



## HIFA Thematic Discussion on Community Health Workers

16 January - 24 February

Selected highlights: Q5 & 6

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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Q5. Are we expecting too much of CHWs? Is there a risk of exploitation and/or burn-out? How can their work loads be better rationalised?

### **Excessive workload**

"CHWs are often poorly equipped to accomplish correctly the delegated tasks which are increasing more and more, because of the failure of the health system, health staff concentrate in urban areas." Agoustou Gomis, Burundi (translated from French)

"Display all responsibilities and do not make us do more than what is allotted to us." ASHA, India

### **Data collection and administration**

"The government expects a lot from us yet we are not paid. During home visits, it's our role to know the number of people in every household and record the numbers in our registers. This a lot of work for us as volunteers." CHW, Uganda

"Majority in Anganwadi workers responded that they are given too much of documentation work and that leaves them little time to do other tasks expected of them-such as helping preschool children learn." Sunanda Reddy, advocating for Anganwadi workers, India

"We want to do in depth work for the marginalized and not be caught up with papers (reference to record keeping and surveys)" ASHA, India

"A lot of the record keeping is allotted to us. This hinders us from reaching out to the community and the real services that we are supposed to give." Anganwadi worker, India

### **Job aids**

"We need regular SMS reminders about our responsibilities. For example mTrac weekly reminder messages." CHW, Uganda

"Give us a computer in each village Anganwadi for accurate and swift record keeping"  
Anganwadi, India

### **Financial compensation**

"We do a lot of work during immunisation campaigns. We move to each and every household in our villages mobilising people to take their children for immunisation. At the end of the day, the money given to us for that mobilisation is far less than the money we use for transport." CHW, Uganda

"As a VHT coordinator, I use my own airtime and transport to collect reports from other VHTs. As a coordinator, I should be given at least some airtime to ease my work." CHW, Uganda

## Q6. How can we meet the information and learning needs of CHWs working in challenging conditions?

### **Mobile phones**

"I am currently based in Hawassa, Southern Ethiopia conducting fieldwork on an m-health project involving HEWs. I wish to understand how this technology can be used to facilitate stronger relationships with the health system and if there are positive or negative unintended consequences for the HEWs using this technology. The second stage of my research will take place in Mozambique where I am interested in exploring recruitment and retention strategies of APEs." Rosalind Steege, Ethiopia

"We do not have a facility to pay for mobile phones for any health functionary, another gap that can be easily addressed." ASHA, India

"What is being done to promote ownership of mobile phones for ASHAs and indeed for CHWs worldwide? It seems the most basic tool for any ASHA/CHW. I look forward to the day when every ASHA and every CHW will have essential healthcare information in their local language, at their fingertips to guide them in clinical decision making. Furthermore, resources such as the Red Cross First Aid App and Where There is No Doctor (to name just two) should be readily available on every mobile phone (not just for CHWs, although they are priority, but also for citizens)." Neil PW, moderator

"Technology, of course, is a great facilitator. Mobile phones appear to be fast becoming the best tool to help meet the diverse learning needs. In many of our community settings, work can be very challenging and trainers also are few in number in such areas. Countries should invest in improved net connectivity." Sunanda Reddy, India

"I personally have found Whatsapp effective not just to improve knowledge and skills of members of our community team but also to do better in terms of their 'Heart score'. From the program manager to the newly joined CHW (CBR Worker), everyone in our program's whatsapp group is sharing motivational messages and inspiring words to keep the heart score great!" Sunanda Reddy, India

"Some VHTs without phones should be given. These phones can ease our work when mobilising community members and during follow up of patients." CHW, Uganda

"Though it is not simple and easy, efforts should be made to meet the learning needs using both manual and electronic systems. Ever increasing internet facilities, low cost-computers, mobile phones, and other electronic media (eg. TV,radio,Webinars etc) to reach CHWs working even in remote and challenging conditions should be used more and more.  
C R Revankar, USA

### **Information resources**

"Information overload now being a grim reality makes it increasingly difficult for individuals to filter out the knowledge they need from all the information they receive... This may be a good moment to try to standardize the delivery of information to CHWs" John Mischer, Switzerland

"We should be provided with reading booklets written in our local languages. These booklets should be small in size as big ones are hard to read." CHW, Uganda

"IEC materials are also very helpful as they are easy to understand even when one does not know how to write." Carol Namata, Uganda on behalf of CHWs

"Traditional methods such as trainers' manuals and training modules using a mix of didactic teaching, discussions, brainstorming, use of training aids and newer methods such as audiovisual presentations, flip charts, posters, games, etc are all effective but live demonstrations in the context of community are even better." Sunanda Reddy, India

"Involving the CHWs in the making of modules or in translation of manuals can strengthen the "Head score" of one who has a natural aptitude for learning. In the Community initiatives of the Organisation I am associated with, we encourage Study circles of CHWs who practically read from simple books in the small in-house reading room we created and discuss select topics related to their work (fortnightly)." Sunanda Reddy, India

### **Training and knowledge sharing**

"We should have regular refresher training sessions at least twice a month to improve our skills and knowledge." CHW, Uganda

"Most of these needs are best met by having role models, especially a team leader with high heart score [compassion]." Sunanda Reddy, India

"During training, there should be proper division of the course work so that those who are not staying overnight, do not miss out on any content." CHW, Uganda

"We must be given regular training." CHW, Uganda

"CHWs need regular training/orientation, objective assessment of their work and guidance, appreciation, and incentives of some form (not cash) and a friendly environment. A constant rapport with their immediate supervisors (should be guide rather than inspector) and feedback to improve the quality of work to meet the set objectives." Chandrakant Revankar, USA

"As VHTs we need regular trainings to improve on our knowledge." CHW, Uganda

"We would like to visit VHTs from other districts in Uganda/ outside countries and learn more on how they operate in their communities. We should also get VHTs from other places to come and learn from us too. However, we cannot use our own money for these visits. We need facilitation." CHW, Uganda

"We want to learn how to conduct deliveries and we should be trained for this and our supervisors too should be trained." ASHA, India

"Makerere University School of Public Health (MakSPH) trained us in 2015 and this improved on our skills and knowledge. At the end of the trainings, they gave us t-shirts, umbrellas, gumboots, 75 solar chargers and 3 motorbikes. These incentives like the umbrella and gumboots help us to conduct home visits even in rainy seasons. We also thank the university for those training sessions." CHW, Uganda.

"In the past, Malaria Consortium implemented a project in our sub county where they trained us every three months to refresh our skills and knowledge. They also ensured that VHTs involved in Integrated Community Case Management (ICCM) got the drugs needed for treatment of children under the age of 5years. At the end of the training, they would give us transport allowances. However, the project ended and we request the government together with NGOs to help us get drugs for treatment of children." CHW, Uganda.

"We need regular training sessions to refresh ourselves and improve on our skills and knowledge." CHW, Uganda

### **Career development**

'My feeling is that having a clear career development pathway (and especially in an incremental way) could help increase CHW retention, motivation and also engagement in training - provided the training is linked to and recognized as part of their professional development.' Alex Little, UK

"Some of us want to serve at the village level and some of us want to become nurses. But we need a position so that no one can chastise us unless we have done wrong" ASHA, India

"- supervision that is supportive (guiding rather than monitoring)  
- friendly relations at work" Carol Namata, Uganda on behalf of CHWs.