

Exploring mental wellbeing for community health workers in Kenya: Perspectives of Policy makers

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INTRODUCTION

Community Health Workers (CHWs) are globally acknowledged as a vital health workforce and a bridge between informal community health systems, and formal healthcare facilities. In resource-constrained settings like Kenya, CHWs are often the only point of contact with formal health services for particularly poor people in urban and rural contexts. CHWs have heavy workloads, are under-prioritized, have minimal supervisory support, and the majority are not fairly compensated. Evidence on CHWs' mental well-being and available support within the community health systems is scarce.

In Kenya, a Community Health Worker supports 100 households, in largely voluntary roles. Research evidence has largely focused on CHWs' roles and experiences, but very little on work-related stressors and CHWs' mental well-being. This study explored the perspectives and experiences of policymakers in Kenya about policies and plans for enhancing the mental well-being of CHWs in Kenya.



METHODS

Key informants (n=20) were purposively selected for interviews based on their roles in policy-making and policy translation within Kenya's community health system. These informants included:

- National-level policymakers (n=3)
- Subnational-level (county) policymakers (n=13)
- Subcounty-level policymakers (n=4)

Concurrently, a policy analysis is ongoing to map existing community health policies in Kenya to identify potential gaps. These insights will be used to inform intervention design responsive to the diverse personal and job-related stressors experienced by CHWs, and further policy adaptation and/or implementation.



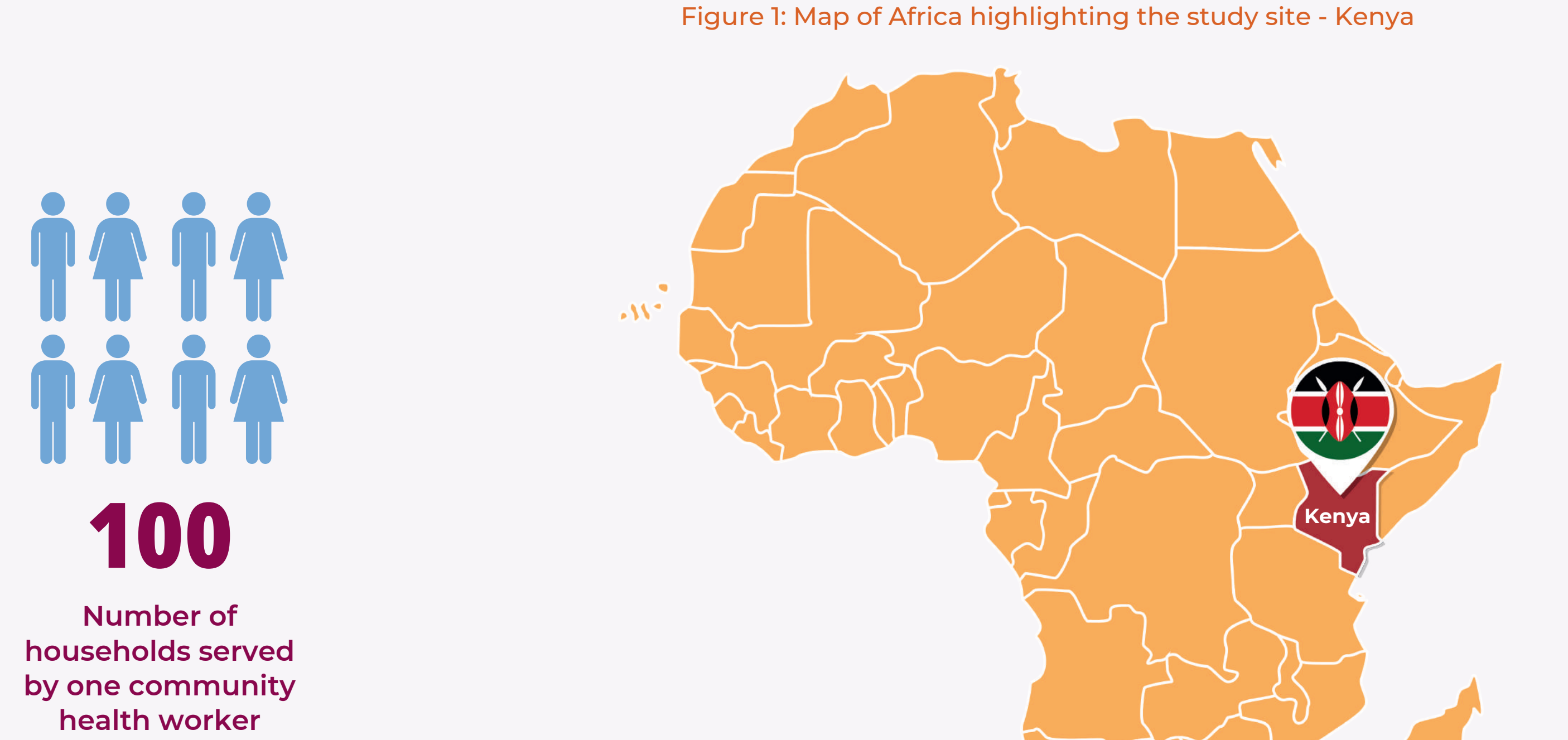
Left: A Community Health Worker visiting a household. Right: A CHW collaborating with data analysts during a home visit. Photo by Freshiah Njoroge & Collins Kayubs.

STUDY PARTNERS



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Study Site



PRELIMINARY FINDINGS

- There is no mental health policy specifically designed for Community Health Workers (CHWs).

CHWs MOTIVATORS

- Provision of a stipend of 5,000 Kenya Shillings approximately US\$38.40 for the first time (this cost is shared between the National and subnational governments).
- The provision of branded tool kits & aprons for easy recognition in the community by the current government.

CHW STRESSORS

- Low and inconsistent disbursement of stipends.
- Limited supervisory support or structured debriefing sessions.
- Undefined scope of work associated to work overload.
- Inadequate technical capacities, hence low confidence in some tasks.
- Resource constraints.
- Difficulty engaging or communicating with healthcare workers in facilities.
- Inadequate support at the subnational level, despite presidential goodwill for the community health system.

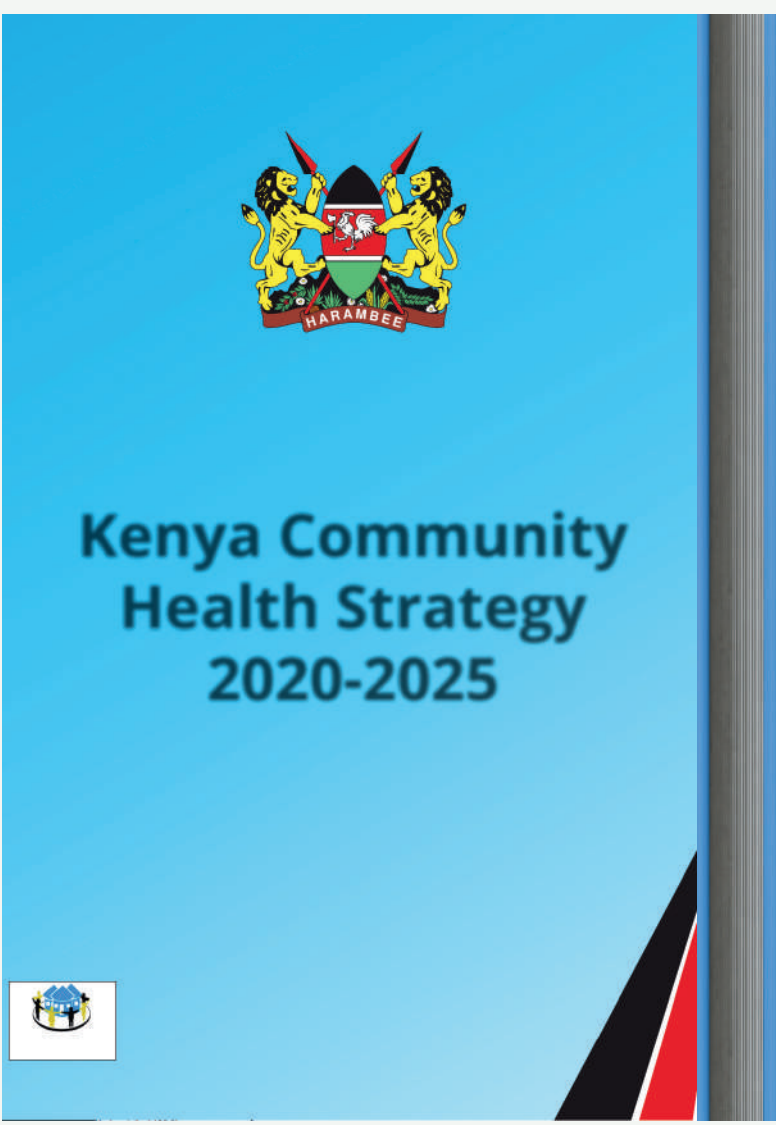
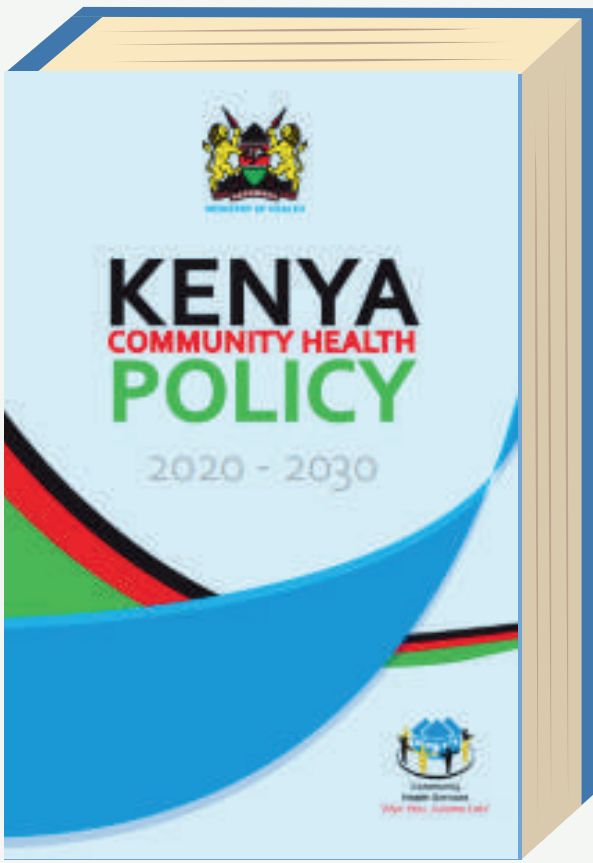
CONCLUSION

CHWs' mental stressors are associated with complex systemic problems relating to resources, processes, and relationships.

RECOMMENDATIONS

The National Ministry of Health and Subnational governments should:

- Sustain institutionalisation of CHWs work including development of clearly defined roles, and mechanisms to enforce adherence.
- Identify a package of sustainable and appropriate reward systems for CHWs, including improving timely, fair compensation for CHWs.
- Increase policy engagement at the subnational level to enhance local support for mental well-being.
- Steward mechanisms to promote and sustain better engagement between CHWs and formal healthcare workers.



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