HIFA Thematic Discussion on Community Health Workers

16 January - 24 February

Selected highlights: Q1

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.

HIFA is a dynamic global health community with more than 16,000 members in 175 countries, interacting on 5 forums in English, Portuguese and French members. HIFA's members collectively and individually have unique and diverse experience and knowledge which they can use to bring clarity to challenging questions in global health. Join here: www,hifa.org

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Q1. When listening to CHWs needs and priorities, what do they say is needed to enable them to do their work more effectively?

The responses to this question came largely from CHWs themselves, thanks to HIFA members Kavita Bhatia, Sunanda Reddy and Carol Namata, who facilitated inputs from WhatsApp groups in local languages.

1. Recognition, respect, identity and inclusion
2. Logistics and supplies
3. Finance
4. Gender, hierarchy and transport
5. Occupational health and preferential health care
6. Systemic issues: responsiveness, corruption

1. Recognition, respect, identity and inclusion

"We need the health administration to treat us with courtesy" (CHWs)
"We want designated resting room at the Primary Health Centres and at hospitals"

"Any health providing organisation should function as cordially as a family where all have their place. There is a strong need for co-ordination between all the functionaries and us." (CHW)

"There are different standards of treatment given to the permanent staff, the project staff and Ashas at the primary health centre. This mentality should be abolished. All should get similar respect" (CHW)

"Any task or new program that is announced, it is expected that we fall into line instantly." (CHWs)

"It is true we have a dress code and I am glad we have a uniform, but if we miss out on informing even one child during the immunization drive, we are pulled up. But families do opt for private providers over the government services for treatment too.Have we the right to point that out to you?" (CHW)

CHWs have always also expressed the need to be recognised for the work that they do. This includes recognition from community members, local authorities and health practitioners. Recognition from community members is usually there. However, they are very keen to have local leaders recognise them for example during village meetings and give them the platform to pass on health information to members. They would also want to be recognised whenever they go to health facilities and preferably offered services promptly so they may return to the community and carry out their CHW roles.
Dr. David Musoke, Uganda

I am a community health officer at R4D
According to exchange with others on the field the CHW needs :
More collaboration with the health personnel because sometimes the relationship between the two is not very well
Valorization of their work (Invitation to health activities; Letter of encouragement;
Recognition by the authorities of the community; Offer certain health services for free)…
Sandrine Nem, Cameroon

For a long time CHWs have needed to be recognised by Local authorities at both the lower and higher authorities, but I personally think this recognition should start with the ministry of health policy implementers and the skilled healthy providers at the primary health levels. Because these are the immediate supervisers.
Kagombe Hasasha Njeru, CHW volunteer, Uganda.

CHWs always want that kind of recognition from leaders.
What we have opted to do is to always invite village authorities, district political leaders as well as district health officials to be present on their graduation day.
This helps them gain recognition and introduction as health workers in the communities where they work.
Sharon Bright Amanya is a Community Health Worker trainer, Uganda

"In most countries community health agents (which I feel is the term that best describes the English term CHW) feel alone and are tossed around by NGOs. They do not receive the supervision that the Ministry of Health personnel are responsible for providing and often the

staff of NGOs visit or call them only to obtain data that are often questionable." Agoustou Gomis, Burundi (translated from French)

"We want our bosses to send us appreciation messages."

"We want to be awarded annually with gifts as an act of appreciation."

"We want our work to be appreciated by offering us reasonable monthly allowances as we do a lot of work in communities."

"We want health tours to counties like Kenya. This will help us learn more on the work of VHTs from other countries. We could also have a trip to other districts. Some of us do not know where Ministry of Health is, it will be great if we get a chance to go visit and meet the Minister of Health."

"We want recognition as VHTs in our communities by community leaders especially during village meetings."

Carol Namata: (CHWs on WhatsApp)
- respect within the organisation
- appreciation from the local community members
- identification cards and training certificates
- supportive family (especially spouse) - all lady CWs

"If we have some official position then we will be better respected by the full time staff"

"We the Asha supervisors should also have our separate identity"

"I work gladly. My only dream is to be treated respectfully by the full time staff"

"It is my dream that each home should know about health and services available. I also want to have an identity of my own, I want to be known and recognized in the world." (ASHA)

"We want health centres to invite us for their planning meetings as some of the issues discussed during these meetings are of our concern such as community outreaches." CHW Uganda WhatsApp

2. Logistics and supplies

"Reliable transportation is needed to escort expectant mothers for delivery. The primary health centres should have all instruments to carry out safe deliveries. For collecting blood samples we need regular provision" (AA from Arunachal Pradesh)

"When pregnant women prefer private hospitals for getting delivered, it is better for the administration to take note of this and improve the government facilities." (M, from Kashmir)

"We now fill all the records online but since there are one/two computers in the PHC, it becomes very difficult. There should be a separate computer allocated to PHCs for our use to update records." (ANMs (nurses) and Block facilitators)

"We should get pre formatted and printed notebooks to complete the records at the village level. A regular supply of these is necessary" (Several CHWs)

"Give us complete and regularly replenished drug kits" (CHWs)

From my interaction with CHWs, they have often requested for the following
- Gumboots and Umbrellas to aid their work in weather extreme seasons
- solar phone chargers to charge their phones that are used in health care reporting
- performance based Incentives which could be in-terms of money, T-shirts, bags, caps, e.t.c
- Regular supervision and community support from governing authority
- Liaison with Health center Authorities for smooth referrals and disease reporting
- Monthly refresher training
- support in-terms of Uniform, Signages, and other utilities needed to aid their work
Sharon Bright Amanya, Uganda (CHW Trainer)

"CHWs are the worst hit by failures in supplies and medicines for at least two reasons:
a. Overall, the lack of achievement of targets by the reference centers which always command less than the needs
b. Or simply, the chief nurse of the health post is not at all interested in the strategy
c. Or the chief nurse of the health post is too busy." Agoustou Gomis, Burundi (translated from French)

"We need drugs for treatment of children under five years. Community members bring their sick children however, we have a problem of drug stock out."

"When drugs are delivered at the health facilities, VHTs are responsible for picking them. Makerere University gave us motorbikes, however, they are not enough to be used by the whole subcounty. As VHTs we are only volunteers, we should not use our own money for transport, instead we should be given some transport allowances to help us pick drugs from health centres. If not, then health centres should deliver these drugs to us in our villages." CHW Uganda WhatsApp

3. Finance

'The most number of WhatsApp messages were on the remuneration of Asha workers. Ashas only receive payment per task and not a salary. These payments are called incentives. Contrary to the normal understanding of incentive which indicates an amount IN ADDITION to a salary, incentives are the only payment for Ashas. There a mind boggling 40 tasks-60 tasks and no public access to the list. The tasks also keep changing and the Ashas find difficult to remember the incentives.' Kavit Bhatia, India

'The major emergent themes were:
1. Ashas feel underpaid.
2. There are delays that further aggravate the situation.
3. There are several tasks that are not paid for. Many are due to the unofficial task shifting from the full time nurse (ANM) to the CHW ASHA.
4. There is a need for advance payment for travel. Ashas can claim after travel but many do not get reimbursed/do not know about it.
5. There is a uniform need for some fixed amount to be paid every month. Some states do give a fixed amount but there are no institutional strictures therefore the amount does not always reach the Ashas.

6. Ashas and Anganwadi workers are paying out of pocket for photocopying, travel and mobile phones. The same goes for the lower ranks of the full time health employees like facilitators/supervisors, ANMs and male multi-purpose workers.

"Please do not make Ashas do so many unpaid tasks, their morale gets shaken," (CHW)

While many of the key stakeholders in community health programmes agree that CHWs should be paid for the services they provide, there is less consensus on how and what they should be paid. A reflection on the various remuneration models (with their diverse pros and cons) left me with more questions than answers:
1. Salary or monthly allowance from the formal health system:
a. Will this be a threat to CHWs' commitment/allegiance to the community they serve? In practice, many paid CHWs seek to satisfy the system where their salaries/allowances come from rather than the community they are expected to serve. Abimbola Olaniran, Nigeria

My view which I have always shared with most of my comrades regarding remuneration of CHWs especially in Uganda is through community members' (households) monthly financial contribution. Senfuka Samuel, Uganda

"Most of us are poor, we would be interested in getting loans and bursaries especially for single mothers like me."

Kavita Bhatia: One answer came from the Ashas in my earlier research. They wanted "some fixed monthly payment". Experts also suggest a combination of a basic fixed amount plus task-based incentives. This will not resolve all the stress but will give them and their families a sense of security. They might get acknowledged as a legitimate part of the health services by both their seniors and the community.

Carol Namata: (CHWs on WhatsApp)
- decent salary/pay commensurate with work
- same remuneration for similar work

"Ashas do want to go forward but first meet the basic requirement - a post and fixed payment"

4. Gender, hierarchy and transport
My own unpublished findings clearly showed gender and hierarchy as the defining factors for interactions in a structured government program - but it extended beyond CHWs, to the entire workforce. The largely male doctors were at the top but they had a pecking order too. And even male subordinates were subservient to superiors.
Kavita Bhatia,PhD

In Pakistan, we have LHW (lady health worker) in the govt system. They do what they are told to do and are not agents of social change as some Community development programs strive for. NGOs working on health issues and who have CHWs also have them fulfill pre assigned tasks. We need to look at the larger framework within which CHWs work. This framework does not address social determinants of health or challenge status quo or the state incompetencies.
Kausar Skhan, Pakistan

Transport
From my research I have seen how gendered the issue of mobility and transport is for CHWs across many contexts. In Afghanistan for example I was discussing with a colleague about why all the supervisors were male and the answer was lack of mobility - women are not free to travel to the health posts so cannot fulfil the supervisory role…
Rosalind Steege, UK/Ethiopia

Without real consideration of the context arranging suitable modes of transport may only benefit a portion of CHWs (male CHWs). An example of this comes from Northern Nigeria where motorbikes were distributed to male CHWs but not female CHWs as riding the bikes would expose their ankles. Advocacy is important here and these are the cultural contexts that also need to be explored and considered when making policy decisions about best modes of transport. Rosalind Steege, UK/Ethiopia

In Afghanistan, male CHWs can easily become Community Health Supervisors because they have the cultural advantage of being able to go around and riding a motorbike, while women remain in their positions as volunteer CHWs. Maisam Najafizada, Canada

It is to be noted that in Northern Nigeria, We strictly respect the tenets of our cultures/tradition and religions. I cant remember seeing a Hausa Muslim Woman riding a bicycle/motorbike to whichever work she is engaged. Alhassan Aliyu Gamagira, Nigeria

"We stay far away deep in villages without quick means of transport. We want transport means like bicycles or motorcycles to help us get drugs from health centres and easily visit patients."

5. Occupational health and preferential health care
Asha workers shared the very same concern with me - that we are often exposed to patients suffering from infectious diseases like TB and have no protection…
This is a gap that can be addressed by providing free preventive measures, medical treatment and insurance to all front line workers and their families. Indeed that should become mandatory for all working in the primary health care structure. Kavita Bhatia, India

CHWs who deal with such infectious diseases should;
Be availed with appropriate protective gear such as masks and gloves to minimize risk for infection spread
Should be regular trained and supervised to ensure safe use of he provided protective equipment
Should undergo regular medical examination such as weight monitoring to ensure that susceptible individuals are not exposed due to their nature of work
Group counseling and mentorship should be established to ensure the best possible mental well being. Sharon Bright Amanya, Uganda

Preferential health care
"We should be given special attention as VHTs when we go to government health facilities."

"As a VHT I do not want to wait in that long line when I visit a health centre with my patient. Health workers should give us immediate attention when we visit health centres."

6. Systemic issues: responsiveness, corruption

Responsiveness
Carol Namata: CHWs emphasize that when listened to, their requests are not put into action as expected. "We have spent a long period of time asking for monthly/quarterly allowances but nothing has been done so far."

Corruption
"We want to be able to counter the petty corruption that affects our community, deprives us of our incentives and we want to see to it that our people get what they are entitled for" (ASHA)