

yourhealth/ — WITH GARDY CHACHA

Community health workers need pay

For all the work they do, they do not receive formal pay and there are calls to change this trend to make this a viable career path

In 2015, Brian Sepashina received a distress call to help save a pregnant woman's life in Laramatas village in Kajiado County.

The woman had been in labour for some hours and the traditional birth attendant who was handling her case had run out of 'wisdom' to help out.

"I later found out that the expectant woman had previously given birth via caesarian section. I knew right away that she needed specialised care," Brian says.

Within two hours, Brian had organised for a car to pick the woman and ferry her to Kajiado Level 5 hospital where her case could be handled. The woman underwent another c-section for her second birth.

"The doctor said had we let the

traditional birth attendant proceed with the birth both mother and child would probably have died in the process," Brian says.

When villagers called on him to assist, Brian says, it was because they understood that he was a community health worker (CHW) — with some knowledge on the right course of action. However, for his dedication, no one pays Brian. He has to make a living from herding goats and cattle, which he sells.

"I was trained to be a community health worker by Amref Health Africa in 2014," he says.

"I had been chosen by elders of the community to receive the training. I have always loved serving other community members."

On March 7, 2017, at Africa Health Agenda International Conference in Nairobi, a campaign to get community health workers paid and formally integrated into our health system was rolled out.

Presently, community health workers are neither paid nor remunerated across many African countries, including Kenya.

According to Amref, CHWs play a critical role in saving lives, especially at the community level where people lack access to the formal health system. "More than 50 per cent of Africans cannot access these formal health system and it is community health workers who provide this vital link," said Dr Githinji Gitahi, Amref Health Africa Group CEO.

So far, only Ethiopia, South Africa, Nigeria, Malawi and Rwanda have national CHW programmes which legitimise CHW's work and offer a sus-

tainable career path.

The World Health Organisation (WHO), represented at the conference, voiced its support for a community based health system, saying this is where the health care need was most pressing.

"Community health workers need stable incomes," said Dr Matshidiso Moeti, Director - WHO Africa Regional Office.

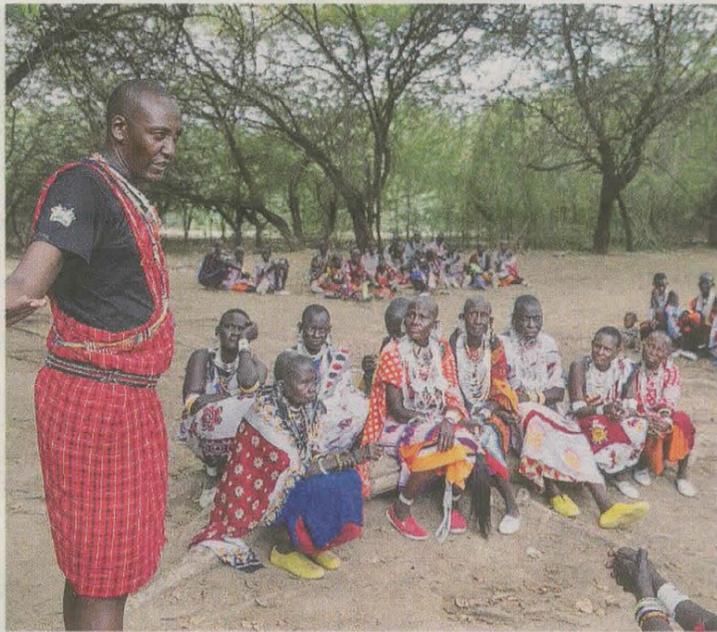
Support for Kenyan CHWs is currently being driven by Amref and GlaxoSmithKline Kenya.

"If we can be included into a national system I believe we will save many more lives," comments Bahati Abdalla, a CHW in Port Reitz, Mombasa. It is only last year that Bahati recalls her efforts to direct a TB patient to a medical facility helped him get well.

"He had been sick for some time and his condition was getting worse. I was told about him and I asked that we take him to the hospital. He was diagnosed with MDR TB. Who knows what would have happened to him had we not insisted that he be checked?" Bahati says.

The Kenyan government, as a signatory of '1 million community health workers' campaign, by WHO, which underlines importance of primary healthcare, recognises the existence of CHWs.

"We even have an official curriculum for community health work that was launched by former Health Cabinet Secretary, James Macharia," says Anne Thitu, head of community health at Kajiado county's ministry of health.



Charles Leshore takes a group of women through a reproductive health session. [PHOTO: COURTESY/STANDARD]

nutrition/—

— WITH ANGELLA WALI

Diet tips when on dialysis

When you have chronic kidney disease, and it gets to the point where your kidneys are no longer able to filter waste for excretion, you will have to go through dialysis.

This is the process where a machine acts like an 'external kidney' — clearing and excreting waste.

During this time, one needs to monitor intake of certain nutrients so as to increase effectiveness of the dialysis process and also not to overburden the already very sick kidneys.

One such nutrient is sodium which can cause a build up of fluid in the body. You can start by reducing your salt intake and use herbs and other spices for flavor instead. Be careful about using salt substitutes as most of them contain potassium, a nutrient which you also need to be cautious about. Try to avoid salty snacks like crisps and treated meats like sausages, smokies and hot dogs. These contain a lot of sodium.

Watch your potassium intake when on dialysis as too much of it can bring heart complications. Foods high in potassium include oranges, bananas, beans and some vegetables. Some low potassium foods include apples, peaches, pineapples and pears.

You might want to increase your protein intake to cater for protein losses. Ensuring you have enough protein will also go a long way in helping maintain blood pressure in between dialysis sessions — a common complication in kidney disease. It will also boost your energy levels and help maintain blood protein levels.

Watch out for foods high in phosphorous like milk and yoghurt. Limit your intake of these to about half a cup a day. Low phosphorous foods include cream cheese, butter and tub margarine.

— @WaliNutrition

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— Dr Githinji Gitahi, Amref CEO

doctor'sdesk/ — WITH KIZITO LUBANO

Lessons learnt over five years at the 'doctor's desk'

Writing is one of the things I love to do most in life. Sharing what I have learned in my 30 plus years in the human health field is probably another. So, having a weekly space in a great newspaper was like getting to do both and getting paid for it!

Again, all this would not have been possible if not for the vote of confidence of *Wednesday Life*. To all of you, you are all awesome! And of course, the wonderful readers of this piece — and of everything else I've written — get my heartfelt thank you as well.

At the end of the day, all my words are nothing without people who want to read it.

There have been many developments since

Doctor's Desk started nearly five years ago.

Doctors are now free to advertise their services, Health CS Cleopa Mailu said in a special gazette notice published on July 26, 2016: "The practitioner can also market any publication, research work or any contribution the practitioner has made in the medical field forms...as long as they do not infringe on patient confidentiality," the regulations state.

What do I enjoy most about being a doctor? People may find it cheesy or clichéd, but the thing that has kept me going is the human interaction.

Snippets of humanity and kindness shining through the chaos is the best part of the job and

what puts it all in perspective for me. People keep you going.

Observing the progressive deterioration in public health systems has however, caused me a mixed range of feelings.

As a colleague of mine summed it up so well: "I am frustrated, I am committed, I am only human and I am your doctor. Lately, because of the protracted industrial dispute that has been on and off in the last five years, pain, shame and blame have dominated the emotional life of doctors working in the public sector.

Today, it is not enough for doctors to be experts in disease treatment methods. It is becoming more and more apparent that for doctors to

be successful, they need to be skilled in finance, business and even communications.

Besides the media and the general public, there are many different audiences to whom you might need to convey your work: Public, funding agencies, industry, health-care practitioners and researchers from other disciplines to name a few.

I have also learned to write in plain language that the public and patients can understand. From simple explanatory brochures — or website copy — to more extensive descriptions of diseases, trauma, diagnostics, and treatments from procedures through pharmacology.

Long live Doctor's Desk!