

Community Health Workers

Posted by David Hercot on November 8, 2010 at 3:38pm

Are community health workers a master key for improving access to care in developing countries. And how much do incentives matter to ensure efficiency of their work?

Replies to This Discussion:

1) Reply by David Hercot on November 9, 2010 at 12:44pm

Social care provided by and at community level cannot be standing alone. It comes on top of economic protection mechanisms. Joris Michielsen and Edwin Wouters during their talk this morning

2) Reply by Dr Siv Sovannaroth on November 9, 2010 at 2:08pm

There are 2 things to motivate community health workers

1- incentive

2- Need to be accredited

3) Reply by Patrick Bigirwa on December 11, 2010 at 1:00pm

They can be a master key if handled properly. However, the issue of incentives needs to be further explored. We need information that should show how much do incentives contribute to the overall retention and performance of community workers as compared to other factors.

Otherwise, they are effective at providing basic curative and preventive services to mothers, newborns and children as revealed by my recent systematic review: <http://www.bioline.br/pdf?hp09013>

Emerging Voices – A new concept that reshapes north-south and south-south collaboration

Posted by David Hercot on November 29, 2010 at 3:56pm

Dear all,

we received lot's of comments on the emerging voices concept like the one from Irene embedded hereafter. I suggest we post them in this discussion. This way we will keep track of all the good feedback we get from this experience.

Dear all,

I hope you are fine.

I'd like to let you know that i got home safely and I am grateful for the opportunity and exposure that Emerging Voices programme gave us.

I sincerely thank the organizing team, funders and the brain(s) behind

this whole idea.

I think the EV's programme provided a new 'definition' in improving North-South and South-South collaboration.

I hope we keep up the pace and contributes to better health in the world.

Sincerely,

Dr Irene Masanja

Ifakara Health Institute

Dar es Salaam, Tanzania

All the best.

David Hercot

Replies to This Discussion

1) Reply by David Hercot on November 30, 2010 at 12:09pm

Dear All,

It's never late to say thank you. This has been a wonderful but a kind of different experience. Things started sinking in gradually but still I wasn't sure of what outcomes are we looking at. However, the post-Symposium build-up has added a new dimension to my expectations and has realized a dream of how one-time training or capacity building programs should be used as means to an end rather than an end in itself. Therefore, I am thankful to all of the ITM team and my EV colleagues for making this opportunity an exciting mutual learning experience.

I look forward to further learning and also contributing to this exciting journey.

With best wishes and warm regards,

Asmat

Asmat Malik

PhD Scholar – Health Systems and Policy

307, Edith Cavell Building | School of Population Health | The University of Queensland | Herston Rd Herston Qld 4006 |

2) Reply by David Hercot on November 30, 2010 at 12:23pm

During our colloquium, some journalists were hanging around to give us some insight on how to handle the press and answer to interviews. Some of them also took this opportunity to interview our emerging voices. In Mo, you can find an interview of Victoria Kajja (Uganda) and Yibeltal Assefa (Ethiopia) on [Mo's website](#). Beware it's in Dutch. To read an English column about Victoria's work you can read her comment in the [Ugandan Daily monitor](#) she published right after her training in Antwerp. You can find some of Yibeltal's recent publications on [pubmed](#)

3) Reply by David Hercot on December 6, 2010 at 11:17am

Prashanth, one of the Emerging Voices and ITM PhD student, found time to share his views on the Emerging Voices for Global Health project [on his blog](#) in between the annual ITM Alumni meeting and the national conference on [Evidence into Public Health Policy](#) in Bangalore.

Malaria Outbreak in Chhattisgarh in India

Posted by Dr Kamlesh Jain on November 16, 2010 at 11:00pm

Dear Friends

Sending the follow up article on Chhattisgarh malaria deaths in Hindu.

<http://www.thehindu.com/news/states/other-states/article890084.ece?...>

Malaria outbreak in Chhattisgarh

Bilaspur, November 16, 2010, Aman Sethi

Caption: "Malaria Parasite Positive" reads the treatment card of a young girl in Shahid Hospital in Durg, a district bordering the highly affected Rajnandgaon district. At Shahid, over 130 patients have tested positive for the same period, and five patients have succumbed to the illness. Photo: Aman Sethi

State health officials confirmed the outbreak of a malaria epidemic in Chhattisgarh's Rajnandgaon and Bilaspur districts. While the neighbouring districts of Durg and Koriya have also reported a spurt in malaria infections, officials have embarked on a state-wide intervention programme to contain the disease.

State Health Secretary, Mr. Vikas Sheel said that ten people had died of falciparum malaria in Bilaspur thus far, and that the administration was conducting door to door surveys in affected regions. Health workers are also distributing insecticide embedded mosquito nets and spraying village homes with pesticides like DDT.

"We have tested nearly 5000 fever patients over the last month and a half, of which between 30 and 40 percent tested positive for falciparum malaria," said Mr. Amar Singh Thakur, Bilaspur's chief medical officer, indicating that between 1500 and 2000 patients have been infected in Bilaspur district alone.

Malaria surveys are still underway in Rajnandgaon, but preliminary reports suggest that about 20 villages have been affected and over 100 patients have tested positive for falciparum malaria thus far.

Malaria is endemic to several of Chhattigarh's 18 districts, and the state has among the highest malaria incidence rates in the country. In India, the malaria parasite has two strains: the relatively mild plasmodium vivax, and the virulent plasmodium falciparum which is responsible for almost all malaria-related deaths.

Chhattisgarh's response to the epidemic could be hampered by a shortage of medicines.

"We have already used up about 80 percent of our supplies of ACT [Artesunate Combination Therapy] medicines," said Mr. Sheel, adding that the state had requested the central government for more supplies and would consider buying ACT medicines in the open market. According to the National Drug Policy on Malaria 2010, all falciparum malaria cases must be treated with ACT.

Doctors said that the short two year shelf life of ACT (as opposed to the 5 year shelf life of traditional chloroquin based treatment) could have contributed to the shortage of medicines.

Health officials are also struggling to comprehend the scale of the crisis. On October 31, The Hindu reported that inconsistencies in Chhattisgarh's malaria statistics were affecting the state's anti-malaria programme.

"The lack of surveillance could be a key factor in the escalation of the epidemic," said Dr Yogesh Jain of Jan Swasthya Sahyog (JSS), a community health project in Bilaspur. At present, more than 40 patients have been admitted the JSS hospital with severe malaria, of which seven have died from the disease. JSS has already recorded 234 cases and seven deaths of falciparum malaria in the first fortnight of November.

Speaking off-record, sources said that years of underreporting malaria statistics may put pressure on the administration to underplay the current crisis as well. For instance, government figures claim that only 137 people have died of malaria in Chhattisgarh since the creation of the state in 2000; a figure that has been widely criticized as unrealistically low.

Mr. Sheel said that this time the administration was encouraging field workers to report their finds as accurately and transparently as possible. "We need to recognize reality before we deal with it," he said.

Why doctors are working in the rural areas. A qualitative research.

Posted by Dr Kamlesh Jain on November 9, 2010 at 9:18pm

Dear friends,

Please find a good qualitative study report mentioned topic.

yes there is no doubt, doctors are also working in the rural areas !!!

what are the influencing factors for them to retain in rural area, you will find in this study as well you will get what are the constraints which may lead to not retain them !!!!!

Have a look !!!

Thanks

Regards

Kamlesh

Attachments: [Why Some Doctors Serve in Rural Areas.pdf](#), 1.3 MB

Which Doctor is for Primary Health Care?

Posted by Dr Kamlesh Jain on November 9, 2010 at 9:11 pm

Dear friends,

Please find enclosed study report !!

It may be interesting !!

It may give call for another research with modified research design !!!

Now In Indian context, may be required design shift in medical education, then only we may get the universal health care, 1 doctor for 1000 population !!!

Have a look and give feed back !!!

Attachments: [Which Doctor For Primary Health Care.pdf](#), 2.5 MB

Sharing of Community Health Volunteer Programme of Chhattisgarh India

Posted by Dr Kamlesh Jain on November 9, 2010 at 8:57 pm

Dear Friends,

Please find enclosed presentation of the Community Health Programme, which is being run in State of Chhattisgarh. This is known as Mitandin Programme. Mitandin, creates the awareness and demand generation for health services amongst the rural community, they are participating as well empowering the community about their health rights.

It was started in year 2002 and scaled up across the state in year 2005, currently programme is being run and committed by NRHM and state ministry. The programme

design and implementation both are being supported by supported by autonomous body (independent civil society) closely associated with state ministry, Department of Health and Family Welfare.

60,000 Mitanins contributed in rural areas of chhattisgarh to change the health behavioural practices. During this intervention, state acheived a remarkable reduction in infant moratlity. that was almost 34 points reduction over the period of five years of interventions.

Just have a look and give feed back !!!

Thanks

Regards

Attachments: [Mitanins_in Chhattisgarh__India.pptx](#), 4.6 MB

Life cycle of Community Health Volunteer Programme

Posted by Dr Kamlesh Jain on November 3, 2010 at 12:31 pm

Dear All,

Do you have any theory behind it !!! Once programme starts with good spirit, then when it near by to close !! or it never closes !!

It is just coming in my mind !!!

Kindy send me references if any !!!

Thanks

Replies to This Discussion:

1) Reply by [Slim Slama](#) on November 9, 2010 at 3:01am

Kamlesh,

I am aware of the following reviews on CHWs but not directly addressing the point you raised:

One Cochrane review of 35 RCTs (15 in LMICs) assessing the impact of CHWs:

<http://onlinelibrary.wiley.com/o/cochrane/clsysrev/articles/rel0002...>

From the same group but on maternal and child health and the management of infectious diseases

<http://www2.cochrane.org/reviews/en/ab004015.html>

An article from Andy Haines and David Sanders on CHWs impact on Child Survival:
"Achieving child survival goals: potential contribution of community health workers"
in the Lancet Volume 369, Issue 9579, 23 June 2007–29 June 2007, Pages 2121–2131

I also recommend you to read the exchanges of a "meet the expert series" of the Health Systems Action Network, moderated by Mushtaque Chowdhury, Deputy Executive Director of BRAC, Bangladesh and Frank Nyonator, Director for Policy, Planning Monitoring and Evaluation of Ghana Health Service

<http://www.hsanet.org/pages/ATE-discussion.aspx>

Hope this will help.

warm regards

Slim