

Community Health Workers Indispensable Yet Invisible

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SPEAKERS

Margaret Odera, Maggie Fox

Maggie Fox 00:01

Hello and welcome to One World, One Health where we take a look at some of the biggest problems facing our world. I'm Maggie Fox. This podcast is brought to you by the One Health Trust with bite-sized insights into ways to help address challenges, such as infectious diseases, climate change, and pollution. We take a One Health approach that recognizes that everything on this planet — the animals, plants and people, and the climate and environment — are all linked.

Community health workers are such an important part of public health. They're on the ground, they educate people, help treat people, and have their eyes and ears on their friends, families, and neighbors. They help organize communities during emergencies like the COVID pandemic, but they're often underpaid and underappreciated or not paid at all. Most are women. And in most societies, this so called women's work is considered part of their natural role.

In this podcast, we're chatting with Margaret Odera from her home in Nairobi, Kenya. She's a community health worker who's also an organizer seeking better recognition for people doing this important work. "We are where pandemics start and stop," Margaret tells us. Margaret, thanks so much for joining us.

Margaret Odera 01:19

Thank you. I'm so honored to be here.

Maggie Fox 01:23

You're a community health worker. Can you tell us what that means?

Margaret Odera 01:27

A community health worker is a health worker who stays in the ground with the people of her or his community. A community health worker is somebody who does the mobilization, sensitization, they conduct referrals and follow up to make sure that there is a state of health in the community is better than before. A community health worker also is there to detect and respond to outbreaks or pandemic so that they may not spread, they may be controlled, and combated.

Maggie Fox 02:00

What brought you into this work?

Margaret Odera 02:03

I came into this work by default actually. When I was little, I aspired to be a nurse. But life happened and I could not ----- and I became a community health worker after passing through a certain phase of life after getting infected and going through the prevention of mother to child transmission of HIV.

That's how I came by the process that life itself was taking me. That's how I came to love to be even the community health worker so that my community will change, the mindset of the mothers will change so that our children will not to be infected by HIV. And we are going to have a free, HIV-free generation in future.

Maggie Fox 02:48

As a community health worker, what are some of the skills that you have?

Margaret Odera 02:52

As a community health worker, I am a skilled mentor mother. I specialize in prevention of mother to child transmission of HIV because that is where I am skilled. I mentor HIV-positive pregnant and lactating mothers. So, when a mother is pregnant, immediately that mother has conceived and has been tested positive, there is where I start with that mother. Until she gives birth. I follow her on the antiretroviral drugs, I follow her on disclosure, I give her the psychosocial support. And we do one-on-one. Each and every step I go with that mother until the mother gives back, until that child is 18 months and HIV free. That's where I stop.

Maggie Fox 03:36

So, you must have been very busy during COVID.

Margaret Odera 03:39

Yes, I have been very busy during COVID because that time, even the mothers were not coming to the hospital and the people who were HIV-positive, some of them passed away because of depression. Where I am living is a semi-slum. Mathare is a slum area. So, most of the people who are living there defaulted. Most of them didn't return back to the hospital. So, we had to follow them up. We had to train them wherever they are, and we had to bring them back to the hospital.

So, others were having depression there that some of my clients who will take into the mental asylum, so it was not easy at all, but we tried our best as community (health workers) as to make sure that COVID is controlled in Kenya. At the same time, about vaccine hesitancy, also it was another hell of

work to do because many people never believed in these vaccines. And in -----, there are very many people who are addicted to drinking.

So, you will find that many men, especially men, are stuck in drinking sprees. So, most of the time, you will find even the sanitizers people never understood that they are there for washing, for cleaning hands. You could find when people are drinking them because it had a percentage of alcohol inside. So, it was a tough job convincing this person to even wash his hands or her hand. ----- when I was just going around my walk. And he told there are some women I found there. And I told them the importance of washing their hands. And they asked me, "we don't have water in Mathera. So, what are we going to wash our hands with? Are we going to, with the little water that we have, are we going to cook or to bathe or to wash our hands?"

Yeah. So, with the challenges that we have in the slum area like this, that I was staying without enough water, it was not easy when to tell people to wash their hands. And they agree. So yeah, we were busy.

Maggie Fox 05:34

When people talk about responding to pandemics and other health emergencies, they talk about needing someone on the ground in the community to do that day-to-day work to help people figure out how to protect themselves. You're doing that?

Margaret Odera 05:48

Yes, yes. That's what I'm doing. I'm telling somebody to protect him or herself, telling somebody to do social distancing. In a place like this, you just go two steps, (and) there another house, two steps and other house, it was not easy. But people tried their best. With time, people accepted, (and) started washing their hands, people started wearing masks.

And this is because the members of communities like me, who are there to tell them now this is not right. When you don't wash your hands, when you greet people with your bare hands during this pandemic, it's not right. It's because of the community health workers who are on the ground that COVID was able to be controlled even in the community.

Maggie Fox 06:30

You've been working to organize community health workers and to get better recognition. Can you tell us a little bit about what you're doing there?

Margaret Odera 06:37

That community of workers are doing a very important job in the community. That this community health worker does a lot of work in the ground. And unfortunately, as a community health worker submits reports that informs policy decisions, even to the government. At the end of every month, every other health worker goes to the ----- smiling, but this community health worker, at the end of the same end of every month, which she has told me that she has submitted reports, will have nothing to put in her table.

And I thought this is not right. We did not even have our names in the system. We were so scattered everywhere that even our names were not even in the county system. I decided to start a group

because I had a feeling that if we are scattered, if we are not together, we will not create an impact of advocacy. But if we come together as a bloc, we will have weighed our speech, our advocacy will have weighed so I decided to, I started with five people from Mathare, 5 community health workers. And we've created a small Whatsapp group of five people. And now those five people, each and every person was bringing other community health workers and tell them that we are starting our advocacy.

And within four to six months, I was asking the other community health workers and if you know somebody from Kisumu, if you know somebody from from -----, so that is how we kept -----. It was telling a friend to tell a friend, because we didn't have money even to travel, to go to other counties. Now we have 43 counties on bond out of 47 counties in Kenya. And I'm looking forward in creating a national association. My main objective in this is to see a professionalized paid and trained community health worker, because that is building health workforce better. And it's also because of the universal health coverage and the global health security because this community health worker is not professionalized.

This community health worker is not salaried, then we will have a problem with the global health security. So, that's what I saw for the sake of the universal health coverage, for the sake of the rights of women, because 70% of the community health workers are women. So, I thought it's high time that we should now start advocating for ourselves and I told that community health worker that if we do not advocate for ourselves, nobody will advocate for us. In Kenya, community health workers started working since 1986, is approaching 40 years from the time community health workers were built in Kenya. But nothing was done until community health workers started advocating for themselves. I can see now, at least, the government is doing something. We're getting a small stipend, we are being equipped. But that is not enough.

It is not enough because at the end of the day, we should have a professionalized, a salaried, and a trained or formalized community health worker just like any other health worker. And if the government can't see that they cannot afford to pay the community health workers, then it means that they can afford child mortality. They will afford the deaths if they cannot afford to pay community health workers. That is what they're saying.

Maggie Fox 09:59

Why do you think people undervalue the work that community health workers do?

Margaret Odera 10:03

One, it is because 70% of the community health workers are women. And you know, for a long time, women have been taken for granted. We do a lot of work and receive very little or no salary at all. Just an emotional blackmail, telling me that only God can pay me. You know, you see, when we approach the Mother's Day, you know, people praise women so much, praise the mother — oh mama, you have done a lot of work, I cannot even pay you, (and) it's only God can pay you.

And I think that is what the health fraternity, that is the direction that the health fraternity has taken because they see that a bigger percentage of the people who are working on the ground are women. Firstly, if 70% of community health workers were men, things could have been different. They could

have been paid a good salary at that. And I think that is not right. That is a corporate injustice against women. And this must change and it cannot change if somebody doesn't speak. Yeah, if somebody doesn't speak, it cannot. And it reached a point that community health workers were so comfortable in that, you know, being applauded, being told that you're doing a good job, they were so comfortable in that.

I believe in the time I started this network, some of the community health workers were thinking that I'm starting to rebel. They mentored me to stop because they thought and now, I'm becoming rebellious that I told them no, this is even building the health workforce better. For a long time, there was no training, there's no institution that a community health worker can go, and learn and come back to the community and now practice that. That institution is not there. There is no curriculum for the community health worker. And it's high time that now, a community health worker should have a curriculum.

The person who comes into contact with the patients is the community health worker. The person who comes into contact with the person who has vaccine hesitancy, who does not believe in even giving birth at the hospital, and believes in giving birth with the traditional birth attendant, it is the community health worker. The person who will tell a mother that she should go to hospital to get tested so that you may have elimination of mother to child transmission of HIV, it is the community health worker. A doctor cannot do that. A doctor cannot come to doorsteps every day to look for patient, but a community health worker does that. But unfortunately, there is no curriculum based on that. And I think that is the wrong direction. Pandemic starts and stops in the community.

And there is where a community health worker is. So, if you don't professionalize, if you don't institutionalize this community health worker, then we will have a weak health system. So, I tell the health fraternity to have that informed choice to choose between paying the community of workers, professionalizing the community health workers or getting ready for the pandemics and outbreaks because they will surely come.

Maggie Fox 12:54

This is such important work you're doing Margaret. Thank you so much for joining us.

Margaret Odera 13:00

Thank you so much.

Maggie Fox 13:02

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