



## HIFA Thematic Discussion on Community Health Workers

16 January - 24 February

Selected highlights: Q2

Note: For background info see: <http://www.hifa.org/news/join-hifa-thematic-discussion-community-health-workers-starting-16-january-2017>

HIFA is grateful for sponsorship of this discussion from *The Lancet*, Reachout Project/Liverpool School of Tropical Medicine, World Vision International and USAID Assist Project.

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### Q2. How are these needs being addressed? Where are the gaps?

#### **Recognition, respect, identity and inclusion**

"The government health employees and authorities do not behave respectfully towards Ashas and their supervisors" Asha, India

"The government health employees and authorities do not behave affectionately and do not convey a sense of ownership towards patients, therefore they avoid coming there. A lot of our energy goes towards convincing them otherwise/" Asha, India

"Some of our coordinators are lazy and do not take time to check on us. We would also like it very much if officials from the ministry of health visit us and listen to our concerns as some problems cannot be solved by our coordinators." CHW, Uganda

"We need more supervision in our work. This will encourage us to put in more efforts." CHW, Uganda

#### **Logistics and supplies**

"We should have more equipment at the primary health centre so that frequently used tests like sonography and x ray can be done there." Asha, India

"Give us well equipped and regularly replenished drug kits" Asha, WhatsApp

"Co-ordinate supplies of ORS and other essentials with the programs so that we do not run short" Asha, WhatsApp

### **Finance**

"We are paid very low sums for some of the tasks and feel demoralized" Asha, WhatsApp

"Do not make Ashas do many unpaid tasks, it demoralizes them." Asha, WhatsApp This comment is made with reference to the unofficial task shifting that takes place at the local level, which is neither acknowledged nor paid for. Kavita Bhatia, India

"All HWs should be paid refunds for their 'out-of-pockets' including transportation, snacks, air time, etc..." Joseph Ana, Nigeria

### **Transport**

"To share a bit of the Uganda experiences, some (but not all) of the CHWs were provided with bicycles many years ago by the Ministry of Health to support their transportation within their communities which were useful at the time. However, without much support for their maintenance, many of these did not last for a very long time." David Musoke, Uganda

### **Occupational health**

"How do we ensure that CHWs are adequately protected or covered against any form of occupational hazards. For example some CHWs care for patients with infectious diseases like Tuberculosis and some transport biohazard material like sputum specimen etc. Also, considering these are not often on employment contract and so neither governments nor NGOs are liable to them." G Karanja, Kenya

"Regarding protective wear, the CHWs are often provided with gloves to be used while carrying out rapid diagnostic tests (RDTs) in diagnosis of malaria under integrated community case management of childhood illnesses (iCCM). However, the gloves at times run out of stock and the CHWs are forced to work without them." David Musoke, Uganda

### **Health systems issues: Referral systems**

"When we bring an expectant mother to the primary health centre and then they are unable to do the delivery there, we take her to hospital. Should the ANM (full time nurse) not take charge and see that the mother is referred to the hospital? We are taking women for delivery to higher facilities on our own, whose responsibility is it if something goes wrong?" Asha, India

"Improve the facilities at the Sub centre and Primary health centers so that more deliveries take place at that level and we do not refer to the hospital. Give better sanitation in all facilities and provision of hot meals for mothers who deliver" Asha, India

### **Other comments**

"Context is everything! Here is the paper the example came from (see Citations below), hope it is of interest to you: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4356278/>  
Rosalind Steege, UK/Ethiopia

"I would like to invite colleagues for a field study tour in Rwanda and explore practices on how they do for sustaining CHWs wonderful volunteer work according to the context!"  
Jean Bosco Gasherebuka, Rwanda

"The main gaps are lack of healthy working environment, appropriate retraining, guidance, positive feedback, and scope for voicing on a common platform (eg. Participating in the conference/meeting). And of course, adequate salary/incentives to sustain their families. In the absence of all these, there is a constant migration of trained manpower (CHWs and others) to seek better working opportunities thus allowing ongoing activities to suffer."  
C R Revankar, India