HIFA Thematic Discussion on Community Health Workers

Compilation of messages

Week 3: 30 January - 5 February 2017

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.

Please find below a compilation of the third week of our discussion on CHWs.

Our thanks to the following HIFA members who shared their experience and expertise in the past week:

Abhi Goyal (USA) 2
Abimbola Olaniran (UK)
Carol Namata (Uganda) 3
David Musoke (Uganda)
Enoch Chiedu Chiejina (Nigeria)
John Miescher (Switzerland)
Joseph Ana (Nigeria)
Kausar Skhan (Pakistan)
Kavita Bhatia (India) 2
Khalid Iqbal (Pakistan)
Martin Carroll (UK) 2
Moderator (Neil PW) 7
Mohammad Ali Barzegar (Iran)
Netradipa Pradip Patil (India)
Romiya Barry (USA) 3

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (75) Review of week 2 - Q3 Do CHWs have adequate opportunities to be heard?

Dear HIFA colleagues,

We have now completed two weeks of discussion on Community Health Workers (4 weeks to come). To date we have had 74 contributions from 34 members in 14 countries (Burundi,

Cameroon, Canada, Ethiopia, India, Iran, Japan, Kenya, Netherlands, Nigeria, Pakistan, Uganda, UK, USA). Thank you to all who have contributed so far:

Abimbola Olaniran (UK)
Agoustou Gomis (Burundi)
Alex Little (UK)
Alhassan Aliyu Gamagira (Nigeria) 2 messages
Chandrakant R Revankar (USA)
David Musoke (Uganda) 3
Dennis Odwe (Uganda)
Donna Bjerregaard (USA)
Elizabeth W Ridgway (USA)
G Karanja (Kenya)
Jean Sack (USA)
Jenny Ure (UK)
Jenny Yamamoto (Japan)
Joseph Ana (Nigeria) 3
Judith Tchuenkam Sandrine Nem (Cameroon)
Kausar Skhan (Pakistan) 9
Kavita Bhatia (India) 11
Lucie Byrne-Davies (UK)
Maisam Najafizada (Canada) 2
Malcolm Brewster (UK)
Margaret Nanteza Hasasha (Uganda)
Maryse Kok (Netherlands)
Meghan Brucekumar (Kenya)
Miriam Taegtmeyer (UK)
Moderator (Neil PW) 10
Mohammad Ali Barzegar (Iran) 4
Ram Shrestha (USA)
Remi Akinmade (Nigeria)
Rosalind Steege (Ethiopia) 3
Sally Theobald (UK)
Samuel Senfuka (Uganda)
Sharon Bright Amanya (Uganda) 4
Sunanda K Reddy (India)
Thomas Matete (Kenya)

We have compiled all messages from week 2 into a Word file and uploaded this to DropBox (alongside the compilation of week 1). You can download the compilations here: https://www.dropbox.com/sh/cbzzvl3wkpp3w75/AADaUtqBr8ZgUYh5ICDDb5Qaa?dl=0

Please keep your messages coming. This coming week we are looking especially at Question 3:

Q3. Are there enough and appropriate avenues for the voices of CHWs to be heard (by the relevant stakeholders / authorities?)

To review all six questions, see our landing page for info about the current discussion: http://www.hifa.org/news/join-hifa-thematic-discussion-community-health-workers-starting-16-january-2017

Please feel free to comment on any of the questions at any time. Or, indeed, you are welcome to comment on any aspect of CHWs.

HIFA members have unique experience and knowledge which can help bring clarity to challenging questions. Key points of this discussion - your insights - will be presented at the Symposium on Community Health Workers, 21-23 February 2017, Kampala, Uganda. http://chwsymposium.musph.ac.ug/

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.

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare knowledge - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Khalid Iqbal, Pakistan" <khalid.arain@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (76) Door-to-door health education (14)

Respected Kausar Skhan,

I m Dr. Khalid, Deputy District health Officer NZ, Lahore. As our teams of Dengue visit every house after seven days for surveillance, so I want to take advantage of this frequent door to door visit of our teams. I want to publish a broacher having basic knowledge of Dengue, Polio, Routine EPI, Contraception and Mother & child health. We can also involve our Lady Health Visitors after some training with Dengue workers. If you have any suggestion/ material, you are most welcome.

HIFA profile Khalid Iqbal is senior medical officer at Infectious Diseases Hospital, Lahore, Pakistan. His main field of interest is Tuberculosis and Rabies. khalid.arain AT gmail.com

From: "Kausar Skhan, Pakistan" <kausar.skhan@aku.edu>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (77) Door-to-door health education (15) CHWs and the Sustainable Development Goals

Dear Dr Khalid,

What you describe is a golden opportunity to engage community not only for prevention from Denge but to address social determinants of health for better health outcomes of all household members. This is also an opportunity to link such efforts with SDGs. At a recent meeting of S Asian, Sri Lankan delegate spoke of getting all villages to comply with the SDGs.

I suggest, if possible, call a meeting for expanded role of CHWs

I would be more than happy to be part of this discussion
kausar

HIFA profile: Kausar Skhan is with the Community Health Sciences Dept of Aga Khan University, Karachi, Pakistan. kausar.skhan AT aku.edu

From: "John Miescher, Switzerland" <miescher@bizgraphic.ch>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (78) Q6: How can we meet the information and learning needs of CHWs?

Dear Neil,

For the last 15 years I have indirectly helped to improve the knowledge level of CHWs by assisting several NGOs to distribute large libraries of documents on health issues primarily to LMI countries. We usually made all documents user friendly (added bookmarks and interactive tables of contents) and search friendly (embedded or attached metadata) and added a navigation facility (tables of contents in four UN languages by title and by topic).

Today these NGOs offer, for economic reasons, their libraries (guideline, textbooks, manuals, videos, papers and other documents in PDF format etc.) less on physical media but mostly only on their website for downloading. This is great for CHWs who have access at all times to the Internet, but this is often not the case when they need crucial information in an emergency. I.e. they still need to build up their own knowledge base on their own device.

Noticing an increasing number of offers for information packages by a large number of content providers on the HIFA mailing list reminds me of the dictum

"Drowned in information but starved for knowledge" (John Naisbitt, 1972, Megatrends).

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.

CHWs and indeed all internet users get information pushed their way because they are following someone or have subscribed, sometimes even involuntarily, to blogs, discussion groups or news letters from specialized content providers or they were simply betrayed by their own online behaviour and are on the radar of someone who wants to sell something. At any rate they see today a lot more targeted information. And if they try to search for information, they are only served the information the search engines and/or the pharmaceutical industry want them to see.

This may be a good moment to try to standardize the delivery of information to CHWs and other stakeholders in the health field in a way that puts them back in control over what they want to investigate further (rather than having search engines deciding on their behalf) and allowing them to

- selectively acquire just the information that is useful to them
- suppress duplicate, outdated, overlapping and conflicting information
- reduce application clutter with multiple front ends and proprietary indices
- update their collection frequently and consult it on-line and off-line (in low bandwidth situations)

Like PDF has become the standard for delivering individual documents, a standard for complete document collections could easily be established and adopted by content providers on the one hand and producers of end user software on the other.

Like PDF this standard should include human- and machine readable information (metadata) about each document that would help the users to decide if an item is worth keeping. But unlike PDF this standard could also comprise any digital asset including documents, images, videos, presentations, executable apps and even links to remote assets or virtual objects.

Do you think such a standard would be useful and could HIFA endorse such an initiative?

Best regards,
John W. Miescher

HIFA profile: John Miescher works with BizGraphic in Switzerland. miescher AT bizgraphic.ch

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (79) Do CHWs have adequate opportunities to be heard? (2)

Dear HIFA colleagues,

This week we are discussing Question 3:

"Are there enough and appropriate avenues for the voices of CHWs to be heard (by the relevant stakeholders / authorities?)"

Indeed, do CHWs have a voice? Are they listened to?

We can perhaps look at this at local, national and global levels.

It is clearly vital that CHWs have a voice at the local level, at the community level. To be able to deliver their duties with dignity, they need to be recognised as partners with the local community - with the families they serve, with the village health teams or whatever are the

local social and political structures, and with other members of the primary health care team. Whether in the public or NGO sector they need to be empowered and not isolated and 'tossed around' as we learned a few days ago from our colleague Agoustou Gomis in Burundi.

In your experience, what is the reality for CHWs at the local level? Do they have a voice? Are they being listened to?

I look forward to hear your views. I look forward especially to hear from the handful of CHWs and CHW trainers who have joined us as HIFA members.

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare knowledge - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (80) Do CHWs have adequate opportunities to be heard? (3)

In my message a few minutes ago I said "I look forward especially to hear from CHWs and CHW trainers who have joined us as HIFA members".

I should have added: "We need more CHWs and CHW trainers on HIFA." Our discussion has already been greatly enriched by the few voices of CHWs that we have already heard, including those ASHAs for whom Kavita Bhatia is advocating so effectively (channeling their voices from local WhatsApp groups in thee local language to HIFA in English).

The more we hear from CHWs here on HIFA, whether directly or indirectly, the greater will be the impact of this discussion and its contribution to the upcoming Symposium on CHWs in Kampala.

Please forward this message to CHWs and others to join us. You can point them to our landing page:
http://www.hifa.org/news/join-hifa-thematic-discussion-community-health-workers-starting-16-january-2017

or directly to our Join page here: www.hifa.org/joinhifa

We look forward to welcome them.

With thanks, Neil

Let's build a future where people are no longer dying for lack of healthcare knowledge - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Abhi Goyal, USA" <abhi_goyal@jsi.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (81) Community Health Assistants in Zambia (2) CHW Nutrition Advocacy Tool for Zambia

Hello Neil and HIFA,

Thanks for sharing that paper! [*] --SPRING recently a series of toolkits related to the health workforce in several countries, specific to nutrition, including Zambia (https://www.spring-nutrition.org/publications/tools/community-health-worker-nutrition-advocacy-tool-zambia), which also identifies some gaps and makes some recommendations for policies like this (and advocacy for health workers). Our toolkit also identifies coordination as a gap.

We hope this offers some extra context to people working in this area.

Abhi Goyal
Knowledge Management Coordinator
1616 N. Ft. Myer Drive, 16th Floor
Arlington, VA 22209
703.3105.5209 | abhi_goyal@jsi.com

HIFA profile: Abhi Goyal is a Knowledge Management Coordinator at JSI, USA. abhi_goyal AT jsi.com

[*Note from HIFA moderator (Neil PW): Implementation of the Community Health Assistant (CHA) Cadre in Zambia: A Process Evaluation to Guide Future Scale-Up Decisions. Journal of Community Health. http://link.springer.com/article/10.1007/s10900-015-0110-5 (restricted access)]
Join HIFA-Zambia: http://www.hifa.org/forums/hifa-zambia]

From: "Abhi Goyal, USA" <abhi_goyal@jsi.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (82) CHW Nutrition Advocacy Tool (2)

Hello All,

We'd like to offer some tools to add to this discussion, for a nutrition context. In collaboration with the USAID-funded Advancing Partners and Communities (APC) project [https://www.advancingpartners.org/], SPRING, USAID's global nutrition project, has gathered data around key nutrition responsibilities for CHW in 9 countries. These toolkits allow government ministry staff and other in-country stakeholders to use these resources to better understand the situation in their country and advocate for needed changes in the health workforce.

One key point from the toolkits: CHWs are often expected to carry out a wide range of interventions with limited time, resources, and remuneration. They need appropriate academic curricula, training programs, and support systems ? including systems forr monitoring, supporting, and mentoring. Countries must take this into consideration as they scale up and expand the services provided by CHWs.

Link to toolkits here: https://www.spring-nutrition.org/publications/tools/community-health-worker-nutrition-advocacy-tool-india

Abhi Goyal
Knowledge Management Coordinator
1616 N. Ft. Myer Drive, 16th Floor
Arlington, VA 22209
703.3105.5209 | abhi_goyal@jsi.com

HIFA profile: Abhi Goyal is a Knowledge Management Coordinator at JSI, USA. abhi_goyal AT jsi.com

[*Note from HIFA moderator (Neil PW): Implementation of the Community Health Assistant (CHA) Cadre in Zambia: A Process Evaluation to Guide Future Scale-Up Decisions. Journal of Community Health. http://link.springer.com/article/10.1007/s10900-015-0110-5 (restricted access)]
Join HIFA-Zambia: http://www.hifa.org/forums/hifa-zambia]

From: "David Musoke, Uganda" <dmusoke@musph.ac.ug>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (83) Do CHWs have adequate opportunities to be heard?
(4) Uganda CHWs on WhatsApp

Dear Neil,

Thank you for this information. To be able to hear some of the voices of CHWs in Uganda called Village Health Teams (VHTs), we have set up a WhatsApp group among them where the discussion questions are being posted. The emerging contributions from the group will be posted on the online forum. This has been done due to challenges of the CHWs not being able to access internet to be part of the online discussion directly as well as language barrier.

Best wishes,
Dr. David Musoke

Department of Disease Control and Environmental Health
School of Public Health
Makerere University College of Health Sciences
P. O. Box 7072, Kampala, Uganda
Email: dmusoke@musph.ac.ug ; sokidavi@yahoo.com
Mobile: +256712987736 ; +256704814265
http://chwsymposium.musph.ac.ug/

HIFA profile: David Musoke is a Lecturer at the Makerere University School of Public Health, Uganda. Professional interests: Malaria prevention, community health workers, environmental health, public health, disadvantaged populations. He is a member of the HIFA working group on CHWs. http://www.hifa.org/projects/community-health-workers dmusoke AT musph.ac.ug

From: "Martin Carroll, UK" <martinmichaelcarroll@icloud.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (84) Basic healthcare knowledge and preventable deaths (3) Role of CHWs in building trust

Thanks for this Romiya. Would you be able to share a link to the statement please?

I think the point that you make about who people choose to trust as a source of reliable healthcare information is very powerful, and is rooted in a whole range of questions about relationships and traditions within communities, cultures and families. I would like to hear the views and experience of other HIFA members on this issue and the extent to which they consider it a contributory factor to preventable deaths.

The role of the CHW in building trust is also vital - if you approve and if Neil is happy for me to do so, I would be willing to cross-post this question to the thematic discussion on CHWs, e.g how do we support CHWs to fulfil this role?

Thanks and best wishes
Martin

HIFA profile: Martin Carroll was previously Head of the International Department at the British Medical Association, London UK, and has worked on issues affecting health in LMICs since 2003. He represented the BMA on the HIFA Steering Group from 2008-16 and is now an independent adviser to the group. Email: martin_c63 AT hotmail.com

From: "Carol Namata, Uganda" <carolnamata1@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (85) Do CHWs have adequate opportunities to be heard? (5) Uganda CHWs on WhatsApp (2)

Dear colleagues,

In Uganda, community health workers (CHWs) are referred to as Village Health Teams (VHTs). These VHTs in Ssisa sub county, Wakiso district, Uganda have a Whatsapp group where different issues are discussed from. Below are their views on what is needed to enable them do their work more effectively.

1. Supervision

"We need regular field supervision to check on our performance. This will help us do our work more effectively."

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

2. Motivation

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

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

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

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

"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."

"Some of us could be given laptops to store our data."

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

"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."

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

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

"Besides transport allowances given to us during the trainings, we also want small allowances as we leave our regular work to attend these trainings and any other gatherings."

3. Training

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

HIFA profile: Carol Namata is an Environmental Health Officer at Makerere University School of Public Health in Uganda. Professional interests: Health promotion in communities. carolnamata1 AT gmail.com

From: "Mohammad Ali Barzegar, Iran via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (86) Do CHWs have adequate opportunities to be heard? (6)

Dear Neil and HIFA colleagues,

The answer to the above question is partially positive after some years of services of CHW, but not at the beginning of her/ his career. There is risk of CHW deviation from prevention to treatment, because people demand more curative services rather than preventive care. For better acceptance by the community, CHW may respond favorably to the curative demand of the people. Regular supportive supervision is the key to prevent the deviation.

As far as the needs of the people are inter-related, it seems to me that inter-sectorial collaboration will enhance the acceptance of CHW as well as the engagement of community for attainment of health and social determinants of health. Therefore one area which CHW should be heard or supported by the health authorities is initiation of inter-sectorial collaboration by the highest health authorities (Minister of Health), which is a top-down policy issue at cabinet level. For example formation of a high council for health, headed by the President or Prime Minister of the country concerned. Needless to say that the actual inter-sectoral action will be materialized at different levels specially at community level, where CHW could be the entry point.

Kindest regards. Dr. M. A. Barzegar.

HIFA profile: Mohammad Ali Barzegar is an initiator of Primary Health Care in Iran since 1971, and Representative of People's Health Movement (PHM) Iran. His interest include 45 years of national & international experiences on PHC, Sustainable Development and Public Health. barzgar89 AT yahoo.com

From: "Enoch Chiedu Chiejina, Nigeria" <enochchiejina@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (87) Basic healthcare knowledge and preventable deaths (4)

Basic health care. In Nigeria for example we have more people trained by hospitals and health centers than in nursing schools. Some have no opportunity with regards to finance. Some have been known in communities around as reliable, reachable and a times affordable. They have undoubtedly learnt by doing and seeing. I have seen many very knowledgeable AUXILIARY HEALTH WORKERS in Nigeria. No one cares who fix a broken down vehicle in the middle of the jungle.

Additional training and monitoring can enhance and improve performance. Health care authorities rather than discriminate should work on this individuals, providing adequate supervision thus increasing number of life savers.

HIFA profile: Enoch Chiedu Chiejina is Reverend at The Refuge Support Initiative in Nigeria. Professional interests: Economic empowerment and social integration of the less privileged particularly in rural areas. Mobilising health workers within my ministry on health outreaches. Hospital ministry and many more humanitarian ventures. enochchiejina AT gmail.com

From: "Romiya Barry, USA" <romiya.barry@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (88) Basic healthcare knowledge and preventable deaths (5)

Hello Martin,

The statement from Dr. Bell is located here: http://www.icontact-archive.com/wk-fhLpOLhm3sqkTm6Uwzf0-uqJyGnX4?w=2. Let me know if you have trouble accessing the newsletter.

I support cross-posting the question to the thematic discussion. I would be interested in hearing other feedback as this is an area that I'm starting to explore for my research. I believe that anchoring trust in the community is necessary to serve as a conduit for health information.

Kind regards,
Romiya

HIFA profile: Romiya Barry is a Doctoral Student at The George Washington University in the United States of America. Professional interests: Clinical research, global health diplomacy, NGO health system strengthening. romiya.barry AT gmail.com

From: "Abimbola Olaniran, UK" <israelolaniran@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (89) Who is a CHW? (9) Systematic review of CHW definitions

Dear HIFA members,

A recent systematic review of definitions (http://www.tandfonline.com/doi/full/10.1080/16549716.2017.1272223) suggests that community health workers are either lay health workers or paraprofessionals. It noted that they have an in-depth understanding of the community culture and language, have received standardised job-related training of a shorter duration than health professionals, and their primary goal is to provide culturally appropriate health services to the community.

This review categorised CHWs into three groups based on the level of education, pre-service training and remuneration.

Policy, planning and research implication of the review:

This definition and categories may guide policy makers, programme planners and researchers in distinguishing between the different CHW groups when formulating or interpreting policies relating to community health and also provide a common denominator for discussions between programme planners and researchers working in different contexts and settings.

Best regards,
Abimbola Olaniran

HIFA profile: Abimbola Olaniran is a 3rd year Ph.D candidate at the Liverpool School of Tropical Medicine. His Ph.D titled, "Community health workers for maternal and newborn health: case studies from Africa and Asia" focuses on the challenges of CHWs in these countries. He is a member of the CHW thematic working group. israelolaniran AT gmail.com

From: "Neil Pakenham-Walsh, UK"
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (90) Who is a CHW? (10) Systematic review of CHW Definitions (2)

Dear Abimbola,

Thank you for pointing us to your new systematic review, which is very timely for our discussion. Below are the citation and abstract. I look forward to reading the full text, which is freely available to all at the URL shown.

CITATION: Who is a community health worker? – a systematic review of definitions

Abimbola Olaniran, Helen Smith, Regine Unkels, Sarah Bar-Zeev & Nynke van den Broek

Article: 1272223 | Received 30 Aug 2016, Accepted 08 Dec 2016, Published online: 27 Jan 2017

http://www.tandfonline.com/doi/full/10.1080/16549716.2017.1272223

ABSTRACT

Background: Community health workers (CHWs) can play vital roles in increasing coverage of basic health services. However, there is a need for a systematic categorisation of CHWs that will aid common understanding among policy makers, programme planners, and researchers.

Objective: To identify the common themes in the definitions and descriptions of CHWs that will aid delineation within this cadre and distinguish CHWs from other healthcare providers.

Design: A systematic review of peer-reviewed papers and grey literature.

Results: We identified 119 papers that provided definitions of CHWs in 25 countries across 7 regions. The review shows CHWs as paraprofessionals or lay individuals with an in-depth understanding of the community culture and language, have received standardised job-related training of a shorter duration than health professionals, and their primary goal is to provide culturally appropriate health services to the community. CHWs can be categorised into three groups by education and pre-service training. These are lay health workers (individuals with little or no formal education who undergo a few days to a few weeks of informal training), level 1 paraprofessionals (individuals with some form of secondary education and subsequent informal training), and level 2 paraprofessionals (individuals with some form of secondary education and subsequent formal training lasting a few months to more than a year). Lay health workers tend to provide basic health services as unpaid volunteers while level 1 paraprofessionals often receive an allowance and level 2 paraprofessionals tend to be salaried.

Conclusions: This review provides a categorisation of CHWs that may be useful for health policy formulation, programme planning, and research.
--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare knowledge - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (91) Systematic review of CHW definitions (3) Systematic reviews and multilingualism

Dear Abimbola,

Re: CITATION: Who is a community health worker? Â a systematic review of definitions Abimbola OOlaniran, Helen Smith, Regine Unkels, Sarah Bar-Zeev & Nynke van den Broek Article: 1272223 | Received 30 Aug 2016, Accepted 08 Dec 2016, Published online: 27 Jan 2017
http://www.tandfonline.com/doi/full/10.1080/16549716.2017.1272223

Thank you again for your paper. I was interested to note the selection of papers for inclusion in the systematic review.

As you state in the paper: 'Due to resource and time limitations, we only included papers published in English and missed opportunities to review definitions of CHWs included in papers published in other languages (e.g. studies from francophone West Africa or Latin America).'

It is quite understandable that you had to work with available resources. However, there are arguably some kinds of research where the non-English literature could tell us a great deal. This perhaps includes research for objectives such as yours 'to identify the common themes in the definitions and descriptions of CHWs that will aid delineation within this cadre and distinguish CHWs from other healthcare providers'. I wonder if there is scope for the systematic review team to be expanded to include French, Spanish, Portuguese and other-speaking researchers?

This brings in a wider question about multilingualism and systematic reviews (two subjects that we are planning to explore in depth later this year on HIFA). What are the challenges of multilingualism for systematic reviewers, and how can these challenges be better addressed?

The Cochrane network - with thousands of systematic reviewers across the world - is ideally positioned to enable multilingual systematic reviews, and yet I think most systematic reviews draw only from English-language publications? Can anyone from Cochrane or elsewhere comment on this?

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare knowledge - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (92) Training of CHWs and other primary health workers

Dear All,

Learning by doing and seeing outside the structured environment of schools and colleges, with inherent checks and balances, reflection and audit of training methodology and outcome is one of the many reasons that Nigeria's health system remains weak. Health care delivery by trial and error cannot be the way forward for any health need, basic or advanced.

Yes many of us support engaging non skilled groups like traditional birth attendants and traditional bone setters so that they can learn and be part of efforts to prevent and reduce

morbidity and mortality, provided one proviso is recognised: until enough skilled personnel are produced and willing / empowered to work in remote, non urban locations.

It cannot ever be right to permanently substitute properly learned knowledge, skills and competence with non structured, haphazard and unregulated 'doing and seeing'.

In Nigeria the recent effort to implement the National Health Act 2014 should lead to a stronger health system anchored more on skilled personnel than non skilled 'community health workers'. Luckily already in Nigeria there is a clear difference between skilled personnel who undergo structured curriculum of training and certification (JCHEWs, CHEWs, CHO) from non skilled Volunteers in the community who really want to help, but must be limited by the statutory directives not to use unsuspecting patients as guinea-pigs. Hopefully, it may not be too long before Nigeria can produce sufficient numbers of skilled health personnel to meet her needs (if only the Brain Drain will allow it: currently some high income countries actively promote brain drain by setting up employment examination centres in the very poor countries that lack health personnel the most. They no longer depend on the voluntary emigration of health personnel to their shores to seek employment.).

Joseph Ana.

Africa Center for Clin Gov Research & Patient Safety

@ HRI West Africa Group - HRI WA
Consultants in Clinical Governance Implementation
Publisher: Health and Medical Journals
8 Amaku Street Housing Estate, Calabar
Cross River State, Nigeria

Phone No. +234 (0) 8063600642
Visit Website: www.hriwestafrica.com
E-mail: hriwestafrica@gmail.com

HIFA profile: Joseph Ana is the Lead Consultant and Trainer at the Africa Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria. In 2015 he won the NMA Award of Excellence for establishing 12-Pillar Clinical Governance, Quality and Safety initiative in Nigeria. He has been the pioneer Chairman of the Nigerian Medical Association (NMA) National Committee on Clinical Governance and Research since 2012. He is also Chairman of the Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act. He is a pioneer Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. He is particularly interested in strengthening health systems for quality and safety in LMICs. He has written Five books on the 12-Pillar Clinical Governance for LMICs, including a TOOLS for Implementation. He established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria in 2007. Website: www.hriwestafrica.com Joseph is a member of the HIFA Steering Group: http://www.hifa.org/people/steering-group jneana AT yahoo.co.uk

From: "Romiya Barry, USA" <romiya.barry@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (93) Systematic review of CHW definitions (4) Training of CHWs and other primary health workers (2)

Dear Abimola,

Thank you for sharing this very helpful article. I've recently started some research in my program close to the topic of CHWs and found also this lack of a standardized term and assignment of duties. Some of my early research pointed to this as a possible factor on why CHWs may not feel supported or that they have a voice (possibly due to not knowing "what to call them" which makes it difficult to categorize them on a healthcare team). Additionally, it would be a challenge for a governing body to establish educational requirements for the role and this would limit the "professionalization" of the role, which I propose would apply the CHW voice as well as increase the CHW personal value.

I have seen something similar in my professional career. The development of my intersected fields (clinical research and project management) is just reaching a point of professionalization with recognition at higher levels of government in the US. But, the challenge has been--and may continue to be for some while--the standardization of their respective job titles and roles. I believe what has helped formal recognition has been the establishment of broad competency frameworks in each of the fields. As the subcategories of the roles become more defined, new competencies are being added, allowing for specialization.

I provide this information just as an illustration of my experience in other fields with undefined terms and roles. I am not sure if CHWs can (or should) be put on a similar path. Would professionalization detract from their value as integrated, trust liaisons and advocates for their communities? I do not know this answer.

Nonetheless, your systematic review will be helpful to update my preliminary work (and to review some of my assumptions).

Kind regards,
Romiya

HIFA profile: Romiya Barry is a Doctoral Student at The George Washington University in the United States of America. Professional interests: Clinical research, global health diplomacy, NGO health system strengthening. romiya.barry AT gmail.com

From: "Kavita Bhatia, India" <kavbha@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (94) Q4: What are the mental health and psychosocial needs of CHWs? (1) ASHAs on WhatsApp (5)

Two Whats App groups of Asha workers, Asha Supervisors and Anganwadi workers were asked what are the triggers of stress in their lives.

1. The contradictions that came with their post made them feel uncomfortable.

"We are respected by the community and they will not go to the hospital unless we are with them. They are well informed about the services available to them yet they want us to be with them. However they feel we are paid employees. We have gained their response but how do we tell them we have no position?"

"We are being handed more tasks and time consuming responsibilities officially as time goes by. We are also given several unaccounted tasks to do by the local staff. There is good response from the community but less support from the administration. We feel overworked and depressed. It is taking a toll on our health."

2. Pressure from the family and the community due to CHW's undefined status within the health services system

"Since there is no fixed pay when I return home after outdoor work, my family comments adversely and since the drug kits are not replenished in time my community comments adversely"

"We claim that delivery mothers should be entrusted to us as transportation is available, but the ambulance does not always reach when we phone. This is because they do not have to listen to us"

"When we go about the village or outside people feel we get paid a lot and demand services but we are working for incentives and are not able to always give medicines and they have not been told that"

3. Lack of ownership from the health system and respect from the administration

"We are not appreciated by the full time staff members"

"Why should all get a fixed salary but us? We are accountable for our work to so many full time staffers"

"Often we do not get the incentives we are entitled for due to lack of co-operation from our seniors."

4. Feeling of insecurity and exploitation due to undefined status in the health services

"We are being made use of"

"Neither do they (health services system) hold our hand nor do they leave our hand"

Earlier research findings also indicate pressure from the family and lack of respect and ownership at both ends - the community and the health services system. CHWs in large scale

programs need structured responsibilities and remuneration, but how do we provide that without losing the flexibility of scope of work?

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.

Kavita Bhatia,PhD
Independent researcher (India)
Owner and manager of e-repository Ashavani
http://www.ashavani.org

HIFA profile: Kavita Bhatia is an independent researcher in public health. She is based in India. She has considerable experience in the documentation and evaluation of community-based voluntary health care programs, particularly those involving community health workers. Since the past few years, she has been doing research, documentation and advocacy for women community health workers in large scale public health care programs. She is interested in the gender issues, rights and professional development of women health workers. She also runs an e-platform called Ashavani (http://www.ashavani.org). She is also a member of the HIFA Working Group on Community Health Workers: http://www.hifa.org/projects/community-health-workers Email address: kavbha AT gmail.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (95) How to bridge community and health systems (7)

Dear HIFA colleagues,

Below are the citation and abstract of a new paper in the open access journal Human Resources for Health. It speakes directly to our question on How to bridge community and health systems...

The authors note (in the full text): 'VHTs assumed an ambiguous position between the community and the formal health care system, but their work reflected an extension of the formal health care structure into the community curtailing mutual linkages with the community as an integral part of the process... there is need to plan for better transition of interventions like VHTs from NGO to government run programs'. This begs the question: How?

CITATION: Linking communities to formal health care providers through village health teams in rural Uganda: lessons from linking social capital

Laban Kashaija Musinguzi, Emmanueil Benon Turinawe, Jude T. Rwemisisi, Daniel H. de Vries, David K. Mafigiri, Denis Muhangi, Marije de Groot, Achilles Katamba and Robert Pool
Human Resources for Health 2017 15:4
DOI: 10.1186/s12960-016-0177-9

ABSTRACT

Background: Community-based programmes, particularly community health workers (CHWs), have been portrayed as a cost-effective alternative to the shortage of health workers in low-income countries. Usually, literature emphasises how easily CHWs link and connect communities to formal health care services. There is little evidence in Uganda to support or dispute such claims. Drawing from linking social capital framework, this paper examines the claim that village health teams (VHTs), as an example of CHWs, link and connect communities with formal health care services.

Methods: Data were collected through ethnographic fieldwork undertaken as part of a larger research program in Luwero District, Uganda, between 2012 and 2014. The main methods of data collection were participant observation in events organised by VHTs. In addition, a total of 91 in-depth interviews and 42 focus group discussions (FGD) were conducted with adult community members as part of the larger project. After preliminary analysis of the data, we conducted an additional six in-depth interviews and three FGD with VHTs and four FGD with community members on the role of VHTs. Key informant interviews were conducted with local government staff, health workers, local leaders, and NGO staff with health programs in Luwero. Thematic analysis was used during data analysis.

Results: The ability of VHTs to link communities with formal health care was affected by the stakeholder' perception of their roles. Community members perceive VHTs as working for and under instructions of 'others', which makes them powerless in the formal health care system. One of the challenges associated with VHT' linking roles is support from the government and formal health care providers. Formal health care providers perceived VHTs as interested in special recognition for their services yet they are not 'experts'. For some health workers, the introduction of VHTs is seen as a ploy by the government to control people and hide its inability to provide health services. Having received training and initial support from an NGO, VHTs suffered transition failure from NGO to the formal public health care structure. As a result, VHTs are entangled in power relations that affect their role of linking community members with formal health care services. We also found that factors such as lack of money for treatment, poor transport networks, the attitudes of health workers and the existence of multiple health care systems, all factors that hinder access to formal health care, cannot be addressed by the VHTs.

Conclusions: As linking social capital framework shows, for VHTs to effectively act as links between the community and formal health care and harness the resources that exist in institutions beyond the community, it is important to take into account the power relationships embedded in vertical relationships and forge a partnership between public health providers and the communities they serve. This will ensure strengthened partnerships

and the improved capacity of local people to leverage resources embedded in vertical power networks.
--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare knowledge - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Martin Carroll, UK" <martinmichaelcarroll@icloud.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (96) Citizens and health misinformation

Thanks very much to Joseph and Enoch for your insights - and also to Romiya for sharing the statement by Dr Bell. Already we see that it is not simply a question of whether accurate healthcare information is available or not. Even if it is, it would seem to face some very entrenched competition from a range of issues. Lack of skilled healthworkers (due to the brain drain) and the resulting tendency of people to rely on non-skilled groups for information and even treatment, find help through social media, or consult family members all have a huge impact.

In his statement, Dr Bell goes even further and suggests that many African-Americans have chosen to embrace bad medical information to the point where it doesn't matter if you are educated or not, you can still die because your cancer wasn't detected in time.

Taking all these issues together, I'd like to ask HIFA members to consider what is quite a controversial but crucial question:

In your experience, how common is it that citizens will choose misinformation, cultural norms, unskilled healthworkers, family members and social media, even where accurate healthcare information is already available locally?

Thanks
Martin

HIFA profile: Martin Carroll was previously Head of the International Department at the British Medical Association, London UK, and has worked on issues affecting health in LMICs since 2003. He represented the BMA on the HIFA Steering Group from 2008-16 and is now an independent adviser to the group. Email: martin_c63 AT hotmail.com

From: "Carol Namata, Uganda" <carolnamata1@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (97) Q2 How to meet the needs of CHWs? (7) Uganda CHWs

on WhatsApp (3)

Whatsapp group discussions of VHTs [*] from Uganda. The following are their views on how their needs are being addressed.

"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."

"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."

Where are the gaps?

"The VHT programme is not sustainable."

"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."

"We need regular training sessions to refresh our selves and improve on our skills and knowledge."

"The government should also train us about Income generating activities for development purposes."

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

HIFA profile: Carol Namata is an Environmental Health Officer at Makerere University School of Public Health in Uganda. Professional interests: Health promotion in communities. carolnamata1 AT gmail.com

[*Note from HIFA moderator (Neil PW): VHTs = Village Health Teams]

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (98) Implementation research (102) CHWs in Liberia

Dear HIFA colleagues,

I was interested to see this paper in the current issue of the WHO Bulletin (February 2017). The full text is freely available here:
http://www.who.int/bulletin/volumes/95/2/16-175513/en/

The paper describes itself as 'implementation research'. However, my understanding of implementation research (from the discussion we held on HIFA last year) is that implementation research starts by identifying and then exploring one or more research questions that relate to *how* better to implement a proven policy or practice. The current paper is perhaps better described as a health systems intervention (without explicit research question) with before-and-after measurement of health outcomes. Despite several weeks of discussion in 2016 of what is and what isn't Implementation Research, I am not sure I am yet clear. As we discussed last year, all of us - and especially funders and policymakers - need to be crystal-clear what implementation research is if we are to expect it to be properly supported.

I hope perhaps one of the authors, or IR experts on HIFA, can clarify.

CITATION: Implementation research on community health worker' provision of maternal and child health services in rural Liberia
Peter W Luckow, Avi Kenny, Emily White, Madeleine Ballard, Lorenzo Dorr, Kirby Erlandson, Benjamin Grant, Alice Johnson, Breanna Lorenzen, Subarna Mukherjee, E John Ly, Abigail McDaniel, Netus Nowine, Vidiya Sathananthan, Gerald A Sechler, John D Kraemer, Mark J Siedner & Rajesh Panjabi
Bulletin of the World Health Organization 2017;95:113-120. doi: http://dx.doi.org/10.2471/BLT.16.175513

ABSTRACT
Objective: To assess changes in the use of essential maternal and child health services in Konobo, Liberia, after implementation of an enhanced community health worker (CHW) programme.

Methods: The Liberian Ministry of Health partnered with Last Mile Health, a nongovernmental organization, to implement a pilot CHW programme with enhanced recruitment, training, supervision and compensation. To assess changes in maternal and child health-care use, we conducted repeated cross-sectional cluster surveys before (2012) and after (2015) programme implementation.

Findings: Between 2012 and 2015, 54 CHWs, seven peer supervisors and three clinical supervisors were trained to serve a population of 12 127 people in 44 communities. The regression-adjusted percentage of children receiving care from formal care providers increased by 60.1 (95% confidence interval, CI: 51.6 to 68.7) percentage points for diarrhoea, by 30.6 (95% CI: 20.5 to 40.7) for fever and by 51.2 (95% CI: 37.9 to 64.5) for acute respiratory infection. Facility-based delivery increased by 28.2 points (95% CI: 20.3 to 36.1). Facility-based delivery and formal sector care for acute respiratory infection and diarrhoea increased more in agricultural than gold-mining communities. Receipt of one-or-more antenatal care sessions at a health facility and postnatal care within 24 hours of delivery did not change significantly.

Conclusion: We identified significant increases in uptake of child and maternal health-care services from formal providers during the pilot CHW programme in remote rural Liberia. Clinic-based services, such as postnatal care, and services in specific settings, such as mining areas, require additional interventions to achieve optimal outcomes.
--

Best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare knowledge - Join HIFA: www.hifa.org

HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org) and current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Netradipa Pradip Patil, India" <n.patil0723@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (99) Do CHWs have adequate opportunities to be heard? (7)

Very nice discussion and very proud feel. Netradipa Patil, Health worker, from India.

HIFA profile: Netradipa Pradip Patil is working as an ASHA worker (Accredited Social Health Activists) at the National Rural Health Mission of Indian Government, India. n.patil0723 AT gmail.com

From: "Netradipa Pradip Patil, India" <n.patil0723@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (100)

Dr. Neil, we feel very nice and proud of that all world dicussation and listing our problems and every one speaks and we shall hopes that everything thing is in future be better for us. Netradipa Patil, From India

HIFA profile: Netradipa Pradip Patil is working as an ASHA worker (Accredited Social Health Activists) at the National Rural Health Mission of Indian Government, India. n.patil0723 AT gmail.com

From: "Carol Namata, Uganda" <carolnamata1@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (101) Do CHWs have adequate opportunities to be heard? (8) Uganda CHWs on WhatsApp (4)

Below are the views of Village Health Teams (VHTs) from Uganda through their Whatsapp group discussions.

From their discussions, they have not had enough avenues for their voices to be heard apart from the few meetings and training sessions held for them by health centre incharges and NGOs respectively.

They emphasize that when listened to, their requuests 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."

VHTs appreciated the Whatsapp group as a new avenue for their voices and hoped that their concerns could reach their superiors.

They requested for talk shows on Radios and Televisions for delivery of health messages and recognition in communities.

They also requested for community centres ass a meeting point with their leaders.

"If we get community centres, it will be easier for us to hold monthly meetings with our leaders. This way we could tell them about our problems."

HIFA profile: Carol Namata is an Environmental Health Officer at Makerere University School of Public Health in Uganda. Professional interests: Health promotion in communities. carolnamata1 AT gmail.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (102) Q4: What are the mental health and psychosocial needs of CHWs?

Dear all,

Thank you so much for all your contributions so far. We now move into week 4 of our thematic discussion on CHWs.

Q4: "What are the mental health and psychosocial needs of CHWs? How can these needs be better addressed?"

Are there any studies on this issue? Are CHWs at increased risk of stress, depression or other mental health issues? If so, what are the causes and how can these be minimised?

What are the psychosocial needs of CHWs? The term 'psychosocial' here might refer not only to mental health, but also to social, cultural, and ethnic identity, and values and beliefs. How are CHWs perceived in their community and how do they perceive themselves? How might the positive aspects be strengthened? How might any negative aspects (if they are present) be minimised?

What about the relationships CHWs have with members of their community, with local communnity leaders, with other members of the village health team or equivalent, and with other health professionals?

Psychosocial needs may also refer to a person's sense of fulfilment - their life purpose and their mission and goals. Some CHWs may have ambitions to progress, whether to become CHWs with special skills, CHW trainers, or to enter into nursing or other health professional training - what are the opportunities for them to do so?

We look forward to hear your views around these questions.

I would like to take this opportunity to thank again Kavita Bhatia and Carol Namata for advocating on behalf of ASHAs in India and CHWs in Uganda, respectively. The ongoing inputs of the ASHAs and CHWs with whom you are communicating on WhatsApp, in the local language, are truly amazing. Please convey our thanks to all and we are eager to learn more.

With best wishes, Neil

Let's build a future where people are no longer dying for lack of healthcare knowledge - Join HIFA: www.hifa.org