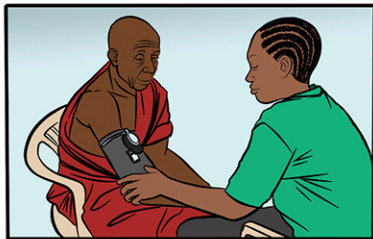


A day in the life of a community health worker



African Population and
Health Research Center



Cape
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Partners in Population and Development (PPD)
An Inter-Governmental Organization
Promoting South-South Cooperation



INTRODUCTION

There has been a resurgence of interest in using community health workers (CHWs) to enhance frontline primary health care, given their potential to fill gaps and reach remote communities. However, CHWs face several gender-based constraints, including high time burden, risks to their personal safety, and a lack of economic empowerment and leadership opportunities.

This toolkit aims to help health social enterprises in Africa working with CHWs to design gender intentional strategies to improve the achievement of gender equality and health outcomes.

CREDITS

This creative illustration was developed by APHRC, a member of the Eastern Africa Health Policy Research Organization (EA-HPRO) consortium.

My name is Fatuma. I have been working as a community health worker for about ten years.

I wake up at 5 AM everyday to prepare myself and my family for the day.

I prepare our two children, Amari and Asha for school.

This is a day in my life.



I bid the children goodbye and my husband walks them to school as I get ready to start my patient visits.

I am following up on two patients, Amina a six months pregnant mother, and an elderly man Bakari, who is hypertensive and needs his blood pressure checked.

My husband Deka makes porridge for breakfast.



I pick my bag of medical supplies and head out to see my first patient.

I get to Amina's house at 9 am. She tells me that she has been experiencing nausea and loss of appetite.



I talk to her about good nutrition, what foods to eat and the benefits to her baby and herself. I also educate her on promoting good health during pregnancy.



I then leave to check on Bakari who lives some distance away.



I am meeting him for the first time and he seems uncomfortable. He tells me that he has never been attended to by a female community health worker before.

I calmly explain to him about the medical training I have received from reputable organizations that offer these services. He looks convinced and finally allows me to attend to him.

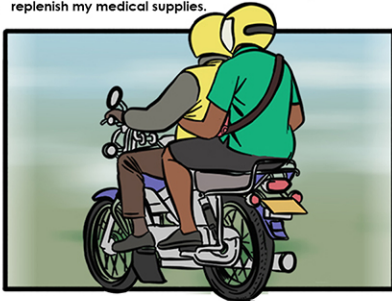
Afterwards, I make my way to a baraza organized by the village chief and the county hospital.



I have been invited to educate couples about different family planning methods and where they can access the services.



Towards the end of the day, I board a bike and head to the county hospital about 30 kilometers away to replenish my medical supplies.



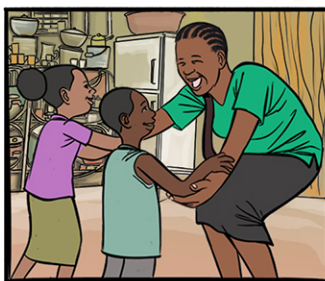
While at the hospital, a young expectant mother whom I had been attending to had suddenly gone into labour and was having difficulties giving birth.



As an experienced midwife, I offer to help and together with the nurses on duty we safely deliver the baby.



I then head home to my family where I find that my husband already picked our children from school.



As I cook and clean the house, my husband helps the children with their homework.



We then have some family bonding time afterwards.



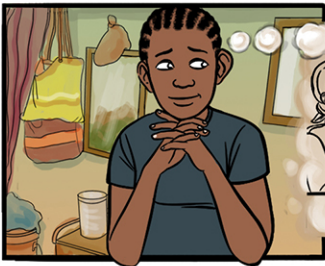
Before I retire to bed, I go through the day's work as I plan for the coming week.



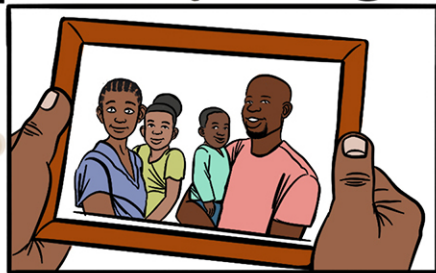
We face many challenges as women community health workers.



We walk long distances to attend to our people in the community but our services are not always welcome.



Sometimes community members do not trust that we are capable of providing these services and this can be very frustrating.



On the other hand, some appreciate the important work we do and are willing to help. Like my husband. This has made it easier for me to balance work and family duties.

Gender-based constraints for female community health workers



Lack of access to capital



Risks to personal safety



Lack of career advancement and leadership opportunities



Lack of access to necessary equipment, medicines, and transport



Lack of access to social support and networking opportunities



Insufficient financial and non-financial incentives

Ways in which we can support female CHWs:

Support CHWs work-life balance and enable them to be more efficient and motivated



Create and support opportunities for income generation, such as selling health products



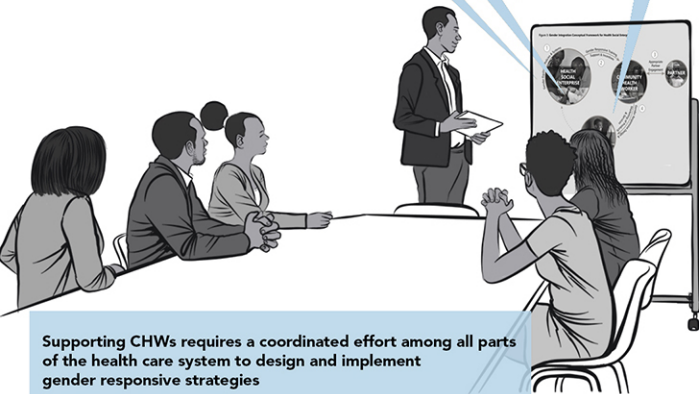
Engage partners of CHWs by communicating directly to inform and educate them on the role of CHWs and their importance in community health

Provide health education and information

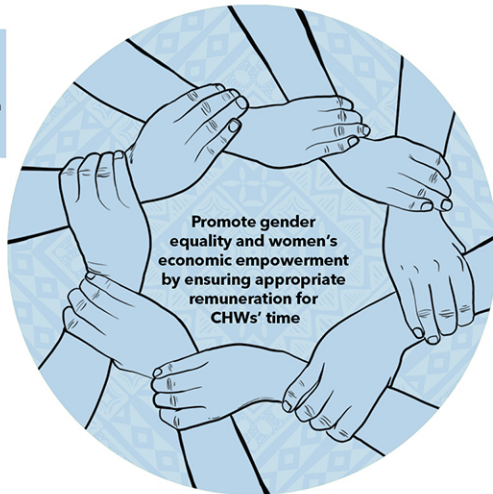
Provide informal counselling and social support

Bridge and provide cultural mediation between communities and health and social services systems

Offer medical assistance, health screening tests, and first aid to patients in the community



Supporting CHWs requires a coordinated effort among all parts of the health care system to design and implement gender responsive strategies



Promote growth opportunities for CHWs through relevant training in areas such as:



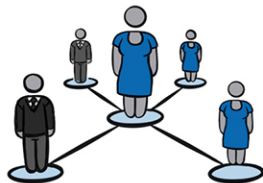
Communication



Conflict management



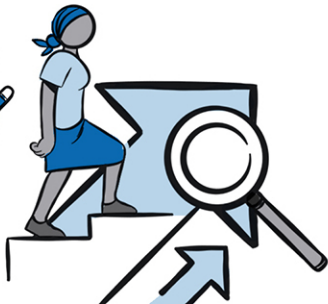
Business and financial literacy



Leadership



Career advancement



Mentorship

Ensure adequate access to:



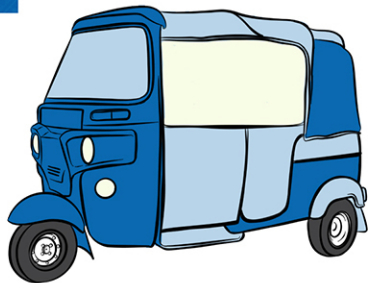
Medical equipment



Medicine and a proper supply of health products



Appropriate gear for field activities such as wet season gear

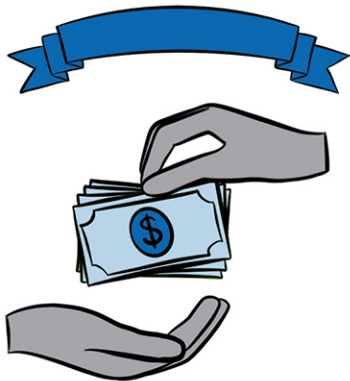


Transport such as, bicycles, motorcycles or tuk tuks

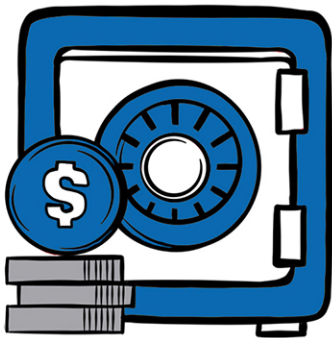


Travel allowances where appropriate

Provide sufficient financial incentives by:



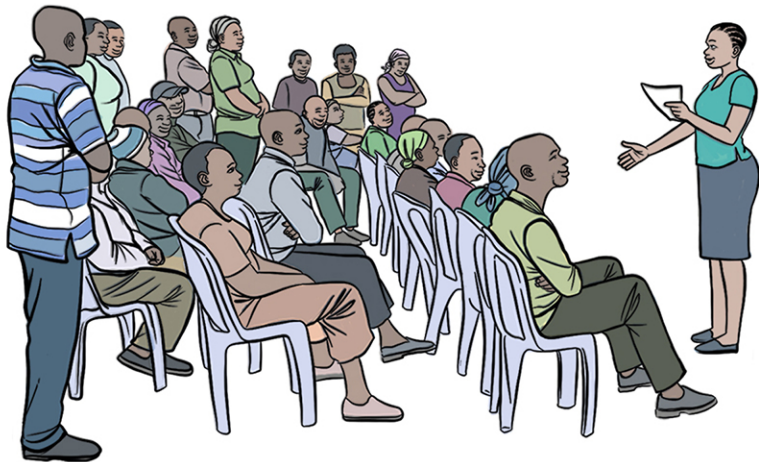
Providing appropriate remuneration and monetary compensation for attending events like monthly refresher meetings



Facilitating access to loans and savings platforms



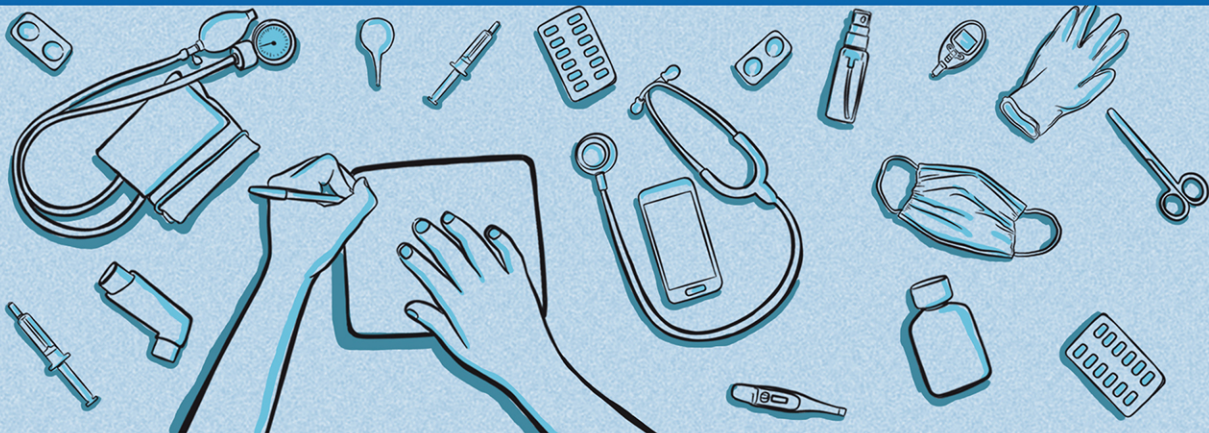
Creating opportunities for income generation



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Within the network of gender equality, social enterprise and CHWs is the promise that understanding and reducing gender inequalities will empower female CHWs to provide enhanced care to their communities.



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