HIFA Thematic Discussion on Community Health Workers

Compilation of messages

Week 5: 13 - 20 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 5th week of our discussion on CHWs.

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

Alhassan Aliyu Gamagira (Nigeria)
Bolaji Akerele (Nigeria)
Carol Namata (Uganda)
David Musoke (Uganda)
Eben Afari-Kumah (Ghana)
HIFA-Portuguese member (Brazil)
HIFA-Portuguese member (Guinea Bissau)
Jean Bosco Gasherebuka (Rwanda)
Jill M. Peterson (USA)
Joseph Ana (Nigeria)
Kausar Skhan (Pakistan)
Kavita Bhatia (India)
Laura Hoemeke (USA)
Linda Gibson (UK)
Massimo Serventi (Tanzania)
Moderator (Neil PW) 9
Obi Egbuniwe (USA) 3
Ochiawunma Ibe (USA)
Romiya Barry (USA)
Ruth Martis (New Zealand) 2
Sunanda Kolli Reddy (India) 2

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (116) Thank you to our contributors so far
Dear all,

On behalf of the HIFA working group on Community Health Workers I would like to thank all those who have contributed their experience and expertise to the first four weeks of this

rich 6-week discussion (see below). We have had 115 contributions from 50 HIFA members in 16 countries (Burundi, Cameroon, Canada, Ethiopia, India, Iran, Japan, Kenya, Netherlands, Nigeria, Pakistan, Rwanda, Switzerland, Uganda, UK, USA). Please continue to contribute by sending an email to: hifa@dgroups.org

CONTRIBUTORS
Abhi Goyal (USA) 2
Abimbola Olaniran (UK) 2
Agoustou Gomis (Burundi)
Alex Little (UK)
Alhassan Aliyu Gamagira (Nigeria) 2 messages
Carol Namata (Uganda) 5
Chandrakant R Revankar (USA)
Charles Eziuzor (Nigeria)
Charles Ssemugabo (Uganda)
David Musoke (Uganda) 6
Dennis Odwe (Uganda)
Donna Bjerregaard (USA)
Elizabeth W Ridgway (USA)
Enoch Chiedu Chiejina (Nigeria)
G Karanja (Kenya)
Hannah Faal (Nigeria)
Jean Sack (USA)
Jean Bosco Gasherebuka (Rwanda)
Jenny Ure (UK)
Jenny Yamamoto (Japan)
John Miescher (Switzerland)
Joseph Ana (Nigeria) 4
Judith Tchuenkam Sandrine Nem (Cameroon)
Kausar Skhan (Pakistan) 10
Kavita Bhatia (India) 14
Khalid Iqbal (Pakistan)
Lucie Byrne-Davies (UK)
Maisam Najafizada (Canada) 2
Malcolm Brewster (UK)
Marg Docking (USA)
Margaret Nanteza Hasasha (Uganda)
Martin Carroll (UK) 2
Maryse Kok (Netherlands)
Meghan Brucekumar (Kenya)
Mickey Rostoker (Canada)
Miriam Taegtmeyer (UK)
Moderator (Neil PW) 17
Mohammad Ali Barzegar (Iran) 5
Muhereza Chrisestome (Uganda)
Netradipa Pradip Patil (India)
Polly Walker (UK)

Ram Shrestha (USA)
Remi Akinmade (Nigeria)
Romiya Barry (USA) 3
Rosalind Steege (Ethiopia) 3
Sally Theobald (UK)
Samuel Senfuka (Uganda)
Sharon Bright Amanya (Uganda) 4
Sunanda K Reddy (India)
Thomas Matete (Kenya)

With best wishes, Neil

HIFA Project on Community Health Workers
http://www.hifa.org/projects/community-health-workers

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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 (117) Download the full text of the discussion

Dear HIFA colleagues,

Download the full text of the discussion so far (click on Publications):
http://www.hifa.org/projects/community-health-workers

The discussion is available in four weekly instalments.

Please keep your contributions coming by email to hifa@dgroups.org

Background information and questions are here:
http://www.hifa.org/news/join-hifa-thematic-discussion-community-health-workers-starting-16-january-2017

With thanks to our sponsors for this thematic discussion: The Lancet, Reachout Project/Liverpool School of Tropical Medicine, World Vision International and USAID Assist Project.

Best wishes, Neil

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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: "Laura Hoemeke, USA" <lhoemeke@intrahealth.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (118) Who do CHWs belong to?

Dear colleagues,

I would appreciate hearing your viewpoints on the question: â€œWho do CHWs belong to?â€ □

Some countries seem to be experiencing tension between formalizing (and paying) the cadre of CHW, and yet wanting communities also to support CHWS and to feel that CHWs are working for THEM. Much evidence shows that CHWs are more productive and more likely to keep working when they are officially recognized and remunerated. Do you think that this should be centralized (i.e. formalized by national policies) or decided at decentralized district or community levels?

Laura Hoemeke, MPH, DrPH | Director, Communications & Advocacy
IntraHealth International | Because Health Workers Save Lives.
6340 Quadrangle Drive, Suite 200 | Chapel Hill, NC 27517
t. +1 (919) 433-5720 | m. +1 (919) 360-7799
lhoemeke@intrahealth.org
twitter | facebook

HIFA profile: Laura Hoemeke is Director of Strategic Communications at IntraHealth International, USA. Professional interests: communications, human resources for health, reproductive health, community health. lhoemeke AT intrahealth.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (119) Q5: Are we expecting too much of CHWs? (2)

Dear all,

We now enter the 5th week of our thematic discussion on Community Health Workers, leading into the Symposium on Community Health workers and their contribution towards the Sustainable Development Goals, 21-23 February 2017, Kampala, Uganda.

This week we turn our attention to Question 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?"

We have already heard today the initial responses of Uganda CHWs to this question (thanks to CHW advocate Carol Namata). These responses suggest that all is not well from the perspective of CHWs themselves, particularly around workload and remuneration. We look forward to hearing more from them and from other CHWs worldwide.

The very fact that we are asking the question "Are we expecting too much of CHWs?" suggests that many of us think the answer is a resounding Yes. It seems there is a fine line between valuing CHWs for the many things they can do (as has been shown time and time again), to overloading them with roles and responsibilities for which they are often given inadequate support.

What do you think? Email your thoughts to hifa@dgroups.org

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

From: "Kavita Bhatia, India" <kavbha@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (120) Q4: What are the mental health and psychosocial needs of CHWs? (4) ASHAs on WhatsApp (6)

Neil had said "Psycho social 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?"

I asked the WhatApp group what were their professional dreams and what opportunities they see for themselves. Here is what they said:

1. Want to go forward but need a well defined position to start with

"Yes I want to go forward definitely"

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

"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"

2. Want to serve at the village level but with job security and enhanced skills

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

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

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

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

3. Want to participate in improving the services at the local level

"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"

4. Want channels for addressing their grievances

5. I asked how they would like to respond to the view that a fixed payment and post would make the Ashas complacent and neglectful.

Some Ashas said a blanket no that cannot happen.
Some said that is impossible because we are in the community and directly answerable.
Some said we are committed to our community and will never cheat them.
Some said the community trusts us completely and we will not let them down

My research of 2013 showed that altruism and aspiration co exist in Ashas. Here is a quote from a Asha who wrote yesterday:

"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."

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: "Linda Gibson, UK" <linda.gibson@ntu.ac.uk>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (121) Introduction: Amdani Juma, UK (2) Role of Community Health Workers in attainment of the SDGs (5)

Amdani you have lots of experience of working at community level across a whole range of sectors particularly amongst African and refugee groups. As an African working in the UK what's your perception of the contribution you and your fellow chws can make to the SDGS?

HIFA profile: Linda Gibson is a Senior Lecturer in Public Health at Nottingham Trent University, UK. Professional interests: Programme Leader MA Public Health; links with Uganda and other African countries; health romotion/ community development; interface between biomedicine and traditional healing; health systems; health governance; patient safety and human rights. Email address: linda.gibson@ntu.ac.uk

From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (122) Q5: Are we expecting too much of CHWs? (3) Uganda CHWs on WhatsApp (8)

Hi Carol,

Thank you for your posting on this discussion. All HWs should be paid refunds for their 'out-of-pockets' including transportation, snacks, air time, etc. To inform employers and health authorities, in Nigeria, we have shortened the definition of 12-Pillar Clinical Governance to 'PROTECTING PATIENTS, SUPPORTING HEALTH PRACTITIONERS, IN TANDEM'. Without supporting health workers whether voluntary or employed, there can be no progress to protecting patients.

We are surprised that VHW cover their out-of-pocket like transport!. We suggest that Volunteer Health Workers (VHWs) in any other country in similar situation, should approach the authorities to rectify it. Motivated staff of any definition perform better!

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: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (123) Tomorrow's CHWs (1) CHWs role in mental health care

Dear HIFA colleagues,

'As part of the â€˜Symposium on CHWs and Their Contribution Towards the Sustainable Development Goalsâ€™ Makerere University (Uganda), CHW Central, Nottingham Trent University (UK), and World Vision are supporting a series of interviews with academic leaders and experts in international health development and delivery fields to provide their vision of the future of CHWs in a new light.' Below are extracts from one of these interviews, with Dr. Alison Schafer. The full text of the interview is freely available here: http://www.chwcentral.org/blog/tomorrows-chws-promoting-mental-health-and-wellbeing

'Dr. Alison Schafer is trained in clinical psychology specialising in Mental Health and Psychosocial Support (MHPSS). Her experience includes humanitarian responses to Sierra Leoneâ€™s Ebola crisis, the protracted Syria conflict and in the occupied Palestinian territories of West Bank and Gaza. She has conducted research into cross-cultural mental health issues facing people in South Sudan, as well as mental health and psychosocial programs in China, Sri Lanka, Haiti, Darfur, Kenya and Uganda, amongst others...'

Q: What is your vision of how â€˜tomorrowâ€™s CHWsâ€™ could be working better in the domain of mental health?

A: ... To deliver such mental healthcare coverage moving forward, CHWs are going to be the key to achieving this outcome.

Q: Why CHWs? What is the unique contribution of this cadre to mental health?

A: ... CHWs usually visit clients in their homes and are well trusted in the communities. They know their clients individually and the relevant members of their client families. They routinely visit clients for health issues; and in this process might be the first to observe that certain clients are not coping well, are showing impaired functioning or psychological distress. As frontline health workers, CHWs can offer first line support where needed and help to facilitate the mental health care individuals require... No other cadre of health worker has opportunity to offer all these aspects of support...

Q: What are the best ways that CHWs could work to contribute to the â€œprevention and treatmentâ€ being and promotion of â€œmental healthâ€ described in

A: ... CHWs can be trained to identify and possibly treat common and less severe mental health problems before they worsen... CHWs are at the frontline of community health and best placed to be the first to identify and intervene where needed.

Q: What resources, skills and policies will be needed to see this change come about?

A: One of the great global debates today is whether it is realistic, fair and just to be asking CHWs to continue working on what is mostly a â€˜volunteerâ€™ basis... Although consideration to pay a CHW in health systems would incur substantial government health investment, the returns would irrefutable in the long term, resulting in healthier communities and less burden of healthcare at the primary, secondary and tertiary levels...

Q: Mental health services at the primary and secondary care levels are often lacking in developing nations should these be in place before we cann work with MHPSS at community level?

A: ... it is generally viewed that formalised mental health services do not need to be in place before we can work with MHPSS programs at the community level. However, the level and extent of care that can and should be provided needs to be carefully considered as part of determining what MHPSS services are implemented. For instance, in a community with zero referral options the focus on wider community mental health promotion and prevention of disorder might be a better aspect of focus than training CHWs to identify more complex cases of mental disorder...

Q: Any final thoughts and comments?

A: Surprisingly, despite the demand for child and youth interventions in MHPSS, these are largely lacking, with current evidence-based approaches being focused on adult populations...

--
Best wishes, Neil

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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: "Obi Egbuniwe, USA via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (124) Reimbursement of expenses

Hi All,

Volunteering in any capacity is a worthy cause. Kudos to all the volunteers.

The idea of reimbursing out-of-pocket cost including transportation etc contradicts the purpose and true meaning of the word VOLUNTEER. Volunteering is voluntary. When you elect to volunteer your time and services, it is at no cost unless stipulated by the organization as a reward. This is a global best practice. Once volunteers start receiving stipends of any sort, it will water down the objective and more importantly, abused.

Obi Egbuniwe, CPHIMS
Houston, Texas
Twitter @Obiora1

HIFA profile: Obi Egbuniwe is Director of Clinical Informatics at the United Surgical Partners International in the USA. Professional interests: Adviser/Consultant in digital/population health in underprivileged regions globally especially the Sub-Saharan. obiora1 AT yahoo.com

From: "Eben Afari-Kumah, Ghana" <eben.afari@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (125) Reimbursement of expenses (2)

Hello Obi, I agree with you when you stated that "once volunteers start receiving stipends of any sort, it will water down the objective and more importantly, abused".

However, am of the view that since its not everybody that is willing to Volunteer, we should motivate the few that are willing to provide free services. It may not necessary be cash but atleast something to motivate them

Eben Afarikumah, BS, MBA , PhD (ABD), AS
URL: https://afare.wordpress.com/
****
"Be more concerned with your character than your reputation, because your character is what you really are, while your reputation is merely what others think you are" John Wooden.
****

HIFA profile: Eben Afari-Kumah is a PhD candidate at the Accra Institute of Technology, Ghana. He is also a Research Scientist with the Council for Scientific and Industrial Research, Ghana, and an adjunct Lecturer at the University of Ghana (School of Public Health and Business School). His Master's Dissertation was on "Developing patient data mining system for the University of Ghana Hospital. Eben is currently researching into the adoption, use and sustainabilty of Telemedicine in Ghana. He is a HIFA Country Representative. http://www.hifa.org/support/members/eben Email: eben.afari AT gmail.com

From: "Ochiawunma Ibe, USA" <ochi.ibe@icf.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (126) Reimbursement of expenses (3)

Although the strict definition of the word volunteerism requires that those involved should not be reimbursed for their expenses unless that is already detailed in the organizational tenets of the supporting NGOs, CSO etc, most times for the volunteers workers in these rural communities there is no other source of livelihood or income and so they depend on whatever little incentives they can be reimbursed to support their families. This is more so because the time they could have spent either farming or doing work to support their families are spent providing the much desired information and treatment to the vulnerable households in their communities. This brings to mind the much touted question of there being true volunteerism in impoverished communities.

Cheers,
Ochiawunma Ibe MD, Msc (MCH) MPH
Senior Community Health Technical Advisor/Senior Tech. Specialist

Maternal and Child Survival Program
USAID Grantee
1776 Massachusetts Avenue, NW, Suite 300
Washington, DC 20036
tel: 202.835.3116
Cell.2403084490
skype: ochi.ibe
www.mcsprogram.org
Facebook | Twitter | YouTube | Flickr
From the American People

HIFA profile: Ochiawunma Ibe is Senior Community Health Technical Advisor at the Maternal and Child Survival Program (MCSP) in the USA. Professional interests: Community Health Workers and Community Management, Policy and Planning for Community Health, Integrated Service delivery and developing viable integrated community health platforms. Highly accomplished and results-oriented public health professional with 15+ years successful experience with increasing responsibility in HIV& AIDS Care and support; Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Orphans and Vulnerable Children (OVC) and Multi-sectoral nutrition programming; directly managing & achieving significant results in USAID and USG/PEPFAR funded programs. Strong background in community- health system strengthening and service delivery for Maternal and Child Health, with skills in community engagement and behavior change, synergies between Nutrition, Water Sanitation and Hygiene (WASH), Health, Gender, Agriculture and Emergency preparedness.
ochi.ibe AT icf.com

From: "Romiya Barry, USA" <romiya.barry@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (127) Reimbursement of expenses (4)

Dear Obi,

Thank you for sharing your perspective on volunteer health workers. I must respectfully provide another perspective to your statement that "reimbursing out-of-pocket cost including transportation etc contradicts the purpose and true meaning" of volunteering. I volunteer for a number of not-for-profit organizations; some reimburse for time spent carrying out the mission, some for travel, and some not at all. I find that it is up to the governance of the organization. For those that do not reimburse, I collect detailed information on my volunteer hours and travel and itemize them in my tax filings. When I volunteer, I am focused on bringing my time, energy, and skills; any reimbursement received is a bonus and usually allows me to give more to that organization or another.

I think we should also be careful to understand whether the reimbursement is a stipend or not since I think this may be a difference in "contracting" vs. "volunteering". In the case of volunteer health workers, the motivation to volunteer will likely be a personal choice to support his or her community just as you state. It is my view that a reimbursement within reason does not negate this personal choice.

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: "Massimo Serventi, Tanzania" <massimoser20@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (128) Who do CHWs belong to? (2)

Dear Laura, in short. CHWs as per their intrinsic definition belong to the community. Ideally they should be recognized by them and therefore remunerated by them.
Unfortunaately this is not the case: there is no community IN THE WORLD ready to pay for 'their' CHW.

One may say: let the government pay for them. Good. But then the following question is: WHY to create a new cadre, a new servant instead of improving the working conditions of those WHO ARE ALREADY EMPLOYED by the government.
The idea of CHWs is good... but governments are not ready to support them. And I would do the same.
In poor countries (everywhere in fact) it is important to re-inforce what is already in place... and not to create new things, new employees, new projects, new initiatives.

A clinical officer... a nurse auxillary... MCH aide... working for the government... in rural areas... are the ideal CHW!!!
They should be supported... trained... retrained... oriented to PHC... read WTIND [*see note below] of David Werner...
Community will recognize them... love them as their real genuine community health workers.

Ciao
Massimo Serventi
Tanzania

HIFA profile: Massimo Serventi is a paediatrician at AISPO (Associazione Italiana per la Solidarieta fra I Popoli), Italy. Professional interests include child malnutrition, pediatric hospitals, drugs for children, sustainnability of services for children. ser20 AT hotmail.it

[*Note from HIFA moderator (Neil PW):
WTIND = Where There is No Doctor. 'The most widely-used health care manual for health workers, educators, and others involved in primary health care and health promotion around the world.' http://hesperian.org/books-and-resources/]

From: "Obi Egbuniwe, USA via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (129) Reimbursement of expenses (5)

Ladies and Gentlemen,

The intent of my earlier post was not to undermine or discredit the great and wonderful job volunteers do. Instead, it was to address what I viewed as â€œmisinformationâ€ especially globally where words such as VOLUNTEER are taken literarily. We now live in a glass world where word(s) (if misinterpreted) can derail goals and objectives.

I could not agree more with Eben Afarikumahâ€™s take that not everybody is willing to volunteer, hence, a need to motivate those willing to provide such FREE services. Successful NGOs need boots on ground (locals) to create awareness and expedite the adoption/buy-in of the NGOs services. However, voluntary services are rewarded, not paid for.

There are many ways to skin a cat (not literarily). Payments, Rewards, Reimbursements, etc? the quality of Word lies within its interrpretation.

Thanks,

Obi Egbuniwe, CPHIMS
Twitter: @Obiora1

HIFA profile: Obi Egbuniwe is Director of Clinical Informatics at the United Surgical Partners International in the USA. Professional interests: Adviser/Consultant in digital/population health in underprivileged regions globally especially the Sub-Saharan. obiora1 AT yahoo.com

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
From: Neil Pakenham-Walsh <neil@hifa.org>
Subject: [hifa] CHWs (130) Volunteer CHWs in Rwanda
Cc:

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

Bosco

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

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

From: Neil Pakenham-Walsh <neil@hifa.org>

Subject: [hifa] CHWs (131) UPDATE: Community Health Workers' Symposium, 21 - 23 February 2017, Kampala, Uganda

Dear Colleagues,

It is less than 1 week to the 1st International Symposium on Community Health Workers being organised by Makerere University School of Public Health, Uganda in collaboration with Nottingham Trent University, UK and the Ministry of Health, Uganda. The symposium, to be held from 21st to 23rd February 2017 at Hotel Africana in Kampala, Uganda, has a theme: Contribution of Community Health Workers in attainment of the Sustainable Development Goals (SDGs). The Chief Guest at the symposium will be the Prime Minister of the Republic of Uganda, Dr. Ruhakana Rugunda.

Speakers at the Symposium include Prof. Francis Omaswa (African Center for Global Health and Social Transformation (ACHEST), Dr. Jane Ruth Aceng (Minister of Health, Uganda),

Dr. Polly Walker (World Vision International, UK) and Dr. Maryse Kok (Royal Tropical Institute, Netherlands)

This symposium is expected to be attended by over 400 participants from around the world including researchers, policy makers, funders, academia, implementers, civil society, students and other stakeholders from national and international organisations. Speakers / presenters at the symposium are from the following countries: USA, UK, Canada, Australia, France, Netherlands, Macedonia, Japan, India, Ethiopia, South Africa, Indonesia, Bangladesh, Nigeria, Ghana, Cameroon, Swaziland, Tanzania, Malawi, Sierra Leone, Kenya and Uganda.

Partner organisations include the UK Department for International Development (DFID), Tropical Health and Education Trust (THET), UNICEF, Pathfinder International, Healthcare Information for All (HIFA), CHW Central, the REACHOUT consortium, Health Systems Global, World Vision, AMREF Health Africa, Malaria Consortium, USAID, Living Goods, Child Fund, Save the Children, Advancing Partners and Communities (APC), Makerere University Centre of Excellence for Maternal Newborn Health Research (CMNHR), PATH, Healthy Child Uganda, FHI 360, and The AIDS Support Organisation (TASO).

For more information and how to register, visit the symposium website: http://chwsymposium.musph.ac.ug/ or contact us at chwsymposium@musph.ac.ug or +256777783971 / +256701783971.

[*see note below]

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

[*Note from HIFA moderator (Neil PW): David's original message carried an attachment: the Conference poster. HIFA does not carry attachments so I have uploaded the poster here:

http://www.hifa.org/sites/default/files/publications_pdf/CHW_symposium_poster-February_20172.pdf]

From: "Ruth Martis, New Zealand" <ruth.martis@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (132) Reimbursement of expenses (6)

Dear Obi, [in response to CHWs 127]

Thank you for sharing your perspective on volunteer CHW. I agree with Romiya. Volunteers bring a passion for wanting to make a difference and to be reimbursed for travel or food or being provided with a bicycle for example has made in my experience volunteers spur on further and actually be able to do more volunteer work. Being reimbursed for some of the expenses or just provided with food gives them a little recognition and thanks for their endless commitment and work. It is not a payment for their actual work. There may be some volunteers who get motivated by those small reimbursements but I would suggest there are far and few between. Because of the time volunteers provide for the work they may not find as much time to tend to their garden, so food is definitely a welcoming reimbursement. However, any reimbursements can always be refused to accept by volunteers and some do.

Best wishes
Ruth

HIFA profile: Ruth Martis is a midwifery lecturer at Christchurch Polytechnic Institute of Technology, New Zealand. Professional interests include maternal and child health, public health, research, education, teen pregancies, knowledge transfer, development and implementation of clinical practice guidelines. ruth-martis AT clear.net.nz

From: "Ruth Martis, New Zealand" <ruth.martis@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (133) Reimbursement of expenses (7)

Thank you, Obi,
That is well stated. It does come down to interpretation. Thank you for sharing your thoughts so precisely.
Best wishes
Ruth

HIFA profile: Ruth Martis is a midwifery lecturer at Christchurch Polytechnic Institute of Technology, New Zealand. Professional interests include maternal and child health, public health, research, education, teen pregancies, knowledge transfer, development and implementation of clinical practice guidelines. ruth-martis AT clear.net.nz

From: "Bolaji Akerele, Nigeria" <bakerele8@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (134) Reimbursement of expenses (8) Recruiting and retaining CHWs in their local community

Dear HIFA members:

Can we please revisit one of the practices of Primary Health Care which had been preached severally but observed in the breach over the years.

We were taught that CHWs should be recruited from their communities for training and return to work in the same locality thereafter. While the CHW is busy attending to the clients,

member/s of the community should look after his/her interest viz. tilling the soil for farming, planting seeds and harvesting as the case maybe.

This can be extended to attending to customers in the CHW's shop if the latter is into petty trading or any other form of livelihood. All things done honestly.

In this way, all parties win and the need for any remuneration is obviated.

But what do we have especially in Nigeria? To start with, selection criteria is not adhered to. Upon completion of training, CHW would rather remain in the city than go back to the rural area. Even if posted to the rural area, he would sooner than later find his way back to the city where he would set up his own practice and act like a doctor to commit all sorts of atrocities.

There is an urgent need for reappraisal of the programme and sanctions enforced by the concerned authorities.

No doubt services of the CHWs are needed especially in the LIMCs to complement the efforts of the higher cadres of health workers but the system need to be seriously sanitised to achieve the desired results.

Dr Bolaji Akerele
Public Health & Community Medicine Consultant
Lagos, Nigeria
bakerele8@gmail.com

HIFA profile: Bolaji Akerele studied at the College of Medicine University of Lagos and the West African Post-graduate Medical College. Worked as Medical Officer of Health, Country Representative for FHI/AIDSCAP Project in Nigeria, Consultant Public Health Physician and Lecturer in Saudi Arabia. Currently a Health Administrator on the Board of the Lagos State Health Service Commission dealing with policy issues concerning recruitment, discipline and welfare of about 9,000 health workforce. bakerele8 AT gmail.com

From: "Joseph Ana, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (135) Recruiting and retaining CHWs in their local community (2)

I agree with Bolaji and infact that was the model of CHW recruitment and deployment that Tulsi Chandrai Foundation adopted in some states in Nigeria. When we got wind of it, we spent a week understudying how it worked in one of their locations in Kafanchan (Kaduna state) and thereafter invited them to Cross River State in 2006. The rest is history because I hear that they have since left the PHC scene in Cross River State.

I hope that Bolaji Akerele can translate his points to action in his current policy making position in Lagos State Health Services Commission.

Joseph Ana.

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] CHWs (136) Expansion of national CHW programmes

Dear HIFA colleagues,

On HIFA-Portuguese we are having a parallel discussion about CHWs.
http://www.hifa.org/forums/hifa-portuguese

A HIFA-Portuguese member in Guinea Bissau is the lead author of a new paper on health workforce development. We have discussed the findings of his paper and it seems they may have important implications for other countries with weak, underfunded health systems - findings that challenge the current consensus on scale-up of CHW programmes.

Here is the citation:

Can we halt health workforce deterioration in failed states? Insights from Guinea-Bissau on the nature, persistence and evolution of its HRH crisis
Giuliano Russo, Enrico Pavignani, Catia SÃ¡ Guerreiro and Clotilde Neves
Human Resources for Health 2017 15:12
DOI: 10.1186/s12960-017-0189-0
https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-017-0189-0 [open access]

In our discussion of the paper on HIFA-Portuguese, we heard that when health workers are poor and there is a high level of systemic corruption (eg demand for cash payments by frontline health workers), it may make more sense to invest first in governance and workforce training rather than in expansion.

Without improvements in governance and workforce training (and in meeting the needs of the *existing* workforce) a massive expansion in CHWs in a country like Guinea Bissau could lead to a corresponding increase in illicit payments and corruption, further weakening the health system? If so, this has profound implications for health personnel policy.

A second HIFA-Portuguese member has commented: 'Excellent observation, which makes all sense. In Brazil, through decentralization, there was a concern to strengthen the participation of society, through the Health Councils, among other things, to help prevent corruption in the health sector.' (translated by Google Translate)

A secondary question arises: Is there evidence of corruption (inappropriate demand for payment for services) among CHWs? Is there an increased risk of corruption among CHWs that are pay-rolled by the health system as compared with those who work as volunteers for the local community?

Should there be a minimum level of governance and support/training for the existing health workforce in place before massive expansion of CHW programmes?

Do the above observations/questions resonate with you? What are the implications in terms of health policy in your country?

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign

[137?]

From: "Alhassan Aliyu Gamagira, Nigeria" <algamagira@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (138) Recruiting and retaining CHWs in their local community (3)

Thanks Dr Bolaji.

What you raised regarding the issue of sourcing, training, recruitment and retention of CHWs in their localities is TRUE in the relevant papers well known to appropriate CHWs Training and recruitment authorities in Nigeria, as usual our issue is that and of IMPLEMENTATION

(1) CHWs are paid Rural posting allowance. they dont stay in the rural areas.

(2) Majority of Female CHWs Husbands highly placed Civil servants or politicians live in the cities (UNTOUCHABLE).

(3) Committing atrocities are more in the rural areas because of lack of supervision or any form of check and balances in place.

(4) Sanctions is the responsibility of all, in fact more is expected from a mobilized, involved and allowed to participate community in all pro grammes regarding their health and wellbeing.

(5) People like you, myself and concerned others (probably staying in the Cities and Centers of excellence) must move, return to the basics and have some experiences of staying and identifying ourselves with the rural dwellers, so that the issue of problems of PHC implementation in Nigeria can be addressed.

Dr J.Ana pointed a good model of actual PHC implementation by Tulsi chandrai using Community resources, front line technical CHWs, training, collaborating with the State and Local Government Community members and groups in mobilization, involvement of all in implementing PHC model care in Kachia Local Government Area of Kaduna State (their Staff reside in Kafanchan (Urban) Jemaa LGA [*] rarely in their rural Gidan Jibir their area of operation) it was a good programme expected to be replicated to other LGAs. However it wasn't sustained even in the area, it died there when they removed the soul as they leave. May God help us to do the right thing, at the right time, to the right people, for the right cause, for our right conscience.

I greet you all

HIFA profile: Alhassan Aliyu Gamagira is a Chief Nurse Tutor (retired) with the Kaduna State MOH (now self employed), in Nigeria, and with professional interests in nursing, midwifery and public/community health. algamagira AT gmail.com

[*Note from HIFA moderator (Neil PW): LGA = Local Government Area]

From: "Obi Egbuniwe, USA via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (139) Expansion of national CHW programmes (2)

Neil,

This is a global constraint thatâ€™s not limited to Guinea Bissau alone. Nobody expects a skyscraper built on shallow sand dune to stand. Corruption and lack of governance impede progress in these areas where donors tend to be more passionate and committed than the recipients. These nations take advantage of the NGOs free for all national cake; their annual health budgets are mismanaged and unaccounted for and governance as good as a toilet paper.

Here are some questions to ponder:
Are NGO programs enabling corruption in those regions?
Who are the true beneficiaries of the programs, corrupt government or targeted less privileged?
Should nations governance be vetted before program implementation?

Maybe it's time for NGOs to consider Value-base style as a selection criterium where nations will be held accountable in areas such as human resources credibility and commitment. This will not only mitigate the risk for program failure, it will also empower local manpower.

Thanks,
Obi

HIFA profile: Obi Egbuniwe is Director of Clinical Informatics at the United Surgical Partners International in the USA. Professional interests: Adviser/Consultant in digital/population health in underprivileged regions globally especially the Sub-Saharan. obiora1 AT yahoo.com

From: "Jill M. Peterson, USA" <jipeterson@fhi360.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (140) CHWs and contraceptive implants

Hello All,

I am a researcher working with FHI 360 and Iâ€™m wondering if you might be able to share with me any countries where CHWs are currently inserting contraceptive implants. Do any other countries have plans to pilot or implement this practice?

Thank you so much in advance for any information you can share!

Jill M. Peterson, MPP | Research Associate | Health Services Research | FHI 360

P.O. Box 30382, Arwa House, 3rd Floor | Lilongwe, Malawi
C: 099-691-5608 |O: 202-464-3825 | jillpeterson@fhi360.org | www.fhi360.org

HIFA profile: Jill M. Peterson is a Research Associate, Health Services Research, FHI 360, and is based in Lilongwe, Malawi. www.fhi360.org jillpeterson AT fhi360.org

From: "Sunanda Kolli Reddy, India" <write2sunanda@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (141) More voices from CHWs in India (on WhatsApp)

Dear friends,

It has been a month of great discussion on the CHWs - finally being recognized as a valuable work force today.

This is to add to the ongoing rich thematic discussion - and bring you the voices of a different group of CW; those who are not pay-rolled in any National Health programmes or large scale international projects but recognised in their communities for the good work (CBR) they do with families of children with special needs as well as with preschool kids in ECCE/ECCD programs implemented by grassroots organisations.

We tried also to include a small number of Anganwadi workers (AWW) who are not a part of our whatsapp group but work in our neighbourhood. AWWs, as some of you know, are working with children under 6 years of age with a focus on nutrition and early child development in one of our national flagship programs for child health.

These voices may be considered representative of the groups of CHWs in resource constrained urban communities not directly linked to the Health Systems and not working on such a wide spectrum of health services as the ASHAs, while putting in equivalent time and efforts in the field. The main difference is that AWWs draw their monthly salary from a department under the state Government while our CWs are remunerated on a part-time or whole time basis from the Organisation (NGO).

The CWs of CARENIDHI (the whatsapp group) have been working with AWWs in collaborative studies in the community settings on some aspects of nutrition such as Folic Acid supplementation in children and adolescent girls (for prevention of birth defects and disabilities), de-worming, early identification of developmental impairments, Health promotion activities related to Child health, referral supports, etc.

As mentioned in my last communication, we posted the questions raised in HIFA discussion, requesting them to share their views. Summarising them for you, I could categorise them as general (when more than 90% mentioned) and other. If a response was specific to a group or situation, I shall indicate in parentheses.

Q1. Needs, priorities- to function more effectively

General -
- Paid employment
- decent salary/pay commensurate with work

- same remuneration for similar work
- conveyance allowance (two in whatsapp group only)

- refresher training and learning resources,job aids
- flexible hours(many in the whatsapp group prefer part-time work)
- respect within the organisation
- appreciation from the local community members(whatsapp)
- identification cards and training certificates

- supervision that is supportive(guiding rather than monitoring)
- friendly relations at work
- appreciation from families(whatsapp group)
- more physical space for work (Aww)
- supportive family (especially spouse) - all lady CWs

Select answers:
- Good health and good footwear(whatsapp group)
- Nodal Officers who understand our problems(Aww)

Q 2.& 3
Not many responses
- speaking to the supervisor/Senior officer(2)
- salary increments
- Better training material, more frequent opportunities to attend workshops (AWW) and certificate courses

Q4.
(one response only)
I leave my tensions at home.Work is good for our mental health

Q5.
Majority in AW responded that they are given too much of documentation work and that leaves them little time to do other tasks expected of them-such as helping preschool children learn

Q6.
- Job aids and briefing well before assigning tasks
- improve computer skills (whatsapp group)

Thank you.

Best regards
Sunanda Reddy

From: "Sunanda Kolli Reddy, India" <write2sunanda@gmail.com>

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

Subject: [hifa] CHWs (142) New paper: Motivating and demotivating factors for

CHWs in urban slums of Delhi, India

Dear friends,

Here is a paper that would be relevant for our discussion [*see note below]. The paper has been accepted for publication but not yet available in open access. I have the kind permission of the authors to share the pdf version with you.

Best regards,

Sunanda.K.Reddy

HIFA profile: Sunanda Kolli Reddy is a Consultant in Early Childcare and Development & Health Promotion in the context of Disability in Development at the Centre for Applied Research and Education in Neurodevelopmental Impairments & Disability-related Health Initiatives, CARENIDHI, in India. Professional interests: Developmental Paediatrics, by training and professional experience, community studies, with focus on childhood developmental disabilities, early intervention and health promotion in the context of disability in resource-poor community settings. write2sunanda AT gmail.com

[*Note from HIFA moderator (Neil PW): Thank you Sunanda. HIFA does not carry attachments so I have uploaded the paper here:

http://www.hifa.org/sites/default/files/publications_pdf/Motivators%20and%20demotivators.pdf

For the benefit of those without immediate web access, here are the citation and abstract:

CITATION: Motivating and demotivating factors for community health workers: a qualitative study in urban slums of Delhi, India
Mathew Sunil George, Shradha Pant, Niveditha Devasenapathy, Suparna Ghosh-Jerath, Sanjay P Zodpey
Indian Institute of Public Health-Delhi, Gurgaon, India
WHO South-East Asia Journal of Public Health | April 2017 | 6(1)
Correspondence to: Professor Mathew Sunil George (sunil.george@iiphd.org)

ABSTRACT

Background: Community health workers play an important role in delivering health-care services, especially to underserved populations in low- and middle-income countries. They have been shown to be successful in providing a range of preventive, promotive and curative services. This qualitative study investigated the factors motivating or demotivating community health workers in urban settings in Delhi, India.

Methods: In this sub-study of the ANCHUL (Ante Natal and Child Healthcare in Urban Slums) implementation research project, four focus-group discussions and nine in-depth interviews were conducted with community health workers and medical officers. Utilizing a reflexive and inductive qualitative methodology, the data set was coded, to allow categories of motivating and demotivating factors to emerge.

Results: Motivating factors identified were: support from family members for their work, improved self-identity, job satisfaction and a sense of social responsibility, prior experiences of ill health, the opportunity to acquire new skills and knowledge, social recognition and status conferred by the community, and flexible work and timings. Negative experiences in the community and at health centres, constraints in the local health system in response to the demand generated by the community health workers, and poor pay demotivated community health workers in this study, even causing some to quit their jobs.

Conclusion: Community health worker programmes that focus on ensuring the technical capacity of their staff may not give adequate attention to the factors that motivate or discourage these workers. As efforts get under way to ensure universal access to health care, it is important that these issues are recognized and addressed, to ensure that community health worker programmes are effective and sustainable.]

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (143) New paper: Motivating and demotivating factors for CHWs in urban slums of Delhi, India (2)

It transpires that this paper was in fact not intended for pre-publication on HIFA, so I have removed it from the HIFA website.

Best wishes, Neil (HIFA moderator) __

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (144) Q6: Meeting the information and learning needs of CHWs

Dear all,

Thank you everyone for your contributions so far! We now enter our 6th and final week of our thematic discussion on CHWs, sponsored by The Lancet, Reachout Project/Liverpool School of Tropical Medicine, World Vision International and USAID Assist Project.

This week we turn our attention to Question 6:

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

Different types of CHWs have different information and learning needs. What do we know about these different needs? And to what extent are these needs being met? What can be done to better meet their needs?

What is the role of existing resources such as Where There is No Doctor? What other information resources are needed? How can these resources be made more available to those who need them?

How can technologies such as mobile phones help to meet the information and leanring needs of CHWs?

How can we better empower CHWs with the information and learning they during pre-service training and in-service development?

We look forward to learn from your experience and expertise.

Best wishes, Neil

On behalf of the HIFA Project on CHWs
http://www.hifa.org/projects/community-health-workers

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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: "Carol Namata, Uganda" <carolnamata1@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (145) Q6: Meeting the information and learning needs of CHWs (2)

Dear colleagues,

Below are the views of VHTs in Uganda from their Whatsapp group discussion on question 6.

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

"IEC materials are also very helpful as they are easy to understand even when one does not know how to write."

"We should have regular refresher training sessions at least twice a month to improve our skills and knowledge. On addition, we should also have TV/ Radio talk shows."

Carol

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: "Kausar Skhan, Pakistan" <kausar.skhan@aku.edu>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (146) Role of CHWs in mobilising their local community

As discussion on CHWs is about to end on this forum, I wish to give my last input on this matter.

While reading the exchange I realized that the vast majority, if not all, appear to see CHWs as an important but a tiny piece in a larger mileu of health systems and the socio cultural economic and political context in which they work. The focus is entirely on CHW and what they do, and not on how the larger systems impacts health outcomes. This seems like taking a piece and ignoring the whole.

On a purely conceptual level, I wish to ask: can health outcomes improve and the improvement is self sustainable without larger changes in the social structures of the society?

Take for example diarrheal death of children under 5. The best of CHW could help care taker/s of the child learn how to manage diarrhea, and prevent it by taking individual actions like hand washing etc. etc. Would the CHW also be able to mobilize the community for getting their right to water by holding the State accountable ?

I think we need to discuss these larger issues also.

Most developing countries do not have people centered health systems. The State has abdicated its responsibility for the well being of their citizens, especially the poor. She these grim realities not change? I think health can play a leadership role. If we do not take this responsibility then health/medical education will not seek to learn and further investigate these challenges.

kausar

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

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] CHWs (147) Paul Kagame, Rwanda: Strengthening health systems, primary health care and CHWs

(with thanks to Tropical Health Update)

Full text here:
http://ktpress.rw/2017/02/why-did-recent-ebola-pandemic-spread-so-quickly-kagame-has-answer/

Extract below:

'President Paul Kagame on Saturday told the annual Munich Security Conference (MSC) that throwing huge sum of money is not the answer to addressing health security challenges.

It is by building strong and lasting systems that the world will tackle the problems creating health insecurity, said Kagame, who was speaking on a high level panel.

Kagame was on panel with Microsoftâ€™s Bill Gates, Norwegian PM Erna Solberg, Peter Salama from the World Health Organization and International Rescue Committee (IRC) chief Ed Miliband.

The panel was discussing health security â€œSmall Bugs, Big Bombsâ€ .

Using the Rwanda experience, Kagame said: â€œWe have to get primary health system in place if we are to have a hope of beating pandemics.â€ '

COMMUNITY HEALTH WORKERS IN RWANDA

Currently, Rwanda counts 14,837 Villages, and each village has two Community Health Workers or CHWs.

They are community members who volunteer to be trained through a government program that aims to ensure nobody develops any symptoms of illness.

These health workers spend much of their free time moving from home to another within their village. In addition to diagnosing malaria and prescribing treatment, the health workers are trained to give first aid, provide nutritional advice and help women give birth.

CHWs also play an important role in helping mothers through pregnancy and early childhood program. It includes but is not limited to programs like 1000 Days campaign that has dealt with nutritional and all other interventions destined to mother and child within 1000 days period right from pregnancy through to the first two years oof a child.

Of the 2 health workers at every village, one is particularly in charge of following up pregnant mothers, to make sure they abide by instructions of gynecologists in the early pregnancy.
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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