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SYMPOSIUM THAILAND

Using the Promoting Gender Responsive Policies and Programs for Community Health Workers: A Gender Analysis Framework to assess the CHW programme in Blue Nile State, Sudan, for gender equity.

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Background: The Promoting Gender Responsive Policies and Programmes for CHWs: A Gender Analysis Framework, was published by World Vision International (WV) and partners in 2019 as a tool to assess the extent to which CHW programmes are structured for gender equity. The tool is organized by the 15 policy recommendations in the 2018 WHO guideline on health policy and system support to optimize CHW programmes, each of which is broken out by four domains of gender analysis; namely, Access to Resources; Distribution of Labor; Norms, Values and Beliefs; and Decision-Making Power. Each domain contains descriptive criteria enabling scoring on a 0-3 scale. Sudan's fragile health system relies heavily on a multi-tiered community health structure, including CHWs, to deliver essential services. WV Sudan carried out a study in Blue Nile State in 2025, to interrogate the gender dimensions of the CHW programme it supports.

1. Methodology

The assessment was a mixed methods study which utilized guided self-assessments and participatory performance improvement processes and based on fifteen WHO-CHW policy recommendations to evaluate four GESI domains. Six thematic mini-workshops were run with 66 purposively selected participants, including 45 CHWs.

The Likert Scale Description	
0;-	**Non-Functionaal:** The policy recommendation is not implemented or does not address GESI at all.
1;-	**Limited Functionality:** The policy recommendation is partially implemented with significant gaps in addressing GESI.
2;-	**Moderately Functional:** The policy recommendation is implemented with some effectiveness, though there is room for improvement in fully addressing GESI.
3;-	**Best Practice:** The policy recommendation is fully implemented and serves as a model for integrating GESI into CHW programs.

2. Results

- Of the 15 CHW policy recommendations, 14 scored within the "functional" range across the four domains of gender analysis.
- All 4 domains of gender analysis scored an average 2.1 across the 15 policy categories, revealing that the CHW programme is structured to ensure a basic level of gender equity.
- R1: Selection for pre-service training scored lowest (1.7), reflecting weak, inequitable recruitment processes excluding women and marginalized groups.
- R10: Target Population Size scored the highest (2.6), indicating the target population size addressed by CHW programs is generally well-defined
- Resource access remains fragile: Training, incentives, and career progression consistently rated only "Limited Functionality." Informal prioritization of women (because they can access households) lacks policy backing, making these gains fragile

3. Table of Detailed Results

WHO CHWs Policy Recommendations	Gender Domains				
	Access to Resources	Distribution of Labour, Roles, Practices	Norms, Values, Beliefs, Perceptions	Rules and Decision-Making Power	Average Score
R1: Selection for Pre-Service Training	1.8	1.7	1.7	1.6	1.7
R2: Duration of Pre-Service Training	2.2	2	1.9	1.8	2
R3: Competencies in Curriculum for Pre-Service Training	2	2.2	1.9	2	2
R4: Modalities of Pre-Service Training	2.2	2	1.7	2	2
R5: Competency-Based Certification	2.2	1.9	2	2.2	2.1
R6: Supportive Supervision	2.2	2	1.8	1.8	2
R7: Remuneration	2.3	2	2.2	2.2	2.2
R8: Contracting Agreements	2.2	2.1	2	2.1	2.1
R9: Career Ladder	1.8	2.2	2.2	2.2	2.2
R10: Target Population Size	2.7	2.8	2.5	2.2	2.6
R11: Data Collection and Use	2.2	2.2	2.3	2.2	2.3
R12: Types of CHWs	2.3	2.2	2.3	2.7	2.4
R13: Community Engagement	2.4	2.2	2.3	2.8	2.5
R14: Mobilization of Community Resources	1.6	1.9	2.3	2	2
R15: Availability of Supplies	2.1	2.1	2.2	2.2	2.2
Average Score	2.1	2.1	2.1	2.1	

4. Conclusion:

1. The findings portray a community health system that is cautiously progressing toward gender equity though still constrained by certain structural and cultural barriers with concrete identification of areas requiring improvement.
2. Formalizing inclusive recruitment, resourcing CHWs equitably, and institutionalizing routine GESI monitoring can transform the program

5. Implications

- Women lead CHW delivery, yet their participation is still policy-weak and resource-poor. Without formal safeguards, inclusion remains adhoc and inconsistent.
- Advocating for and securing better remuneration and resources for CHWs is essential
- Strong community engagement offers a foundation to institutionalize gender-transformative practices—such as participatory selection, gender-balanced committees, and community-led supervision.
- The GESI tool provides a credible framework for identifying inequities, but its greatest potential lies in linking findings to policy action.

6. Priority Recommendations:

1. Institutionalize inclusive recruitment – Develop transparent, gender-sensitive selection criteria and enforce them nationally.
2. Strengthen CHW career pathways – Introduce formal promotion tracks, mentorship, and leadership training, with attention to female advancement.
3. Close the resource gap – Provide equitable remuneration, transport, and childcare support to enable women's sustained participation.
4. Enhance work environment protections – Establish clear GBV prevention protocols, safe transport, and psychosocial support.
5. Embed the GESI tool in routine monitoring – Adopt annual GESI audits, refine instructions, and add a "results-to-action" module to translate findings into program adjustments.