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## *Community Health Workers as Agents of Change: Lessons from South Asia and Sub-Saharan Africa*

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### **Abstract:**

*Community Health Workers (CHWs) play a pivotal role in bridging the gap between healthcare systems and underserved populations in South Asia and Sub-Saharan Africa. This article examines the transformative impact of CHWs as agents of change in these regions, focusing on their contributions to maternal and child health, disease prevention, and health education. Drawing from case studies in Ethiopia, Uganda, Kenya, and Mali, we analyze the strategies employed by CHWs, the challenges they face, and the outcomes achieved. The findings underscore the necessity of integrating CHWs into national health policies and providing them with adequate training, resources, and support to enhance their effectiveness.*

**Keywords:** *Community Health Workers, South Asia, Sub-Saharan Africa, Health Systems, Maternal Health, Disease Prevention, Health Education, Health Policy*

### **INTRODUCTION**

Community Health Workers (CHWs) are integral to the healthcare infrastructure in low-resource settings, particularly in South Asia and Sub-Saharan Africa. They serve as a bridge between formal health systems and communities, delivering essential services such as immunization, maternal and child health care, and health education. Their work is crucial in

areas with limited access to healthcare facilities, where they often serve as the first point of contact for health services.

### **Origins of CHW Programs in South Asia and Sub-Saharan Africa**

The concept of Community Health Workers (CHWs) has its roots in the 1970s, inspired by the "barefoot doctor" model in China. This model emphasized training local individuals to provide basic healthcare services in underserved rural areas. In South Asia, Bangladesh's BRAC (formerly known as Bangladesh Rural Advancement Committee) adopted and adapted this model, training locally recruited paramedics to deliver primary healthcare services. This approach aimed to bridge the gap between formal healthcare systems and rural communities.

In Sub-Saharan Africa, the emergence of CHWs was influenced by the need to address health disparities in rural and remote areas. Countries like Uganda and Zimbabwe initiated CHW programs to combat infectious diseases and improve maternal and child health outcomes. These programs often involved training community members to provide basic health education, administer immunizations, and offer maternal care services.

### **Government and NGO Involvement in CHW Initiatives**

Governments and non-governmental organizations (NGOs) have played pivotal roles in the establishment and expansion of CHW programs. In South Asia, BRAC's model was supported by the government and international donors, leading to the widespread implementation of CHW programs across the region. Similarly, in Sub-Saharan Africa, NGOs such as Africa AHEAD have been instrumental in promoting community health through the establishment of Community Health Clubs (CHCs), which focus on hygiene and health education at the grassroots level. [Wikipedia+1](#)

International organizations like the World Health Organization (WHO) and UNICEF have also been significant contributors, providing technical support, funding, and policy guidance to integrate CHWs into national health systems. For instance, the WHO's Alma-Ata Declaration in 1978 emphasized the importance of primary healthcare and the role of community health workers in achieving health for all.

### **Transition from Volunteerism to Formal Employment**

Initially, many CHW programs relied on volunteers who were often community members without formal healthcare training. These volunteers played a crucial role in delivering basic health services and health education. However, the sustainability and effectiveness of such volunteer-based models faced challenges, including high turnover rates, lack of accountability, and limited impact on health outcomes.

Recognizing these challenges, there has been a global shift towards formalizing CHW roles. In Sub-Saharan Africa, organizations like mothers2mothers (m2m) have pioneered models that employ CHWs as salaried professionals. m2m employs Mentor Mothers—women living with HIV who are trained and compensated to provide health education and support to other women and children. This model has not only improved health outcomes but also empowered women economically. [pop-umbrella.s3.amazonaws.com](http://pop-umbrella.s3.amazonaws.com)

In South Asia, countries like India and Nepal have also moved towards formalizing CHW roles. For example, India's Accredited Social Health Activists (ASHAs) are community-based health workers who receive performance-based incentives for delivering health services. This shift aims to enhance the professionalism of CHWs, ensure better supervision and training, and improve the quality of healthcare services provided at the community level.

### **Roles and Responsibilities of Community Health Workers (CHWs)**

Community Health Workers (CHWs) serve as vital connectors between healthcare systems and the communities they serve. Their roles are multifaceted and tailored to the specific health needs of their communities. Below is an overview of their primary responsibilities:

#### **Provision of Primary Healthcare Services**

CHWs deliver essential healthcare services directly to individuals and families within their communities. These services often include:

**Basic Health Screenings:** Conducting preliminary health assessments to identify potential health issues.

**First Aid and Emergency Care:** Providing immediate care for minor injuries and stabilizing patients until professional medical help is available.

**Maternal and Child Health Services:** Assisting with prenatal and postnatal care, immunizations, and growth monitoring for children.

**Chronic Disease Management:** Supporting individuals with chronic conditions like diabetes and hypertension through monitoring and education.

By offering these services, CHWs help reduce the burden on formal healthcare facilities and ensure that underserved populations receive necessary care [Bureau of Labor Statistics](#).

#### **Health Education and Promotion Activities**

CHWs play a crucial role in educating their communities about health issues and promoting healthy behaviors. Their activities include:

**Conducting Outreach Programs:** Organizing workshops, seminars, and community meetings to disseminate health information.

**Providing Culturally Appropriate Health Education:** Tailoring health messages to align with the cultural beliefs and practices of the community.

**Advocating for Healthy Lifestyle Choices:** Encouraging behaviors such as proper nutrition, physical activity, and smoking cessation.

**Distributing Educational Materials:** Sharing pamphlets, posters, and other resources to reinforce health messages.

Through these efforts, CHWs empower individuals to take control of their health and make informed decisions [Health Vermont](#).

### **Disease Surveillance and Reporting**

CHWs are often the first to identify health trends and outbreaks within their communities. Their responsibilities in disease surveillance include:

**Monitoring Health Indicators:** Tracking the prevalence of diseases and health conditions.

**Reporting Cases to Health Authorities:** Informing local health departments about unusual patterns or outbreaks.

**Participating in Contact Tracing:** Identifying and notifying individuals who may have been exposed to contagious diseases.

**Collecting and Reporting Data:** Gathering health data to inform public health interventions and policies.

CHWs' involvement in disease surveillance enhances the responsiveness of health systems to emerging health threats [PMC](#).

### **Referral and Follow-Up Services**

Ensuring that individuals receive comprehensive care involves:

**Making Referrals to Healthcare Providers:** Directing individuals to appropriate medical services for conditions beyond the CHW's scope.

**Assisting with Access to Services:** Helping community members navigate healthcare systems and access necessary resources.

**Providing Follow-Up Support:** Monitoring patients' progress and ensuring adherence to treatment plans.

**Offering Emotional and Social Support:** Providing encouragement and assistance to individuals facing health challenges.

### **Impact of Community Health Workers (CHWs) on Health Outcomes**

Community Health Workers (CHWs) have demonstrated significant contributions to improving health outcomes, particularly in underserved regions. Their roles encompass various aspects of healthcare delivery, each impacting public health in distinct ways.

### **Reduction in Maternal and Child Mortality Rates**

CHWs play a pivotal role in reducing maternal and child mortality through:

**Antenatal and Postnatal Care:** Providing essential care and education to expectant and new mothers.

**Emergency Referrals:** Identifying complications early and facilitating timely medical interventions.

**Mental Health Support:** Addressing maternal mental health, which is crucial for both mother and child well-being.

For instance, a study in Afghanistan observed that CHW programs significantly improved maternal and child health indicators, including a notable reduction in neonatal deaths. [Journal of Global Health Reports](#)

### **Improvement in Vaccination Coverage**

CHWs enhance vaccination rates by:

**Community Engagement:** Building trust and educating communities about the importance of immunization.

**Home Visits:** Reaching households that might otherwise miss vaccination services.

**Addressing Hesitancy:** Countering misinformation and providing accurate information to caregivers.

A systematic review highlighted that CHW-led immunization programs have effectively increased vaccination coverage, particularly among vulnerable populations. [NC DHHS](#)

### **Enhancement of Disease Prevention and Control Measures**

CHWs contribute to disease prevention and control through:

**Health Education:** Promoting hygiene practices and preventive health measures.

**Surveillance:** Monitoring and reporting disease outbreaks to relevant authorities.

**Early Detection:** Identifying and managing cases of infectious diseases promptly.

In the context of the COVID-19 pandemic, CHWs were instrumental in disseminating information, conducting screenings, and supporting vaccination efforts, thereby mitigating the spread of the virus. [Lippincott Journals](#)

### **Community Empowerment and Health Literacy**

CHWs foster community empowerment and enhance health literacy by:

**Education:** Providing information on health topics, enabling individuals to make informed decisions.

**Advocacy:** Representing community health needs to policymakers and health systems.

**Support:** Offering emotional and social support to individuals facing health challenges.

Research indicates that CHWs are effective in delivering health education, performing early detection, and supporting disease management, which collectively enhance health literacy and empower communities

### **Challenges Faced by Community Health Workers (CHWs)**

Community Health Workers (CHWs) are pivotal in delivering healthcare services to underserved populations. However, they encounter several challenges that impact their effectiveness and well-being.

#### **Inadequate Training and Supervision**

Many CHWs receive limited formal training, which affects their ability to perform their duties effectively. Inadequate supervision further exacerbates this issue, leading to challenges in maintaining quality standards and accountability. A study highlighted that CHWs reported insufficient training and supervision as significant barriers to their performance [PMC](#).

#### **Limited Resources and Supplies**

CHWs often operate with insufficient medical supplies and resources, hindering their capacity to provide comprehensive care. This scarcity can lead to compromised service delivery and diminished health outcomes. Research indicates that lack of supplies is a common challenge faced by CHWs, impacting their ability to perform essential health services [PMC](#).

#### **Low Remuneration and Job Insecurity**

Despite their crucial role, many CHWs receive low or irregular remuneration, contributing to job insecurity and decreased motivation. Financial instability can lead to high turnover rates and challenges in retaining skilled workers. A review emphasized that irregular payments and lack of financial incentives are prevalent issues affecting CHWs' performance and retention [Taylor & Francis Online](#).

#### **Cultural and Societal Barriers**

CHWs often navigate complex cultural and societal dynamics within the communities they serve. Challenges include dealing with religious and cultural practices that may conflict with health interventions, as well as gendered barriers that affect the delivery of care. A study discussed how CHWs face difficulties in balancing their professional responsibilities with community expectations and cultural norms

### **Strategies for Strengthening Community Health Worker (CHW) Programs**

Community Health Workers (CHWs) are integral to delivering primary healthcare services, especially in underserved regions. To enhance the effectiveness and sustainability of CHW programs, several strategies have been identified:

### **Integration of CHWs into National Health Systems**

**Policy Support:** Advocate for policies that formally recognize CHWs as essential members of the healthcare workforce.

**Standardization:** Develop national standards for CHW roles, responsibilities, and competencies to ensure consistency and quality of services.

**Funding Mechanisms:** Secure sustainable funding through government budgets, international aid, or public-private partnerships to support CHW programs.

**Data Systems:** Implement health information systems that include CHW data for monitoring and evaluation purposes.

For instance, the Central Kenya Response - Integration, Strengthening and Sustainability plus Project (CRISSP) aims to integrate HIV services with general healthcare, strengthening health systems at the county level and promoting sustainability through local ownership and resource mobilization. [Wikipedia](#)

### **Provision of Continuous Education and Training**

**Initial Training:** Offer comprehensive training programs that cover essential healthcare topics, communication skills, and cultural competency.

**Ongoing Education:** Provide opportunities for CHWs to update their knowledge and skills through workshops, online courses, and peer learning sessions.

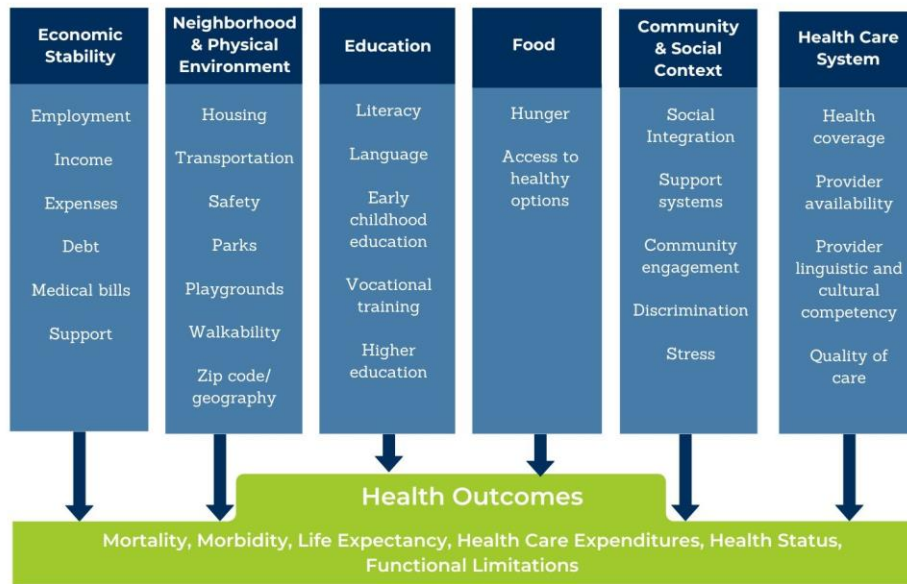
**Specialized Training:** Equip CHWs with specialized skills to address specific health issues prevalent in their communities, such as maternal health or infectious diseases.

**Supervision and Support:** Establish mentorship and supervisory structures to provide guidance and address challenges faced by CHWs.

The Community Health Worker Clinical Integration Toolkit emphasizes the importance of training and integrating CHWs into clinical settings to enhance service delivery. [nachw.org](#)

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# Social Determinants of Health



## Summary

Community Health Workers have demonstrated significant potential in transforming health outcomes in South Asia and Sub-Saharan Africa. Their close ties to the communities they serve enable them to deliver culturally appropriate care and effectively address local health challenges. However, to maximize their impact, it is essential to address the challenges they face, including inadequate training, limited resources, and low remuneration. Strengthening CHW programs through policy support, capacity building, and community engagement is crucial for sustainable health improvements in these regions.

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