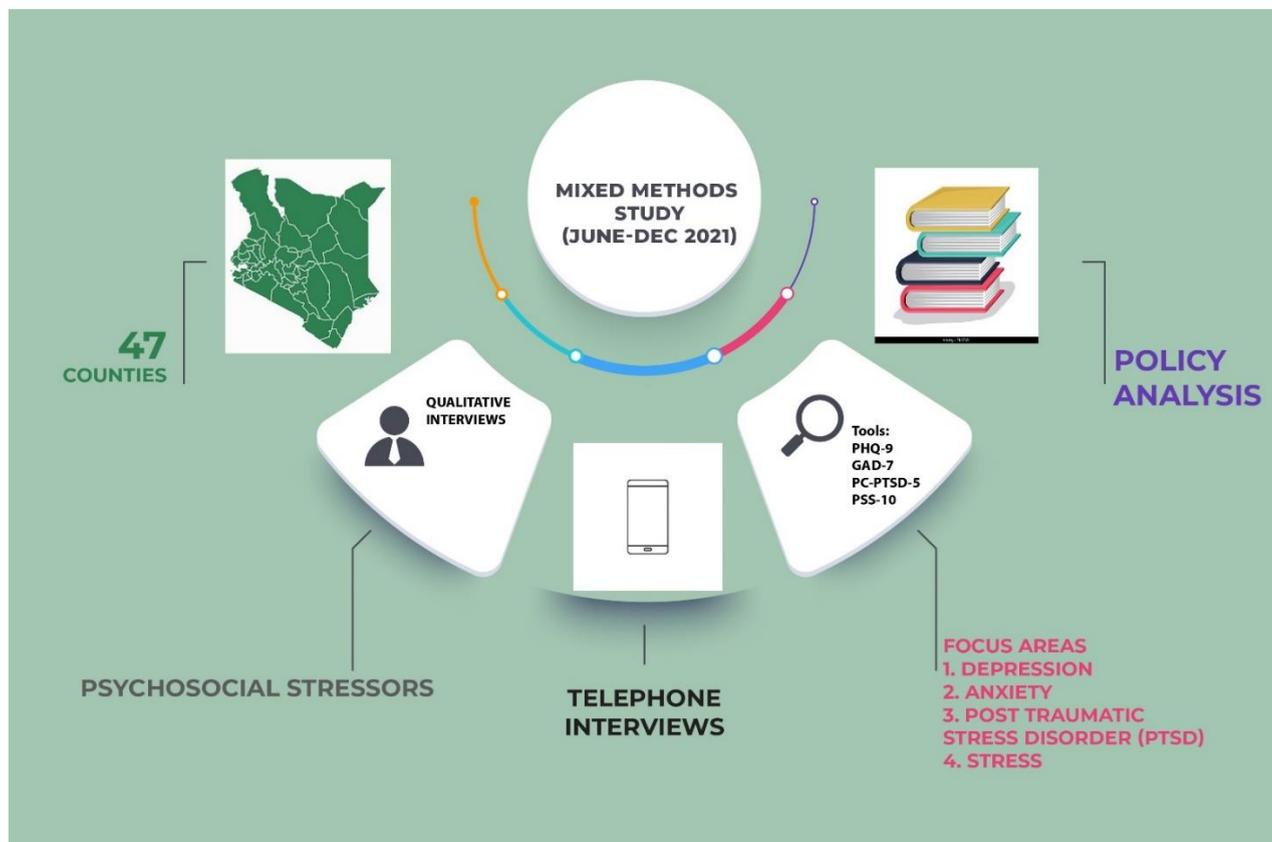


## Protecting the wellbeing and strengthening the resilience of nurses, midwives, and community health volunteers in Kenya

### INTRODUCTION

Frontline health workers form the backbone of health systems. Demands of their work expose them to both acute and chronic shocks and stressors subjecting to the high risk of experiencing psychosocial distress. The COVID-19 pandemic has worsened this condition. It is, therefore, important to take care of their psychosocial wellbeing and ensure their ability to adapt to the health system shocks and stressors. The Aga Khan University, in partnership with Johnson and Johnson Foundation, recently completed a study in Kenya to generate an evidence base for understanding levels of psychosocial distress and their correlates among nurses, midwives and Community Health Volunteers (CHVs) in Kenya.

### APPROACH:



## RESULTS:



### Key Study Quotes:

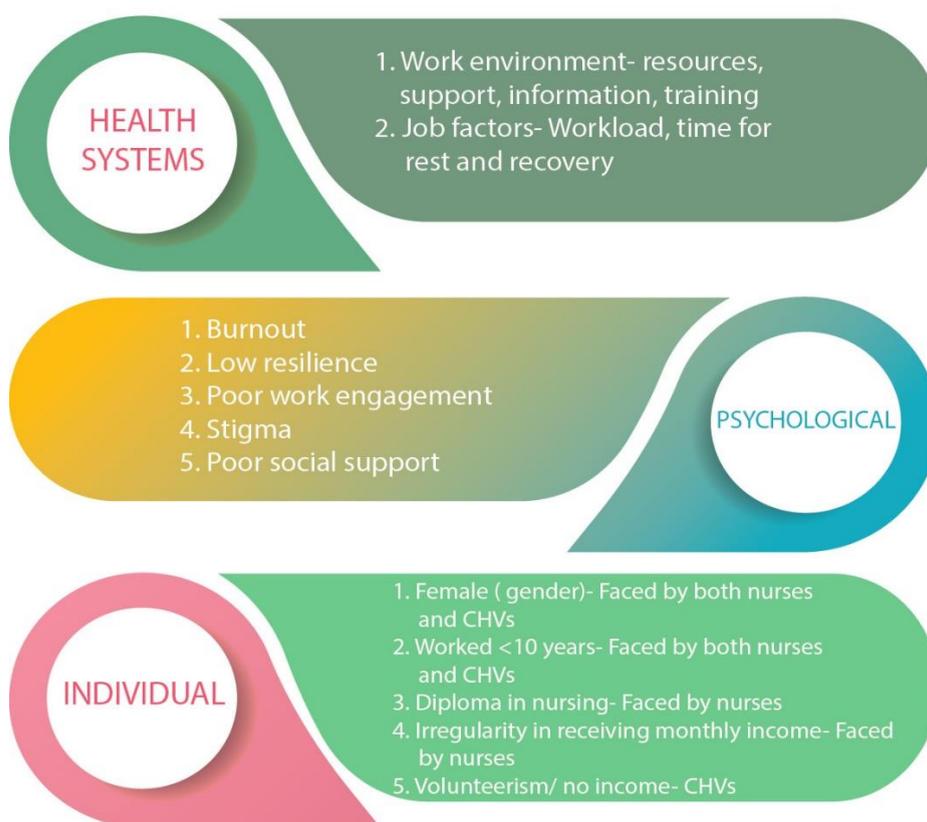
*“In most cases, you find issues like burnout being very common. You find that within your areas the population is high and you many households to work with. So, you have to a lot of work, you often get tired, and we are not given a stipend; they said we are volunteers. So even the allowance that sometimes is supposed to help you accomplish some facts is not available. When you ask, you are told you are a volunteer, and it demoralizes you.” (CHV)*

*“...we have never received any support, even someone coming to teach us how to handle issues and listen to our problems. Yes, so you see that is what hurts CHVs the most. Then, when you leave home to go work [CHV related work], you go for a long distance, you leave in the morning, and then maybe you do not have another job and you wonder “when I go back home my kids need food, where will I get the food?” (CHV)*

*“This is where now we are lacking; we don’t have such allocations at least privacy ... our issues are handled in the hospital and depends on whoever is seeing you such that they can decide to talk about your health, is up to them. We don’t have, were lacking that. We need resource allocation in both facility and money.” (Nurse Manager)*

## RISK FACTORS:

### RISK FACTORS FOR MENTAL HEALTH PROBLEMS AMONG CHVs, NURSES & MIDWIVES



## POLICY ANALYSIS

**Key finding:** Health workers are not trained to care for their own mental health. Most guidelines outline how the health workers should handle clients' mental health needs. This is except for the guidelines addressing health workers' mental health released during COVID-19 pandemic.

## CONCLUSION

There is high prevalence of mental disorders among formal health workers (nurses) and informal health workers (CHVs). This, despite differences between these cadres, such as education and income levels.

Therefore, there is need to address the key risk factors associated with these mental disorders for health workers and invest in psychosocial support programmes for frontline healthcare workers. This will empower them to enjoy their own right to mental wellbeing, which is critical for them to ensure continuity of quality health care services provision and the achievement of universal health coverage.

## POLICY RECOMMENDATIONS

### Legal and legislative action:

- Introduce policies on mental health management for health care providers
- Provide guidelines for provision and access to psychosocial support

### Restructuring of the health system:

- Integration of health workers' mental health management in health care services through development of clear structures of pathways for care, including screening, identification and provision and access to psychosocial support
- Provide resources – space, finance, personnel – to provide psychosocial support services for health workers
- Ensure regular and timely remuneration of health care workers
- Provide necessary and adequate work equipment to protect the wellbeing of health care workers

### Strengthening mental health management at the lower levels of the health system:

- Carry out a training needs assessment to identify gaps and needs to be addressed
- Establish innovative ways to assimilate preventive services into daily services e.g., peer-to-peer support

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