



THINKMD™

GLOBAL HEALTH OPEN MIC VIRTUAL EVENT

What do community health
workers really want?

Key Takeaways: 2 December 2021



Overview

THINKMD hosted a Global Health Open MIC event on 2 December for Community Health Workers to have their say. It was emceed by [Dr. Madeleine Ballard](#), CEO of the [Community Health Impact Coalition \(CHIC\)](#).

Community Health Impact Coalition



What does it mean to be a community health worker in 2021?

Community Health Workers play a significant role on the frontline of healthcare. *We want to hear:* What does it mean to be a CHW? Why do you do this work and what challenges do you face? What improvements are you seeing and what is still needed? What information and insights do you want to share in a global health community?



! Open MIC Events



THINKMD will be hosting a series of opportunities to provide an accessible platform for global health dialogue, in the form of Virtual Open MIC events.

No long presentations, no text-heavy slides; this is *short, sharp and to the point with expertise and thought leadership at the forefront*. This is a forum for all voices on *important and challenging global health topics*, from the individual beneficiaries and frontline health workers to the content experts and leaders. THINKMD's role? Simply to help facilitate dialogue.

[Join our next one.](#)



2021 Open MIC speakers

A range of CHWs from across the globe joined the event, with their own reasons for wanting an opportunity for their five minutes on the MIC.



Open MIC Speaker 1



Hannatu Bello

Nigeria

“I want to share my experience as a Community Health Worker.”





Open MIC Speaker 2



John Shikuku

Kenya

“The global health authorities must include Community Health Workers on the ground to make community health decisions.”





Open MIC Speaker 3



Margaret Odera

Kenya

*“To make my voice heard on the behalf of
Community Health Workers.”*



Open MIC Speaker 4



Musingo Prossy

Uganda

“I want the world to know why they need more trained Community Health Workers.”





Open MIC Speaker 5



Sekatuka Abubaker

Uganda

“I want to share experiences of what it means to be a Community Health Worker.”





Open MIC Speaker 6



Sheringham Odhiambo

Kenya

“I have vast hands-on experience, and it’s important to address the challenges and plight of Community Health Workers.”





Key takeaways from all of the 2021 guest speakers



Key Takeaways: Dr. Madeleine Ballard, CEO, CHIC



What is a CHW?

- CHWs are effectively your neighbors.
- CHWs are laypeople who've received organized training to provide healthcare services in their communities.
- CHWs are providing healthcare services everywhere from rural Alaska all the way to urban Bamako.
- CHWs have been around for over a century and have been studied quite a bit. Rigorous research indicates that they can do all sorts of complex health tasks, as diverse as delivering birth control injections or doing HIV care management, and that they can ultimately through their efforts, reduce the level of sickness and reduce the number of deaths in a population.
- We know that actually every dollar, every one US dollar invested in CHW programs can yield a return of up \$10 through lives saved and through jobs created.



“CHWs may be given, for example, some supplies when they start, but those supplies quickly run out. They're told when they get training that someone will come to their area, check in and provide coaching. But too often, no one ever comes. Maybe they receive a new backpack, but in the absence of a salary, that backpack doesn't pay for food. Worst of all, I'd say CHWs are routinely left out of key decision making fora where their work and the conditions under which they work are discussed. So today we're going to flip that balance. The only people that you'll be hearing from today will be CHWs.”

- Dr. Madeleine Ballard, CEO, CHIC

Key Takeaways: Hannatu Bello, Nigeria



“We need digital tools.”

- I do house to house visits for about six patients at least a day and with 35 patients a week. The conditions I manage are basically communicable and non-communicable diseases, including antenatal care.
- We have many achievements in the community because compared to before this, our program was initiated in the community, we have higher death rates in Nasarawa LG. But with this introduction, we have seen a reduction in death rates, especially in antenatal cases.
- For antenatal care, we take the patient to the clinic where they undergo scanning. We have a lot of traffic, which means there are often complications when transporting the patient to the clinic. I think one of the health tools that would make our work much easier in antenatal care is a digital portable scanner because this scanner could be used to boost antenatal attendance, willingness and patient engagement in the rural community.
- With this portable scanner, I think we'll speed up diagnosis by allowing affordable, remote healthcare.



Key Takeaways: John Wabire Shikuku, Kenya



“We need to advocate for meaningful inclusion of communities in healthcare.”

- I am a Community Health Volunteer. In Kenya, we are called Community Health Volunteers because we are not paid. If we were to be called “workers”, we would be paid.
- We provide culturally appropriate health education information, helping people to get the care that they need, receive counseling and guide them in terms of healthy behaviors.
- We advocate for individual and community needs and provide some direct services, such as referrals and COVID-19 screening to the community.
- I do this work because I saw that I had to help some of the younger people that I grew up with who are dying of HIV and AIDS, so I have worked in community health development since 2006, advising young people and helping with community treatment of under fives and malaria treatment.
- A challenge is communities needing more than health services. We also do not have PPEs, yet we meet so many people around the village. We traverse the villages because I am a community health leader.
- I manage about 18 CHVs in Busia County. Our services have improved access to healthcare services, especially in terms of vaccine rollout and acceptance and we have reduced the need for emergency and special services at the community level.
- The challenge is the analog reporting tools where we show indicators. Sometimes we are not able to do some data collection. We are looking to see if we can get a digitized way of reporting so we can keep the data orderly. This tool needs to be something that doesn't come and go with the donor.
- We also need to push forward policies for CHVs, including training. We need a global network of CHWs where we can advocate and engage around the world, with advocacy work for meaningful inclusion. The communities should be represented at the national level. CHVs should also be paid for the work they do.

“Too often CHWs are the first to respond in crises and the worst supported to respond. He is out there day in and day out, with no PPE. He is out there day in, day out for a decade with no salary.”- Dr. Madeleine Ballard, CEO, CHIC

! Key Takeaways: Margaret Odera, Kenya



“We need to advocate for meaningful inclusion of communities in healthcare.”

- This is historic and the first time I have been in a meeting with CHWs from outside of my country. We are often underrepresented in forums and I often wonder if it is because we are considered unprofessional compared to doctors, nurses and physicians. It is so good for CHWs to be represented for health system strengthening.
- Payment is a big challenge. I am a mother with children who go to school and I sometimes find it very difficult to pay their school fees. It is a challenge for me as a parent to live without a salary and commit myself each day. Because as CHWs, we don't believe in striking. We don't believe in absconding. We have committed ourselves to go on and work for our children and our mothers so that we can eliminate mother to child transmission of HIV, so that we may have a healthy government, a healthy nation, because this is our future.
- The CHW system started in Kenya in 1988 - more than 30 years ago. A community health worker is the first contact person for health, we are in the health system. We need to be motivated and recognized when we are trained and when we do good work, such as ensuring the community is vaccinated. Some community health workers have been working since 1988 - some are in their seventies - but there is no certificate of service acknowledging them. They do not have health coverage in their old age.
- The mental health of CHWs is really important; governments should consider facilitating things like support groups for CHWs to come together, along with other health workers. We all need support.

“There is a moment where we need to move from applause to action to payment and recognize exploitation where exploitation exists.”- Dr. Madeleine Ballard, CEO, CHIC



Key Takeaways: Prossy Musingo, Uganda



“We work more than they expect us to – we need benefits.”

- At the beginning of the COVID-19 pandemic, the country was shut down. People were locked inside. It was CHWs who rescued those people, with limited PPEs we went out into communities and taught them how to prevent COVID-19 with posters and education around wearing masks and washing hands.
- Yet we lack support from political leaders. There is a lack of awareness and poor administration in the government department and health sectors.
- We faced the pandemic, but we are not recognized. We have limited access to technology and transport. We lack benefits, including health insurance.
- I have seen so many improvements in the community since I began as a CHW. Women know they have to attend at least three antenatal appointments. Parents know the symptoms of dehydration and the causes of diarrhoea. Communities know about family planning, and they stop seeing health workers as their enemies.
- We work more than we are expected to. We need benefits to continue the work that we do.



Key Takeaways: Sekatuka Abubaker, Uganda



“We need digital tools to improve efficiency, reporting, monitoring and accuracy of the data.”

- To me, being a CHW means sacrifice. It means commitment and resilience. The attributes have helped me serve my community in all conditions, irrespective of the challenge we face. I do this work because of the love I have for the community.
- It is only in the community where you can observe and identify social determinants of health, such as literacy levels, hygiene practices, cultural differences, income status etc. Focusing on community interventions creates more impact as well as a sense of accomplishment as a CHW.
- Yet we have limited government buy-in; community health is currently dominated by the NGOs. This means we have drug stockouts, shortages of PPE, limited access to digital tools and a lack of capacity building.
- Digital tools support efficiency, and we are seeing some great digital tools being used, which help CHWs assess children and report on the work that is being done.
- A challenge we face is the mistrust of community health within communities, because of a lack of governmental support. People would rather take their children to hospitals.
- CHWs need motivation, sensitization and awareness in community health activities to bring more partners on board, and recognition that community health workers matter.
- We need digital tools to improve efficiency, reporting, monitoring and accuracy of the data, to share with partners to support. We also need quality supervision to ensure that are doing the right thing.
- It all begins with training. If we have policies that protect CHWs, we would attract more CHWs to join us in this struggle.
- CHWs matter and should be recognized globally. We need more of these engagements to share best practices and advocate for each other. The more advocacy, the more impact and the more the government buy-in.

“Nothing that is being asked for here today is rocket science or out of the ordinary. It’s pay, it’s supervision, it’s training, it’s tools – all not for the CHW themselves, but so that they can serve their community.” – Dr. Madeleine Ballard, CEO, CHIC



Key Takeaways: Sheringham Odhiambo, Kenya



“The onus is on the policy makers to power our work, protect and defend our rights. Every contribution, however big or small, makes a difference for our future.”

- It is incredibly humbling to be a CHW. You get to connect directly with people and connect them with the resources and services that impact their health positively.
- CHWs are carrying managerial responsibility for records. Without accurate and comprehensive up-to-date and accessible patient case notes, medical persons may not offer the best treatment or may even misdiagnose a condition, which can have serious consequences.
- CHWs make a valuable contribution to community development, including improving access to and coverage of communities with basic health services.
- I keep doing what I do because what really matters to me is how I have impacted someone else's life.
- The greatest challenge is compensation for CHWs, as well as human resources and inadequate trained CHWs, social economic crisis, safety and security issues and the challenge of capacity building.
- CHWs usually live on less than a dollar a day.
- In the past, numerous CHW programs have failed because of unrealistic expectations by those who plan them, which has undermined and damaged the credibility of the CHW concept. CHWs are expected to spend only a small amount of time on their health-related duties, leaving time for other breadwinning activities - but community demand often requires a full time performance. As CHWs, we feel as if we are really left behind.
- The evidence shows that particularly in poor countries, CHWS programs are not easily achieved but remain a good investment. CHWs represent an important health resource, with great potential to provide and extend healthcare to underserved populations.
- Challenges call for concentration, not fragmentation. The onus is on the policy makers to power our work, protect and defend our rights. Every contribution, however big or small, makes a difference for our future.

Participant comments



“Community health volunteers are carrying out important exercises at community level. Wherever they collect the data, they are taking it to the government. The government makes decisions based on that data, they are not concerned about the welfare of community health volunteers.” - Eric, Participant, Kenya



“Until we have fair pay, pre- and in-service training, adequate supportive supervision, and full participation in QA/QI and other decision-making processes, we will fail the communities we wish to serve with CHW programming. Doctors are paid, nurses are paid, NGO workers are paid, government officials are paid. The reliance on volunteer CHWs in so many countries is a disgrace.” - David Torres



“The need for recognition of previously unrecognized CHWs. The need for health insurance and other benefits in addition to fair pay.” - Nick Oliphant



“Advocacy, we need advocacy funds to enable us work accordingly.” - Sheringham Odhiambo



“I support Shikuku, we need to come up with a digitized software for the purpose of assessment of illness, prescription of medicine and reporting to the MOH.” - Eric, Participant, Kenya



Resources

Access the CHIC resources for information and tools on CHWs.

 **Community Health Impact Coalition**

[You can find them here](#)





Better decisions. Better data. Better health

Interested in having your say next time, or have questions or suggestions for the next

Open MIC theme?

Email thinkmd@thinkmd.org