Community Health Worker Projects:

What do community health workers think?

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At the 1978 conference on primary health care at Alma-Ata, the World Health Organization adopted as its slogan 'health for all by the year 2000'. Community health projects, in which members of the community are trained to deal with basic health problems, have been suggested as part of an ideal way of achieving this goal. More recently, however, there has been much debate about the capacity of community health workers to assist in achieving health for all.

Researchers have identified many weaknesses in community projects, which have contributed to their failure. This includes undemocratic selection procedures, and inadequate training, equipment and supervision. These researchers have also noted the especially high turnover rate, particularly in volunteer programmes. The causes identified include inadequacies in training and community support, poor supervision and lack of support from the health system. The chronic political and economic situation was also noted as a cause of weaknesses in projects.

The literature does not contain any information regarding community health workers' opinions on these issues. As one of the aims of the community projects is to empower both the community health worker and their communities, it is particularly important to get CHWs involved in the debate about the value of CHWs.

Study Approach

We interviewed all four of the paid workers and three of the five volunteer workers of the St. John Ambulance Community Health Project in Nyanga, a black township 20 kilometres from the centre of Cape Town. The project is a branch of a non-profit voluntary organization with Christian founda-

tions and has been in operation since 1980. It focuses on first-aid, home nursing and primary health care. Activities include running a nutrition clinic, sewing clubs and a lunch club, working in an old-age home, and conducting home visits and crisis intervention.

A semi-structured interview schedule was used to explore the areas of job satisfaction and dissatisfaction; the relationship between CHWs and their community, specific stresses and problems, coping strategies and suggested solutions, motivation; criteria for selecting CHWs and planning a community health project.

The article focuses on the problems CHWs experience in their work and the issue of volunteers which emerged as a significant and interesting area of study.

Problems of work encountered by community health workers

The CHWs we interviewed did not perceive lack of competence on their part to be a problem. Further, it appears that they are supported by a reliable network of referral agencies, teamwork amongst themselves and a supportive supervisor. The biggest problem they encountered was the socio-economic context in which they are working and the resultant unemployment and poverty. One community workers says, said:"*The most disturbing problem is unemployment. It is unemployment that is the cause of the whole thing. Because they're all sitting in a squatter camp without work or food and that is the result of TB, asthma, cancer, malnourishment and so on* ".

These community workers can do very little to alleviate the problems of poverty and unemployment, but they find it impossible to turn people away who need food, money and clothing. In providing for these needs, they are often criticised of giving charity, and of thereby encouraging passivity which inhibits community development.

A related problem is the lack of resources and equipment. For instance, a volunteer said that her equipment for home nursing had been cancelled as a result of a lack of funds. She said that, "*we have to go on like that, sometimes we wash them with blue soap. It's very hard. Sometimes the house smells and you must have something like Savlon or Dettol. It hurts me... it hurts me* ".

Poorly equipped community health workers cannot be relied on to

'Because they're all sitting in a squatter camp without work or food and that is the result of TB, asthma, cancer, malnourishment.' *Photo: Medico Health Project*

deliver a good health service. Their confidence in the value of what they are doing might be undermined, as would the respect of the community towards them in these circumstances.

The community health workers interviewed, often spoke of helping over weekends and at night. The community, project coordinators and

workers themselves believe that community health workers be available twenty four hours a day.

One of the strengths of community health workers, according to some writers, is that they live in and belong to a community. This is one way of making health services accessible to the community, but it often limits the time community workers have to rest. This increases the likelihood of their suffering from burnout. Working and living in same community also makes it difficult to distance themselves from their work. Thus, while the rootedness of community workers is an essential requirement, this could also result in the failure of projects.

The issue of volunteers

Some writers have suggested that volunteers are the ideal workforce, because they ensure that they are committed to the community rather than the health system. However, others suggest that volunteer programmes show very high turnover rates and low productivity.

Amongst community health workers interviewed, most saw voluntary work as a means of eventually getting paid employment. All the paid workers had previously worked as volunteers, and the community health workers saw it as more likely that they would receive a job in the project if they had already proven their suitability, and had gained training and experience. Both paid and volunteer workers felt a sense of injustice, however, at doing the same work but having no pay for it. A paid worker, for example, said that "*to be a volunteer is not quite good ... what they need is money. I could say that the volunteers are doing the same job that we are doing, but they don't get anything. It is not fair*".

The high turnover rate among volunteer workers is partially explained by the lack of pay. One volunteer worker, speaking of the difficulty of working in a particular area, said that they are told that, "*after all, you're not doing such a bad job, but then, we don't even get pay. So we just give up - we don't go anymore*".

Conclusion

Community health workers, like the communities they live in, are impoverished. Requiring them to work without pay, and sometimes with their own equipment, is exploitative. The community workers interviewed

were doing an extremely difficult job, and this alone explains why some projects fail.

In planning projects, these difficulties and their effects must be considered. It is in the interest of any employer to ensure that workers do not find their work so difficult that they are forced to leave. The ideology of community health worker projects, which is concerned with the empowerment of these workers and their communities, should ensure that progressive health project planners are more aware of their difficulties. It seems, from the interviews we did, that even basic human rights of community workers are ignored by project leaders.

The authors would suggest that using volunteers, often poor themselves, to perform the same tasks as paid workers is an unacceptable labour practice. For community workers to perform an effective part in a future health service, we should ensure that:

- the tasks community workers are asked to perform is within their capacity;
- community projects are planned in way that ensures that community workers get sufficient rest; and
- community health workers are not subjected to exploitative labour practices.

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