

Women Deliver side event highlights the needs of women at the frontline of community health

In early June, the 2019 Women Deliver conference was hosted in Vancouver, Canada aiming to accelerate progress for girls and women and achieve a more gender equal world. More than 8,000 participants from over 165 countries convened to share new knowledge, promote world-class solutions, and engage a broad spectrum of voices on issues from health, nutrition, education, economics and political empowerment to human rights, good governance and girls' and women's agency and equality. During the conference, USAID's flagship program, the Maternal and Child Survival Program (MCSP), and CORE Group co-hosted the side event: *How Women Deliver Health to Communities: Elevating voices of women at the frontline of community health*. The event aimed to share experiences and lessons learned from frontline health workers and community leaders who have enabled progress in health outcomes in their communities, with specific focus on lessons learned from the polio eradication program and the influence of gender on health, economics, social capital, and political will, specifically within in the context of immunization, polio eradication, and reproductive, maternal, newborn, child and adolescent health.

The side event enlisted seven speakers to help guide the discussion highlighting health workers' influence on their communities; progress in health and economic outcomes, community engagement, and mobilization; and challenges health workers face in addressing the most pressing needs of the community. Speakers included:

Ayesha Raza Farooq, Senator of Pakistan
Barbara Stilwell, Executive Director,
Global Nursing Now Campaign
Bethlehem Asewde, Communication
Officer, CORE Group Polio Project
Cheick Toure, Mali Country Director,
IntraHealth
Edna Adan, former First Lady and Foreign
Minister of Somaliland
Monique Pat, Aboriginal Liaison Nurse,
Vancouver Island Health
Samantha Rick, Deputy Director,
Frontline Health Workers Coalition



Women Deliver side event speakers: Cheick Touré, Bethlehem Asegedew, Edna Adan, Folake Olayinka, Senator Ayesha Raza Farooq, Samantha Rick, Monique Pat, Barbara Stilwell, and Lisa Hilmi (left to right)

Photo by: Avani Duggaraju

With facilitation from **Folake Olayinka**, Immunization Team Lead for MCSP, and **Lisa Hilmi**, Executive Director for CORE Group.

During the event, speakers and participants explored several key themes:

Changing the perspective about women in the workforce

Women are empowered by their role as frontline health workers, with the position often bringing respect, social capital, and in some cases, financial security. In conservative communities in Pakistan, where women's roles are often restricted, the government recruited and trained women as community vaccinators, capitalizing on their ability to access conservative spaces where men would not be welcomed. As frontline health workers, women are regarded as a critical part of the health system

offering services valued by the community. When women are represented and respected in these spaces, it reinforces the concept that there is broader social and developmental value in providing education for girls and keeping them in school.

“We empowered trained and recruited women who were literally from the same neighborhoods as the children they had to vaccinate because they were trusted, they were able to open doors that otherwise couldn’t have been open, and access families in ways males could not. They had financial security and that financial security empowered at home.” –Senator Ayesha Raza Farooq

“Women health workers, their legitimacy and their role, send a message to wider society when they are appropriately supported and paid. This influences messages parents receive about the education their child should get if those jobs are open to them. If they are seen as the heroes they are, then this sends a wider message about that status of women.” –Samantha Rick

Representation and decision-making power

Beyond representation in the general workforce, women need to be represented in positions with decision-making power to ensure that frontline health worker and community needs are accurately reflected at the policy level. Globally, 70% of health workers are women¹, meaning women are frequently directly engaged in the health of communities and more keenly aware of their needs. For frontline health workers to do their jobs effectively, they need the appropriate budget, access to resources, and the ability to voice these needs. Positioning women as decision-makers whose voices are heard and incorporated into policies creates a more enabling environment for frontline health workers and allows for community needs to be more effectively addressed.

“Until women are represented at different levels of the health system, we can elevate voices as much as we want; but we go to the community and everyone who is empowered is a male, there are not female community health worker in decision making places” –Daniel Muñoz

“We are the most diverse First Nations in all of Canada, so the life-giving work for me is the antiracism lens we are taking in aboriginal health, we are teaching non-indigenous health workers about anti-indigenous specific racism. We are working on an aboriginal health book, and if you work in a facility here, you now have to take a course for indigenous cultural safety” –Monique Pat



Lisa Hilmi and Folake Olayinka (pictured here) facilitated the Women Deliver side event
Photo by: Charlene Reynolds

¹ World Health Organization. 2019. Gender equity in the health workforce: Analysis of 104 countries: Health Workforce Working Paper 1. WHO website. <https://www.who.int/hrh/resources/gender-equity-health-workforce-analysis/en/>. Accessed June 17, 2019.

An enabling environment equips frontline health workers with skills, resources, and agency

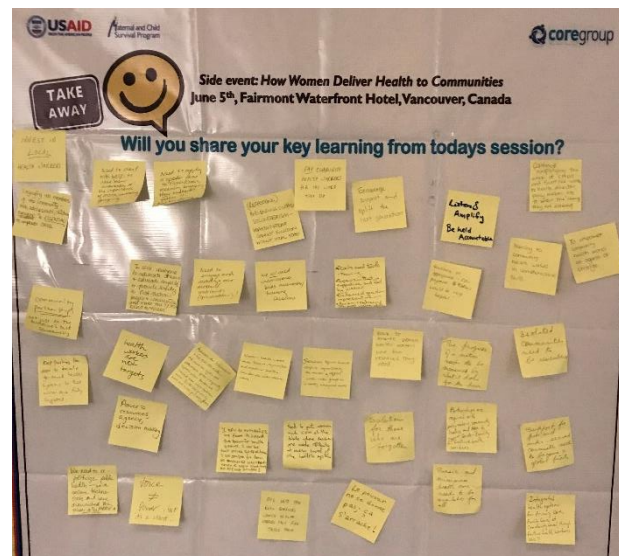
Frontline health workers provide services to communities that otherwise would lack sufficient access to the formal health system which means they are often tasked with providing a wide scope of care, from reproductive health to vaccination. Proper training and supportive supervision are critical to ensure they have necessary skills and an established structure that helps improve their quality of care. They also need sustained access to resources including health equipment, essential medicines, and clean water and electricity. Health workers must be equipped with the agency they need to make decisions about their training and resource needs and to report to supervisors when these needs are not met. An enabling environment is one in which health workers feel empowered to voice their needs so they have everything necessary to effectively support the health of their community.

“I visited a nurse midwife and she was working in a clinic where her performance was being evaluated based on the number of antenatal checks she performed in a week. I asked how many she was doing and she said, “I don’t have a bed, I don’t have a fetal stethoscope, so how many do you think I am doing?” If we put women into these positions, they have to be able to access needed resources, but we have all these men in charge of the budget and they often don’t know or care about what resources are needed in the field.” –Barbara Stilwell

“Empowering women health workers shouldn’t be only symbolic; it must be practical and needs to go down to the grassroots level. All women need to be empowered.” - Bethelehem Asegedew

The whole community has a role to play

For frontline health workers to be safe and effective, the entire community needs to be engaged. Bringing men on board with health worker initiatives is vital, especially in countries where for women to engage in community spaces, traditional roles must be restructured. Instead of training women to be health workers despite resistance from men, sensitizing men about the benefits to their community and enlisting their support allows health workers to be more effective. Engaging family members beyond mothers can also help reinforce health communication messaging and emphasizing inclusion of youth can empower the next generation to take part in their community’s health.



Participants were asked to share their recommendations for how to best support frontline health workers
Photo credit: Hillary Murphy

“After training a health worker we get a commitment from their local community so that when this woman identifies a problem or a person who needs to be transported to the hospital, THEY will be there to support in the emergency situation. I ask, ‘will you be as responsive as these other villages to support this health worker?’” –Edna Adan

“I’m talking about super tradition roles where women aren’t even allowed to step out of their homes, so to go around vaccinating was thought to be impossible. We engaged men to support, protect, and appreciate the women doing this work and that is the only reason it is successful.” –Senator Ayesha Raza Farooq

Frontline health workers need more than just recognition

Although some frontline health workers receive financial compensation for their work, many still provide services as unpaid volunteers. While respect and social capital are important, paying frontline health workers for their time and efforts is critically important as it confirms the legitimacy of their work and formally acknowledges the vital role they play in the health system. For a role predominantly held by women, appropriate financial compensation for frontline health workers is an important step toward gender equity.

“We have training and supportive supervision because we don’t want to have poor quality care, but salary is also important, and salaries are paid mostly by donors. We are now pitching to the government to have a budget to support this sustainably” -Cheick Touré

*“End unpaid volunteerism – health systems cannot function without these vital staff!!” –Anonymous
takeaway message*

Special thank you to Adrienne Todela, Avani Duggaraju, Chris Moory, Hillary Murphy, Rina Dey, and Warren Feek for their integral support in developing the concept and planning the event.