



HIFA Thematic Discussion on Community Health Workers

Compilation of messages

Week 4: 6 - 12 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 4th week of our discussion on CHWs.

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

Carol Namata (Uganda) 2
Charles Eziuzor (Nigeria)
Charles Ssemugabo (Uganda)
David Musoke (Uganda) 2
Hannah Faal (Nigeria)
Jean Bosco Gasherebuka (Rwanda)
Kavita Bhatia (India)
Marg Docking (USA)
Mickey Rostoker (Canada)
Muhereza Chrisestome (Uganda)
Polly Walker (UK)

From: "Charles Ssemugabo, Uganda" <cssemugabo@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (103) Q4: What are the mental health and psychosocial needs of CHWs? (2) Community perceptions of CHWs

Dear colleagues,

How CHWs are perceived is a very important aspect of CHW programmes that shapes uptake of the interventions promoted or offered by CHWs in the community. One of the conditions considered in their selection is their moral values and integrity in their communities.

However, this does not grant respect and trust from the community. The notion of respect and trust by the community has been mentioned as a challenge to their work. This also explains why CHWs value support supervision as this identifies their work with the health facilities and approves their work to the public.

Charles Ssemugabo

Department of Disease Control and Environmental Health

Makerere University School of Public Health
P.O.Box 7072 Kampala, Uganda
Email: cssemugabo@musph.ac.ug; cssemugabo@gmail.com
Tel: +256779625182 / +256706066096
Skype: Charles Ssemugabo
Twitter: @cssemugabo8

HIFA profile: Charles Ssemugabo is a Research Associate at the Makerere University School of Public Health in Uganda, and has a professional interest in research and community service. Email address: cssemugabo AT gmail.com

From: "Mickey Rostoker, Canada" <mrostoker@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (104) Do CHWs have adequate opportunities to be heard?
(9) Uganda CHWs on WhatsApp (5)

Hello Carol:

I agree with the comments from the VHTs that you have presented.

Funding is needed, but even without funding, some local volunteer initiatives could be started.

Community centers would be nice, but they are expensive to build and maintain.

Why not use existing structures, such as health centers and schools for the meetings?

It is very difficult to organize in Uganda.

There is very little history of dialogue in communities.

Everything gets done from top down, so people are not used to expressing ideas and getting things done.

I am with a university group that has been working in Masaka & Mbale area every year for 10 years.

We will continue to dialogue with communities.

Yours in the struggle.

Mickey

Jean-Francois (Mickey) Rostoker
BA, MD, CCFP, FCFP
Associate Clinical Professor/Family Practice/University of British
Columbia/Vancouver/Canada
Assistant Clinical Professor/Family Medicine/University of Saskatchewan/Regina/Canada

HIFA profile: Mickey Rostoker is Associate Clinical Professor, Family Medicine (MD, FCFP) at University of British Columbia, Vancouver, Canada. Professional interests: Empowering health workers in primary care, Upgrading skills of TBAs in developing

countries, Postabortal care training in developing countries, mentoring midwifery students. He is a HIFA Country Representative: <http://www.hifa.org/people/country-representatives> Email: mrostoker AT gmail.com

From: "Hannah Faal, Nigeria" <hbfaal@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (105) Q4: What are the mental health and psychosocial needs of CHWs? (3) Role of CHWs in slums

The discussions so far seem to address CHWs and volunteers in our health systems as applicable to our rural populations in LMIC.

However growing very rapidly in LMIC but not really addressed are slums whether defined at the household level and or by neighbourhoods. Slums are unique communities, unique demographics with very special needs and very little information on the community health systems or workers. Policies specific to and responsive to the peculiarities of slums are negligible. There are informal health providers eg patent medicine vendors, self medication is the preferred form of practice.

As we discuss universal health coverage and the essential role of CHWS, we should address what kind of CHWs will be required in slums and the health system to interact with and provide the supportive supervision (and this may be a slum adaptation of the rural equivalent or something completely new). Peculiar to the slums is the critical role of the neighbourhood spaces and its role in health and thus the role of the CHWs in addressing neighbourhood challenges; a different kind of person from the rural CHW.

The mental health issues and the psychosocial needs of the slum CHW will thus be quite different. The opportunity we have is that a slum community health service is a new area in which we could get things right backed by research at every stage.

Hannah Faal

HIFA profile: Hannah Faal is an Adjunct Professor, Consultant and Adviser, International Eye Health, at University of Calabar and Teaching Hospital, Nigeria. hbfaal AT gmail.com

From: "Carol Namata, Uganda" <carolnamata1@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (106) Uganda CHWs on WhatsApp (6)

Dear colleagues,

These are the views of Ugandan Village Health Teams (VHTs) from their Whatsapp group discussions.

Participate in planning meetings

"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."

Transport allowances

"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."

Sports activities

"We need to engage in sports activities and will be very grateful if they are organised for us. These activities will bring us closer as VHTs."

Special attention

"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."

Exchange visits

"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."

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: "Muhereza Chrisestome, Uganda via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (107) Role of Community Health Workers in attainment of the Sustainable Development Goals

Dear All!

Role of Community Health Workers in attainment of the Sustainable Development Goals.

Sustainability:

CHW productivity will be determined in large part by the conditions under which they work. Attention to the provision of an enabling work environment for CHWs will be essential for achieving high levels of productivity.

Our model of operation encompasses four essential elements like, workload, supportive supervision/mentorship, supplies and equipment, and respect from the community and the health system, this has greatly improved their productivity. Our project principle, is that if CHWs have a manageable workload in terms of a realistic number of tasks and clients, an organized manner of carrying out these tasks, a reasonable geographic distance to cover, the needed supplies/ equipment, a supportive supervisor, and respect and acceptance from the

community and the health system, they can function more productively and contribute to an effective community-based strategy.

Conclusions

As more countries look to scale up CHW programmes or shift additional tasks to CHWs, it is critical to pay attention to the elements that affect CHW productivity during programme design as well as implementation. An enabling work environment is crucial to maximize CHW productivity. Policy-makers, programme managers, and other stakeholders need to carefully consider how the productivity elements related to the work environment are defined and incorporated in the overall CHW strategy. Establishing a balance among the four elements that constitute a CHW's work environment will help make great strides in improving the effectiveness and quality of the services provided by CHWs.

Muhereza Chrisestome

Community Health Worker Manager, based in Karamoja-Uganda.

Qualification:

Medical Clinical officer, Social Worker and Public Health and Leadership Specialist.

Muhereza Chrisestome

Community Health Worker Program Manager,
UNOPS-MILLENIUM PROMISE ALLIANCE
+256783156896.

HIFA profile: Muhereza Chrisestome works for the Millennium Villages Project in Uganda. His focus is basically on reducing maternal and infant mortality/morbidity, reducing the prevalence of HIV/AIDS/STDS, Sanitation and hygiene, Increasing case finding for tuberculosis/CB-DOTS and general health. muhereza2003 AT yahoo.com

From: "Jean Bosco Gasherebuka, Rwanda" <gasherebukab@who.int>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (108) Role of Community Health Workers in attainment of the Sustainable Development Goals (2)

Dear Chrisestome,

You are right! In Rwanda, we just finalized in December 2016 the review of the Community Health Program and the conclusions were highlighting the same key points. The Ministry of Health and partners are planning now to implement the recommendations and a special attention will be put on these aspects. The first Community health policy was done in 2003.

HIFA profile: Jean Bosco Gasherebuka works with World Health Organization/Rwanda as Health Information and Promotion Officer. His interests include Health Promotion, Health Community, School Health, Fighting against tobacco and other non communicable diseases and Health Information in general. gasherebukab AT rw.afro.who.int

From: "Kavita Bhatia, India" <kavbha@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (109) A project for your consideration: A day in the life of a CHW

Dear All,

The Ashas have shared some photographs of them at work.

https://photos.google.com/share/AF1QipODeAhDSU2dauhyzB3spwh1-YQacmAI8_BXROzepCWIhmKocl2SDfueFXxt8PwOwg?key=X0tsdS1JdENOS0NVVC11WXVVelF5dUcyRktFNFIR

Would it not be a wonderful project for other CHWs to add their photos, and to make a photo album?

I am also happy to share my interview, put up on currently on CHW Central.

<http://www.chwcentral.org/blog/tomorrows-chws-promoting-gender-equity-and-empowerment-women>

Regards,
Kavita

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: "David Musoke, Uganda" <dmusoke@musph.ac.ug>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (110) Role of Community Health Workers in attainment of the Sustainable Development Goals (3)

Dear Chrisestome,

You raise some very important points regarding performance and sustainability of CHW programmes. I hope you will be attending the international symposium on CHWs in Kampala, Uganda that will be held from 21st to 23rd February 2017 (<http://chwsymposium.musph.ac.ug/>) where those issues will further be discussed.

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> Email: dmusoke AT musph.ac.ug

From: "Polly Walker, UK" <polly.walker78@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (111) Role of Community Health Workers in attainment of the SDGs (4) Visions of CHWs in the SDG era

Dear Jean, [Jean Bosco Gasherebuka, Rwanda]

A fascinating discussion - and I look forward to seeing what Rwanda have come up with in the revised model, as you have been trailblazers, influencing heavily what other countries have done. I fully agree with the previous point about workforce strengthening, and as we move towards the SDGs its very clear that we have massively undervalued the role of CHWs. We simply cannot achieve the SDGs for health without them, and in the majority of countries CHWs are the critical link between the states and the most vulnerable. The CHWs of the SDG era will need to make a shift away from vertical and simplistic "health information" interactions, towards a social model of health - being equipped to face the complex needs of a shifting demographic, food insecurity, gender violence and social inequalities. This approach has already been taken by the governments of Ghana and Kenya in adopting a "Healthy families" model in which the needs of all members of a family are considered within an overarching concept of social/medical vulnerability <http://bit.ly/2kbjUWZ> .

Visions of the CHWs in the SDG era is the subject of my interview series for CHW central currently in the run up to the SDG symposium later this month.

Read the latest interviews on CHWs and gender, mental health, social determinants, and ending extreme hunger and malnutrition
<http://www.chwcentral.org/>

Its an optimistic vision of course - but as we start with the fundamentals and build from the abse - we need a workforce that is equipped, empowered, protected, trained and salaried!

Polly Walker

World Vision International

HIFA profile: Polly Walker is CHW programming Advisor at World Vision International, UK. Professional interests: CHW, gender, global health, health systems strengthening. In her role with World Vision she supports one of the largest portfolios of CHW programming including over 200,000 CHWs in 48 country programmes. She also co-authored Timed and Targeted Counselling: a comprehensive course for CHWs, the CHW Principles of Practice, and has developed several Mobile applications, now used in 16 countries. She recently was the technical lead on the development of Ghana's National CHW Curriculum, and is supporting similar nationalisation efforts in Sierra Leone and Kenya in which TTC is assimilated into the national programme. She is a passionate advocate of male involvement, early child development, mental health and using systems approaches to address health equity. She is a member of the HIFA Working Group on CHWs:
<http://www.hifa.org/projects/community-health-workers> Email address: polly_walker AT wvi.org

From: "Charles Eziuzor, Nigeria" <eziuzorcharles@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (112) Information on CHWs in Nigeria context and more specifically Southern Nigeria

Dear colleagues,

I am pleased to have learnt a whole lot from all of you. And the vacuums identified are the force behind my prompting to do my MSc dissertation on CHWs performance assessment with the south eastern Nigerian context. Please anyone with a useful info or contact can help me via this link. eziuzorcharles@gmail.com or +2348067753754. Thank you

Charles EZIUZOR
Scientists and Health systems Researcher
Federal Teaching Hospital Abakaliki

HIFA profile: Eziuzor Charles Arinze is scientific Officer at the Federal Teaching Hospital, Abakaliki, in Nigeria. Professional interests: Health Research and projects, Monitoring and Evaluation and Health Development programs. eziuzorcharles AT gmail.com

From: "Marg Docking, USA" <marg@wisechoicesforlife.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (113) Training in basic reproductive health

Dear Dr David Musoke

The work of CHW is so important in preventative health.

Can I also bring your attention to the work of Wise Choices For Life that empowers future generations with professional training in basic reproductive health. Reaching faith and civic leaders from non medical backgrounds both males and female who interact with the youth we are encouraging responsible parenthood with knowledge and life skills.

www.wisechoicesforlife.org

This work can be spread to your conference for awareness of this midwifery public health initiative.

Regards

Marg Docking
Director
Wise Choices for Life

The Vision of Wise choices For life is to empower vulnerable youth with Knowledge and Life Skills in Reproductive Health to become responsible parents, leading to poverty reduction.

M - +661 (0)423 096 285
E - marg@wisechoicesforlife.org
W - www.wisechoicesforlife.org

HIFA profile: Marg Docking is founder and director of Wise Choices for Life, which empowers vulnerable men and women in the child bearing age group in Uganda with reproductive health knowledge and skills to break the poverty cycle. marg AT wisechoicesforlife.org

From: "David Musoke, Uganda" <dmusoke@musph.ac.ug>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (114) Training in basic reproductive health (2) Using photography to explore community health issues

Dear Marg,

Thank you for the message. Your work is very impressive, and from my research on maternal health using photovoice in Wakiso district in Uganda [*see note below], I know that youth (and indeed local leaders) have a key role to play in reproductive health.

It would be great that the work of Wise Choices for Life is shared at the forthcoming symposium on Community Health Workers. Given you are doing a lot of work in Uganda, are any of your colleagues attending the symposium? There is an opportunity to exhibit your work at the event.

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@musph.ac.ug

[*Note from HIFA moderator (Neil PW): Below is the citation and abstract of a paper on this topic:

Reprod Health Matters. 2015 May;23(45):136-47. doi: 10.1016/j.rhm.2015.06.011. Epub 2015 Jul 29.

Using photovoice to examine community level barriers affecting maternal health in rural Wakiso district, Uganda.

Musoke D, Ekirapa-Kiracho E, Ndejjo R, George A.

<https://www.ncbi.nlm.nih.gov/pubmed/26278841> [restricted access]

ABSTRACT

Uganda continues to have poor maternal health indicators including a high maternal mortality ratio. This paper explores community level barriers affecting maternal health in rural Wakiso district, Uganda. Using photovoice, a community-based participatory research approach, over a five-month period, ten young community members aged 18-29 years took photographs and analysed them, developing an understanding of the emerging issues and engaging in community dialogue on them. From the study, known health systems problems including inadequate transport, long distance to health facilities, long waiting times at facilities and poor quality of care were confirmed, but other aspects that needed to be addressed were also established. These included key gender-related determinants of maternal health, such as domestic violence, low contraceptive use and early teenage pregnancy, as well as problems of unclean water, poor sanitation and women's lack of income. Community members appreciated learning about the research findings precisely hence designing and implementing appropriate solutions to the problems identified because they could see photographs from their own local area. Photovoice's strength is in generating evidence by community members in ways that articulate their perspectives, support local action and allow direct communication with stakeholders.]

From: "Carol Namata, Uganda" <carolnamata1@gmail.com>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] CHWs (115) Q5: Are we expecting too much of CHWs? (1) Uganda CHWs on WhatsApp (7)

Dear colleagues,

Below are the views of Ugandan VHTs from their Whatsapp group following their discussion on QN.5.

[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?]

"The government expects a lot from us yet we are not paid. During home visits, its 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."

"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."

"The government should know that we play an important role as we are the first health centres in our communities. On that basis, we should be given some transport allowances together with refresher trainings to improve on our knowledge and skills."

"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."

Carol Namata

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