

Findings from CHEW and CHV

Qualitative Research

The objective of this study is to understand CHEW/CHVs habits, needs and pain points in depth in order to generate specific guidance for translating study findings into usable tools aimed at improving the efficiency and effectiveness of CHV/CHEW interactions with parents to convince them for taking their eligible daughters for the free HPV vaccination at their health clinic.

METHODOLOGY

We used semi-structured in-depth interviews:

40-60
Minutes
Per Interview

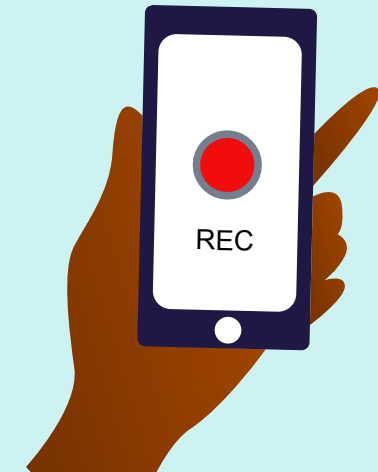
7
CHVs
Interviewed

6
In-person
Interviews

1
Voice Call
Interview



Each interview was voice recorded with the consent of the respondent.



CHALLENGE

The difficulty encountered during the study was that the majority of the respondents from the sample provided were CHVs, and we did not have the opportunity to speak with any CHEWs.

NATURE OF WORK

Majority of the CHVs interviewed have been in that field for 5 years and above. Their motivation stems from wanting to help their community and empowering them with information that is beneficial to them and their development.

Each CHV is designated a community unit comprising 100 households of which they are a part of. They report to the CHA (Community Health Assistant).

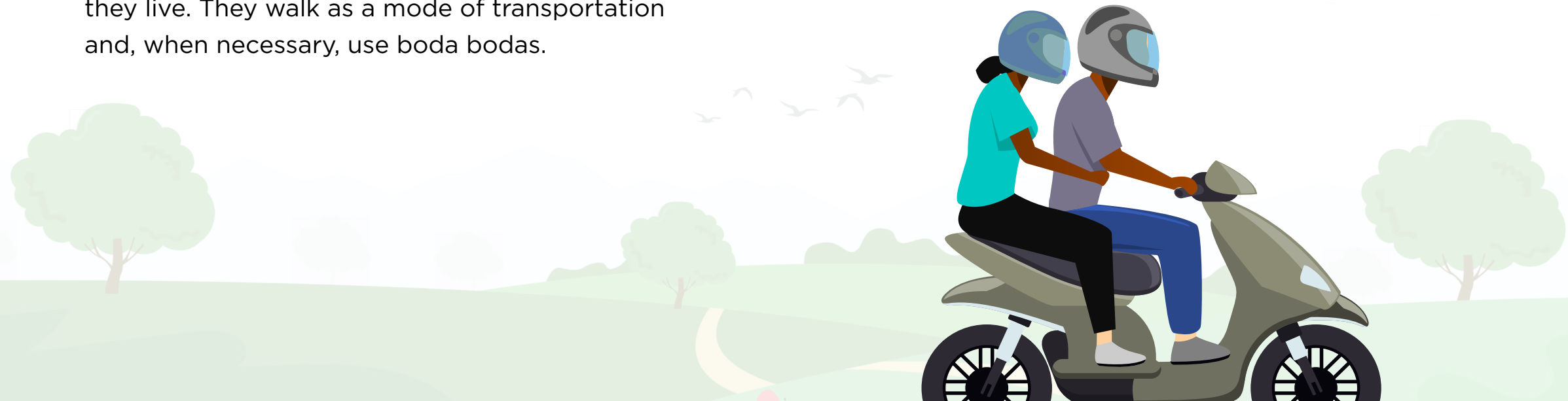
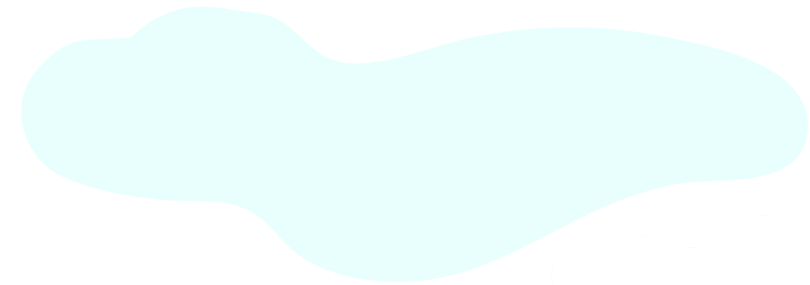
They have goal oriented tasks that are guided by their reporting tools i.e MOH 514,513,516. They interact with teachers, students, religious leaders, parents, and administrators such as community area chiefs.



NATURE OF WORK

Because being a CHV is a voluntary position, the CHVs set aside two or three days per week to do community service. On the other days, they run businesses or do odd jobs to make ends meet.

They do not have to travel long distances to the community units because they are close to where they live. They walk as a mode of transportation and, when necessary, use boda bodas.



ROLE AND MANDATE OF CHVs

- Make home visits, initiate dialogue with household members, determine the health situation, deliver key health messages, and undertake necessary actions
- Guide the community on health improvement and disease prevention with facilitating campaigns such as polio, measles vaccinations. Distributing condoms to reduce spread of HIV/AIDS. Distributing dewormers to school going children
- Register households as guided by their reporting tools
- Treat common ailments and minor injuries e.g.. first aid if need be, home based care for the bed ridden/elderly
- With support and guidance from CHEWs, implement protocols for Community-Based Maternal and Newborn Health and Integrated Community Case Management of Childhood Illness.
- Defaulter tracing for PreP and TB patients as well as child immunisation defaulters.

ROLE AND MANDATE OF CHVs

Aside from their main duties, they also help donors with community initiatives such as food distribution, sanitary towels distribution and mentorship programs.

It was consistent in our conversations that the training done for them to be inducted as CHVs, was organised by the Community health strategy with support from donors namely Afya plus, AMREF and Red cross.

The training took 7-11 days, where they were provided with training manuals containing all the information required for that role.



HPV VACCINE KNOWLEDGE AND SERVICES

The majority of the people who participated in this study had no formal HPV training. They obtained their information simply by conversing with the nurses and doctors at the health facilities with which they work. The internet and conversations with their fellow CHVs are their other sources of information.

They are aware of the vaccine, the number of doses, and the age group targeted.

They would like to know more about the vaccine, the potential side effects, and why the specific age group was chosen.

They believe the vaccine is important and would like to be better informed about it in order to help other members of the community embrace it as well.

They recommend that the information be passed through to them in the following ways:

- Extensive on-site training for all CHVs
- Information materials such as booklets/handouts/manuals
- Links to websites where they can get the information

NATURE OF INTERACTION BETWEEN CHVs AND PARENTS IN RELATION TO HPV VACCINE

Interaction between parents and CHVs occurs in a variety of settings, including households, markets, chamas, barazas, schools, and religious institutions such as churches.

Because the parents are well-known members of the community, interacting with them is relatively simple.

They communicate with the parents through in-person conversations.

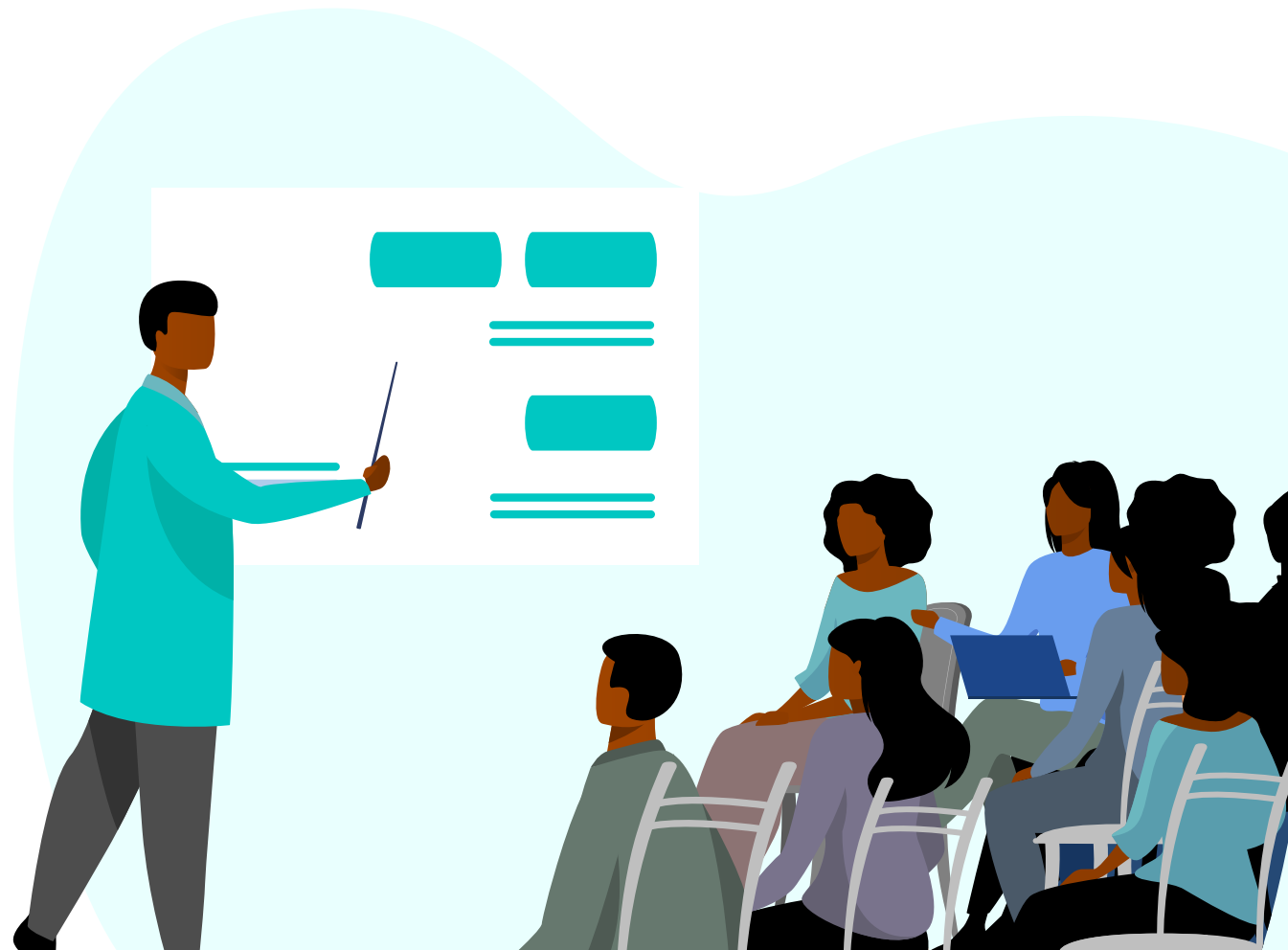


CHALLENGE

- Myths and misconceptions; Most parents lack information about HPV and cervical cancer hence they believe the vaccine is going to sterilize their children, others think its a form of family planning method
- CHVs lack adequate information and training regarding the vaccine.
- Religious and cultural biases
- Lack of resources and materials to enhance passing of information. Visual aids ie. pamphlets , brochures, banners
- Ignorance and hostility from some community members

RECOMMENDATIONS FROM CHVs

- Mobilisation of communities through HPV vaccine specific campaigns , road shows , medical camps and screenings
- Provision of information packets to handout to parents
- Collaboration with community stakeholders; religious leaders, chiefs, headteachers
- Emphasis on school collaborations with teachers and headteachers ,as the targeted group is readily available there and parents trust teachers' opinions and concerns.
- Increase outreach to the community with door to door campaigns.
- Collaborate with media outlets to spread the campaigns through radio and TV.





marathon