

# A day in the life of a community health worker



# INTRODUCTION

There is renewed commitment to the use and role of community health workers (CHWs) to enhance front line primary health care given their potential to fill gaps and reach remote communities. In light of this, health social enterprises are experimenting with CHW models that allow for various income-generating opportunities to motivate and incentivize CHWs.

For health social enterprises working with CHWs in Africa, the gender dynamics are an important consideration to ensure they achieve positive health outcomes at the community level.

**This illustration has been derived** from the 'Gender Intentional Strategies to Enhance Health Social Enterprise in Africa' toolkit developed by BRAC Uganda and Cape Breton University as part of a research project supported by the Innovating for Maternal and Child Health in Africa (IMCHA) Initiative in Uganda. The toolkit guides users to identify and respond to key gender-based constraints that limit the effectiveness of CHWs, particularly female CHWs, or cause unintended consequences.

This illustration aims to highlight the network of gender equality, social enterprise and CHWs. By understanding this network, the gender inequalities that female CHWs face are highlighted and recommendations on how to empower them are shared. This is important as women make up the majority of CHWs in Africa and globally.

The toolkit aims to help health social enterprises in Africa working with CHWs to design gender intentional strategies. Being gender intentional means identifying and addressing gender inequalities, gender-based constraints, and inequitable norms, dynamics, and taking steps to address them.

Improving gender intentionality increases the health and business outcomes for health social enterprises, improves gender equality and the social benefits for CHWs, their families, and their communities. **It also enables health social enterprises** provide effective services at the community level and improve overall health outcomes.

To access the toolkit, please click *here*: <http://ea-imcha.com/index.php/en/resources/publicationss/gender-intentional-strategies-to-enhance-health-social-enterprises-in-africa>

## About the IMCHA Initiative

The IMCHA Initiative is an eight-year program that seeks to improve maternal, newborn, and child health by using primary health care as an entry point to strengthen health systems, and ensure they are more equitable.

**IMCHA supports 19** research teams in 11 countries in sub-Saharan Africa and two health policy and research organizations (HPROs). One of the roles of the HPROs is to facilitate the use of research evidence to inform policies and practice to strengthen health systems.

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

In our home, our day can begin as early as 5 AM. I start the day by preparing breakfast for my family.

I serve the porridge to my husband Deka first as he has to leave for work at a nearby construction site.



This is a day in my life.



After breakfast, I see them off and they walk to school. They leave the house at 7 AM.

I get ready and head out to see my first patient Amina who is 6 months pregnant.

I then proceed to help our two children Amari and Asha prepare for school.



It's a long walk to her house. I get there 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.

At 1 PM, I make my way to a baraza organized by the village chief and the community health center.



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



One hour later, I take a motorbike and head to the county hospital about 8 kilometers away to replenish my medical supplies and polio vaccines which I am about to administer in a nearby village.



I get to the village at 3:30 PM. I have a brief chat with the women. I explain to them the importance of having their children vaccinated against Polio and demystify myths about the oral vaccine.



I am happy because I manage to administer the oral vaccine to 15 children in that session alone.



I get home at 5:30 PM and find the kids are back from school.



I start preparing dinner for my family. As the meal is cooking the kids take turns taking a bath.



I proceed to wash their school uniforms and hang them to dry overnight.



My husband walks in at 8 PM just in time for dinner. He proceeds to take a bath before joining us at the dinner table.



We enjoy the meal as we talk about our day.



They all go to bed at 9 PM. I stay up a bit reflecting on the days' work.



I also plan for the coming week.



Then go to bed at 10 PM.



# Gender-based constraints facing female community health workers



## High time burden and lack of economic empowerment

Female CHWs face many demands on their time and have to balance multiple roles, responsibilities, and income-generating activities. Most CHWs are volunteers, the time spent on CHW work and the overall demands of the position are high in relation to the overall financial remuneration they receive.



## Risks to personal safety

CHWs often travel alone at night especially in case of labour, delivery or any other health emergencies. For female CHWs personal safety is a major concern compared to men.



## Lack of career advancement and leadership opportunities

Female CHWs often face limited opportunities to advance their careers and take additional leadership roles due to many reasons including having basic levels of education. The social cultural norms are also limiting and restrictive to women especially when it comes to them seeking leadership positions.



## Lack of transportation

Female CHWs work requires transportation to home visits, especially if a community is geographically dispersed. They often have limited mobility due to lack of access to context-relevant modes of transportation, such as female-friendly bicycles or motorcycles.



## Lack of access to social support and networking opportunities

CHWs shared that they often feel isolated in their roles. Despite their important work, CHWs are often situated "outside" of the health social enterprise and health systems with which they work. They expressed having limited opportunity to connect with others, even other CHWs working within the same health social enterprise.



## Insufficient financial and non-financial incentives

For CHWs who generate some income from selling medicines and other health products, the ability to purchase inventories of medicines is important to be able to both serve the needs of their patients and generate income. Female CHWs are usually living in remote and rural areas and face significant capital constraints compared to men.

## Ways in which we can support female CHWs:

Support CHWs work-life balance by including clear job descriptions with the number of hours they are expected to work per week. This way, they will be efficient and motivated to do their work.

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



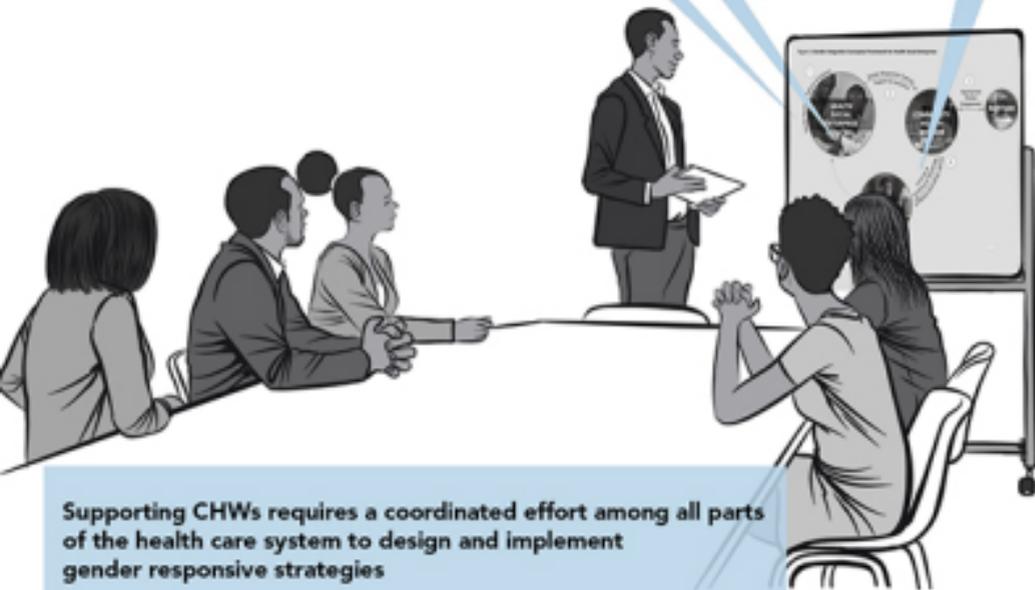
## Engage partners to enhance CHWs' knowledge on their role and contribution to community health.

Provide health education and information

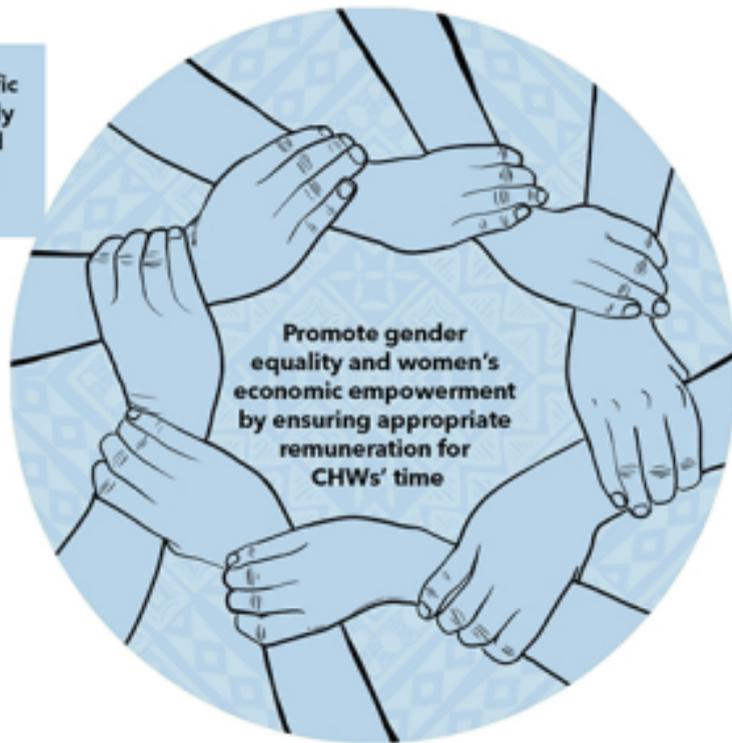
Provide informal counselling and social support

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

Offer counseling on specific health issues such as family planning, provide first aid in the community among other roles.



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



Promote gender equality and women's economic empowerment by ensuring appropriate remuneration for CHWs' time

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



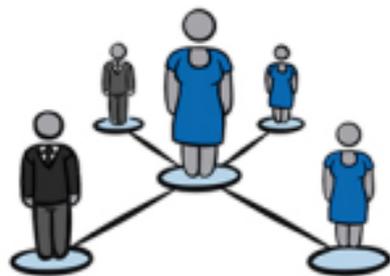
Communication



Conflict management



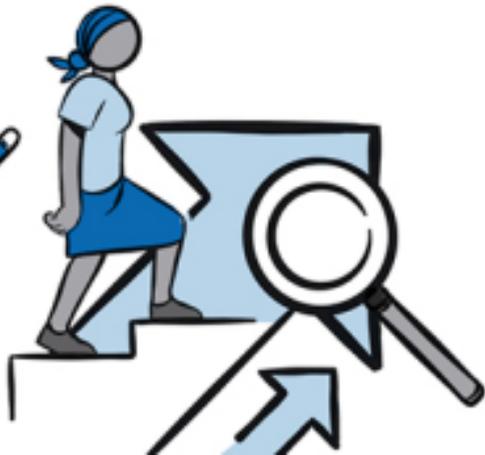
Business and financial literacy



Leadership



Career advancement



Mentorship

## Ensure adequate access to:



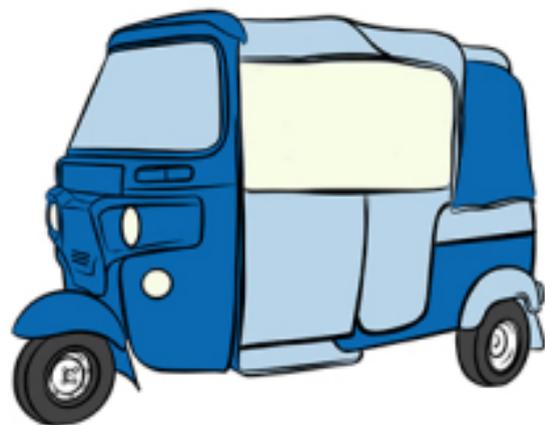
Medical equipment



Non-prescription medicine and a proper supply of health products

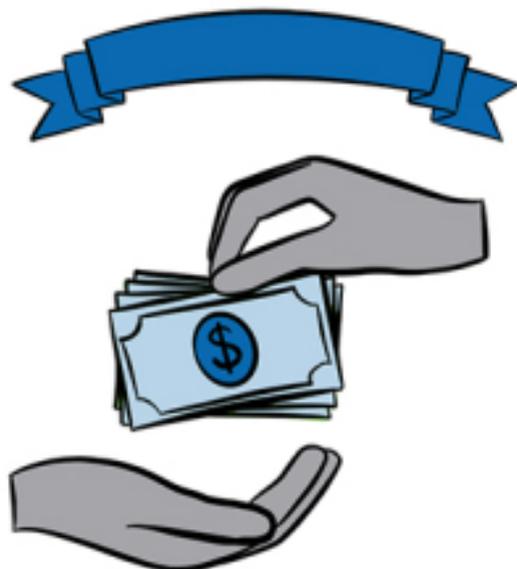


Appropriate gear for field activities such as wet season gear



Transport such as, bicycles, motorcycles or tuk tuks

## Provide sufficient financial incentives by:



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



Facilitating access to loans and savings platforms



Creating opportunities for income generation

# ACKNOWLEDGMENT

This creative illustration was developed by the African Population and Health Research Center (APHRC), a member of the East Africa Health Policy Research Organization (EA-HPRO) consortium. The EA-HPRO is made up of three partners, APHRC based in Kenya, the East, Central, and Southern Africa Health Community (ECSA-HC), in Tanzania; and Partners in Population and Development Africa Regional Office (PPD-ARO) – based in Uganda.

The content was derived from the gender toolkit: *Gender Intentional Strategies to Enhance Health Social Enterprises in Africa* developed by BRAC Uganda and Cape Breton University. This was made possible by the aid of a grant from the Innovating for Maternal and Child Health in Africa Initiative - a partnership of Global Affairs Canada (GAC), the Canadian Institutes of Health Research (CIHR) and Canada's International Development Research Centre (IDRC).



Government  
of Canada

Gouvernement  
du Canada



Canadian Institutes of  
Health Research  
Instituts de recherche  
en santé du Canada



IDRC • CRDI

International Development Research Centre  
Centre de recherches pour le développement international