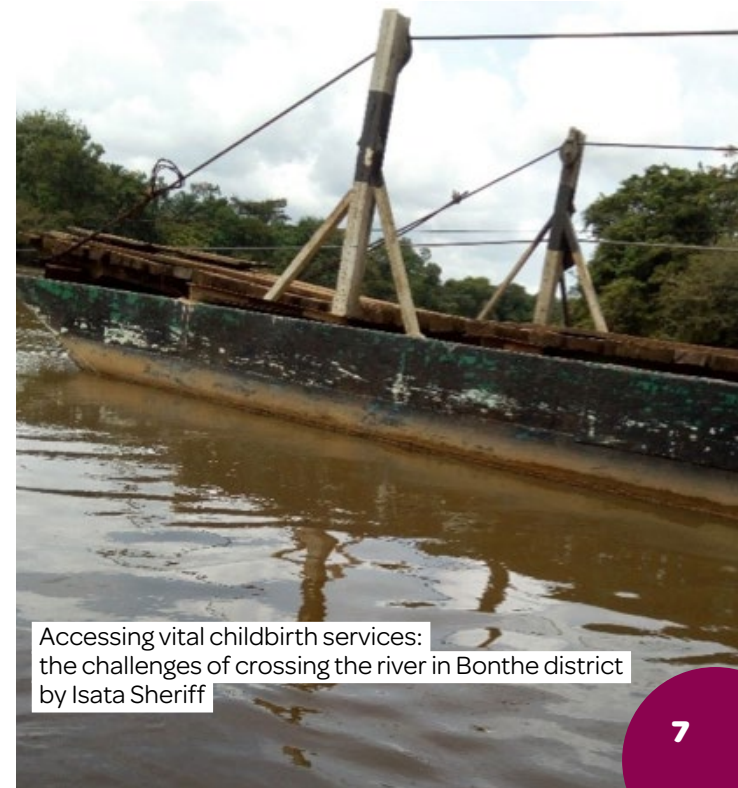
Working and playing in water in Bonthe
by Dauda Rogers

← This picture shows some of the challenges we face living in a riverine area. We have a lot of stagnant water close to our homes which can serve as a breeding ground for mosquitoes which is bad for our health. Women and children use this area for work and play.

Challenges in accessing care: pregnant women and women in labour at risk

Community Health Workers highlight the multiple challenges women face in accessing care; these become particularly dangerous during emergencies

→ River Tete
poses a barrier to the community, delaying pregnant women from reaching the health facilities which may cause infant and maternal mortality.



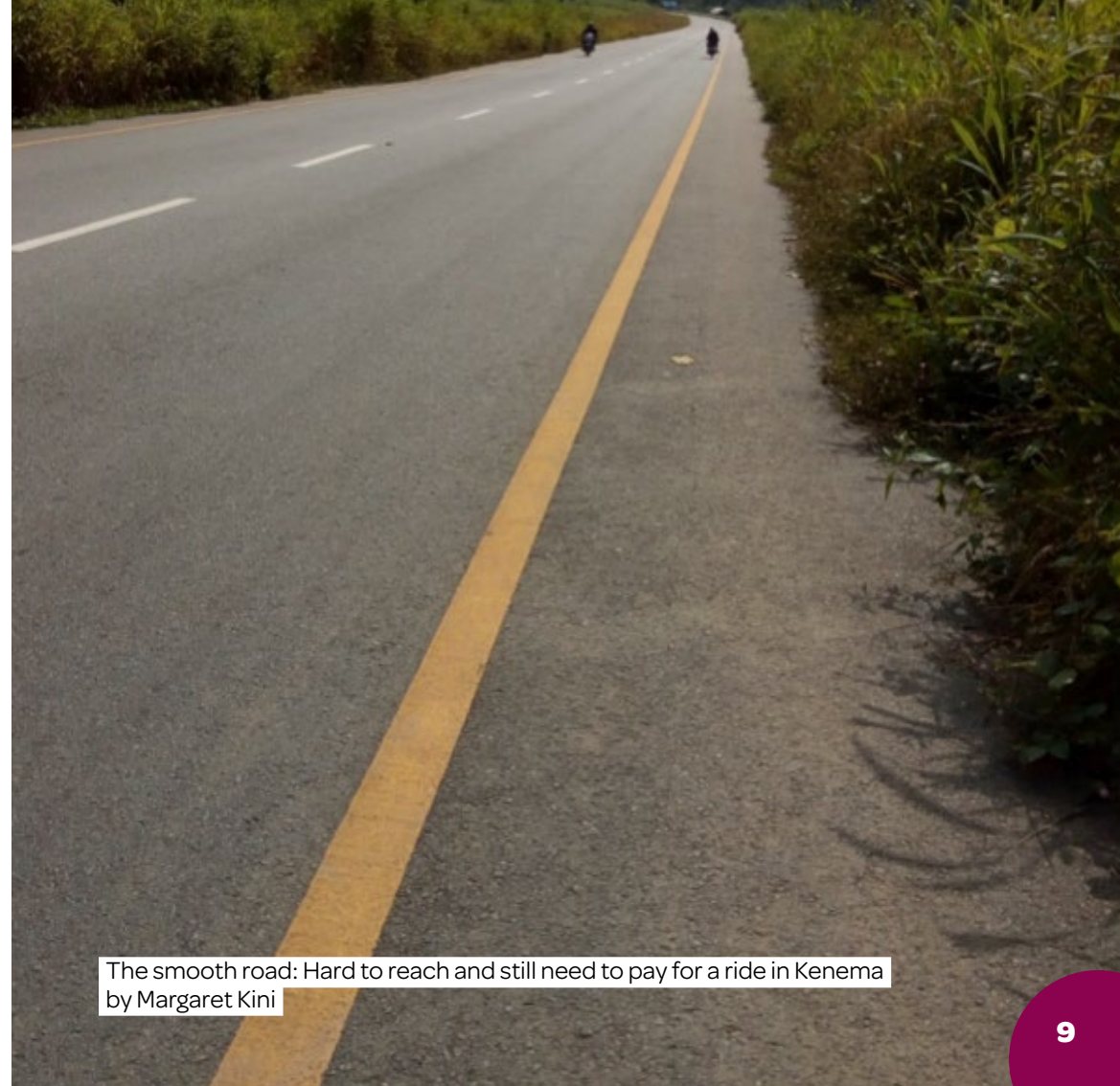
Accessing vital childbirth services:
the challenges of crossing the river in Bonthe district
by Isata Sheriff



The rocky road to health services in Kenema
by Jenneh Momoh

← The driver refuses to take us because the road is bad.

→ The village pregnant women and suckling mothers, they walk all the way to the highway before they can get a bike to the Primary Health Unit.



The smooth road: Hard to reach and still need to pay for a ride in Kenema
by Margaret Kini

Community Health Workers negotiating cultural and gendered norms

Community Health Workers demonstrate agency in negotiating and challenging gender norms in their work and supporting families

➔ Because when a child refuses to suckle, the community people say the mother has something spiritual to confess and is a retired witch. So, I took the picture to show evidence to the community of the chubbiness and healthy-looking child.



A healthy baby now by Mohammed Koroma

➔ Pregnant women and lactating mothers don't pay for drugs, so if they refuse to carry the child to the health centre I will tell them it is free, so what I will do is to cut a referral ticket, write on it and take the child to the hospital.



Leaving no one behind: Helping mothers negotiate free health care by Christiana Palmer

➔ There is a programme in our community called that they launched called Child Access To Education (CATE) teenagers are given second chances after they have delivered their babies.



Negotiating a second chance for girl teenage mums by Hawa Kamara

What do stakeholders in Sierra Leone think of the photos?



“Gender features in the policy but we need to ensure it plays out also in the implementation.”

Dr Alie Hafsa Wurie, Director of the Primary Health Care Directorate at the Ministry of Health and Sanitation, Sierra Leone

“What I like about the photovoice project is that in itself it’s a motivation for Community Health Workers to show the work they do and to have this recognised and appreciated.”

Elizabeth Musa, Principal Community Health Officer, Primary Health Care Directorate, Ministry of Health



Acknowledgements



Many thanks to the Community Health Workers who conducted this work and give their all for the health of their communities Sebatu Lahai, Fatmata Bundu, Samuel Koroma, Hawa Kamara, Margaret Kini, Moigboi Keifala, Christiana Palmer, Dauda Rogers, Mamie Fadiru, Isata Sheriff, Jenneh Momoh, Mohammed Koroma, Daniel Mustapha, Bernadette Thomas and Dominic Brima. The research team was Haja Wurie, Ayesha Idriss, Abdulai Jawo Bah, Joanna Raven, Sally Theobald and Kate Hawkins. This document has been funded by the UK Government. However, the views expressed herein are those of the author(s) and do not necessarily reflect those of the UK Government.

For further information please contact:

Dr Haja Wurie, College of Medicine and Applied Health Sciences, Sierra Leone
haja.wurie@usl.edu.sl

Dr Joanna Raven, Liverpool School of Tropical Medicine, UK
Joanna.Raven@lstm.ac.uk

