“We give out our all for the health of the community”

Supporting community health workers with integrated human resource management

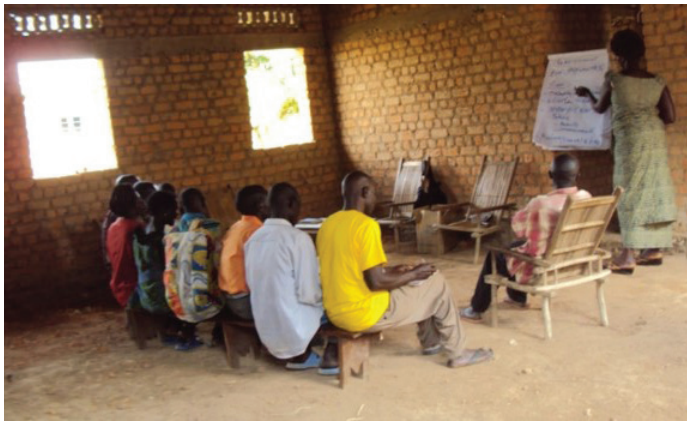
Main messages

- An exploratory study examined human resource management practice in community health worker (CHW) programmes in Ghana, Democratic Republic of Congo, Senegal, Uganda and Zimbabwe.
- Frontline supervisors, such as health centre nurses, and senior CHWs play a major role in the management of CHWs and are central to the implementation of human resource management practices.
- CHWs have many expectations from their role in health care, including serving the community, enhancing skills, receiving financial benefits and their role as CHW fitting in with other personal or family responsibilities.
- Different human resource management practices are employed in different contexts, and there is variability in how well they are implemented, how they meet the expectations of CHWs and their effects on human resource outcomes.
- Weaknesses in systems for attraction, selection, recruitment, and performance management mean that there is room for improvement in the management of CHWs.
- A coordinated human resource management approach to CHW programmes should be applied which includes communities as well as health service managers in decision making.

Background

In the health sector we are facing a double challenge; there is a shortage of formal health workers and a concurrent push to scale up programmes to meet targets such as Universal Health Coverage and the Millennium Development Goals. Working with Community Health Workers (CHWs) is thought to be a potential solution.

Ensuring that CHWs are properly supported is vital if they are to fulfill the critical role they can play in improving the health of communities. There are management challenges associated with CHW programmes, including attracting recruits, turnover and performance. A range of different health actors are involved in managing and coordinating CHWs. Health service or programme managers are often responsible for overall programme delivery. Frontline supervisors have responsibility for implementing practices relating to performance management. Community organisations, such as village health committees, may be involved in the selection and recruitment of CHWs and some monitoring of performance. To maximize support to CHWs, these three groups need to work together closely, despite the different contexts in which they work.



However, health managers do not always know what management strategies (including the use of incentives) work best to attract and retain CHWs, and to support them in their role. They need the perspectives of different stakeholders (the community, programme managers and supervisors), on the range of human resource management strategies currently used, how they are implemented and their impact on CHWs.

> *“When asked by the journal PLoS Medicine “Which single intervention would do the most to improve the health of those living on less than $1 per day?”, Dr. Paul Farmer answered: “Hire community health workers to serve them”* [1]

Methodology

Case studies in the Democratic Republic of Congo, Ghana, Senegal, Uganda and Zimbabwe explored practices for supporting and managing CHWs from a multi-actor perspective. Country research teams collected data between October 2013 and March 2014: 43 documents reviewed; 31 in-depth interviews with programme managers, supervisors and community members involved in managing CHWS; and 13 focus group discussions with CHWs. Data were transcribed, translated and analysed using the framework approach. The speed and breadth of the work was at the expense of detail in the study findings and generalization is not possible based on single country case studies.

[1] http://epianalysis.wordpress.com/2011/05/11/chws/

The conceptual framework for the study linked CHW expectations, human resource management practices and human resource outcomes. The framework took a human resource management approach, defined as, "A strategic approach to acquiring, developing, managing, motivating and gaining the commitment of … the people who work in [the organisation] and for it." This framework guided the review of attraction, retention and performance management strategies and the relationships between the management actors in CHW programmes.

Table of study sites

Country	Programme	District
DRC	Expanded programme of immunization	Bunia district, Ituri region
Ghana	Expanded programme of immunization and home management of malaria	Atiwa district, Eastern region
Senegal	Programme Sante USAID / Sante Communautaire (PSSCII)	Rufisque, Dakar region
Uganda	Integrated community case management	Masindi district, Western region
Zimbabwe	Village health worker programme	Mutoko district, Mashonaland East province

Overview of findings

Who are the CHWs and what do they want from the job?
In the case studies in Democratic Republic of Congo, Senegal, Uganda and Zimbabwe, CHWs were more likely to be female, and over 30 years old. In Ghana, CHWs are more likely to be male. CHWs' expectations from the role ranged from serving the community, enhancing their knowledge and skills, receiving financial benefits, being recognized in the community as a health worker, having social status and prestige in the community, and their role fitting in with other work such as family, home and other paid work.

Who manages the CHWs?

District level: There is some involvement of district level programme managers in the management of CHWs, in Ghana, Uganda and Zimbabwe. For example, in Uganda, a member of the District Health Management Team is responsible for supervising CHWs. In addition, there is a national programme manager in Zimbabwe who develops the handbook, organises logistics and training and visits CHWs in the field. In Senegal and Democratic Republic of Congo, there appears to be very little contact between the CHWs and district and CHW programme managers.

Facility level: Most of the supervision and management happens at the health centre, where chief nurses, or community health officers in the case of Ghana, supervise and manage CHWs. CHWs explained that they report to the health centre staff about their activities through written or verbal reports at meetings, and the nurses provide feedback which they valued. Nurses and community health officers reported that they make supervision visits with the CHWs, but the frequency of visits varied across the five contexts due to time and transport constraints. In Uganda and Democratic Republic of Congo, senior CHWs also take on this role. In Uganda, the Village Health Team Coordinator (a senior CHW) visits the CHWs to provide support and advice and help with any problems. Most CHWs viewed the supervisors as being supportive, and felt valued and respected. A minority in DRC and Zimbabwe felt they were not supportive and did not provide the necessary resources to do their work.

Community level: some direction and support to CHWs from the community is provided through health centre committees. In Ghana, for example, the committee meets every month where all health issues are discussed and the activities of all health workers including CHWs are planned. However, in some contexts such as DRC, Uganda and Zimbabwe this support is minimal.

Human resource management practices

Attraction and retention: The study identified a number of practices which aimed to attract new CHWs and keep them in the job. However, participants from all contexts reported that there were no guidelines on the use of incentives for attracting and retaining CHWs.

CHWs felt that their role should enhance their social status. However a lack of support from communities and insufficient appreciation by health facility staff meant that CHWs didn't feel their social status had been enhanced. This was a challenge for retaining them. Visible indications of status as health workers, such as uniform, were sometimes lacking.. Financial incentives were offered to CHWs, such as donations and stipends in Zimbabwe, Democratic Republic of Congo, Senegal, and Ghana. However in some countries CHWs weren't remunerated or were paid at low levels. Stipends were seen as inadequate in relation to the amount of work done and there were delays in receiving them. There were also problems with the training and travel allowances: CHWs rarely received them, and when they did they did not cover the cost of transport.

"They (CHWs) are very special in the delivery of public health activities. In most of the activities we carry out in the communities, they serve as liaisons between us and the community members."

Health Manager, during key informant interview, in Ghana.

Non-financial incentives were also a feature of the programmes in Uganda, Zimbabwe and Ghana, where CHWs were given bicycles, t-shirts, boots, raincoats and torches at recruitment. In Democratic Republic of Congo, Ghana and Senegal CHWs received free, subsidized or preferential health care for themselves and their families.

Across all contexts CHWs expected that the job would be an opportunity to enhance their skills and knowledge. This expectation partially realised through initial and refresher training. However, CHWs reported that refresher

training should be more frequent and of better quality to meet the needs of their job. Some countries supported career progression such as help with admission to secondary and nursing schools in Ghana. But this varied and in Uganda CHWs felt that there were no opportunities for career development.

Other policies to attract and retain CHWs included making them exempt from communal labour and community support with farming. But in Uganda CHWs reported that they had no time for income generating activities and growing food.

> *"The challenges include shortage or complete lack of medicine and equipment to use. Patients come at night and we do not have drugs or even a torch to help us check them."*
>
> Female CHW, during a Focus Group Discussion in Uganda.

Selection and recruitment: Some selection criteria were common across contexts: ability to read and write; being committed to the role of CHW; being from the community; and ability to communicate with the community about health. In the Democratic Republic of Congo having a source of income was an important selection criterion. Selection and recruitment could be hindered by: nepotism in the selection process; the fact that willing applicants may not meet selection criteria; candidates, particularly older ones, not meeting the educational criteria and, related to this, the difficulty in recruiting young literate CHWs; early drop-out due to misinformation about the job; and too few people volunteering.

Managing performance: Several human resource management practices that influence performance were seen. All countries offered initial training although the length of these and the topics covered differed. In Uganda there was dissatisfaction with length and coverage. Similarly all countries offered refresher training. This was generally ad hoc, related to specific health programmes, and in Ghana was linked to meetings. In the Democratic Republic of Congo CHWs reported that they were dissatisfied with the allowances for training and in Zimbabwe there were concerns about the frequency.

Ghana provided a job description for CHWs. In other countries the job was described in training (Uganda, Zimbabwe and Senegal). In the Democratic Republic of Congo there were no job descriptions.

In Senegal, Uganda and Zimbabwe CHWs reported to supervisors and in Ghana, Senegal and Uganda there were supervisory visits to the community. In Ghana CHWs were nominated for annual performance awards by Community Health Officers, they received cash rewards for identifying cases of guinea worm and communities could sack a volunteer if he/she did not carry out their duties. In

Zimbabwe the health system offered review workshops to check competencies.

In all countries CHW performance was hampered by a lack of equipment, drugs and supplies. In Democratic Republic of Congo, Ghana and Zimbabwe a lack of transport or support for travel was reported. Other challenges included skills not being kept up to date, a lack of support from community members, and unrealistic expectations.

Conclusions

Managing CHW programmes is complex if the aim is to foster ownership by the communities being served as well as delivering quality services. What is therefore needed is a coordinated human resource management approach which is designed to not only address CHW expectations but also to ensure that the programme meets its goals. There is a need to work with all management actors (programme managers, supervisors, community level managers and others involved) to put this in place and implement it.

This would include:

1. Getting a better understanding of the expectations of CHWs so that human resource practices meet their needs
2. Increasing clarity at the recruitment stage about which CHW expectations can and cannot be met
3. Joint use of human resource management practices by community and health sector representatives, monitoring the effects and making necessary adjustments to these practices for CHWs
4. Documenting what works, under what circumstances to increase learning about supporting CHWs to improve the health of their communities.

Funding and partners

This study was funded by WHO TDR and led by the Department of International Public Health, Liverpool School of Tropical Medicine, UK in partnership with the School of Public Health, University of Ghana; Institut Panafricain de Sante Communautaire, Democratic Republic of Congo; School of Public Health, Makerere University, Uganda; Department of Paediatrics, University of Dakar, Senegal; and the Biomedical Research and Training Institute, Harare, Zimbabwe. Alison Dunn and Kate Hawkins assisted with the development of this brief.

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Read More

Raven J, Akweongo P, Baba A, Baine SO, Sall MG, Buzuzi S, Martineau T. 2015. Using a human resource management approach to support community health workers: experiences from five African countries. Human Resources for Health. Forthcoming September 2015.

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- EpiAnalysis, Who's afraid of a community health worker? https://epianalysis.wordpress.com/2011/05/11/chws/

Acknowledgements

- Photo of community health worker and client in Senegal courtesy of B Naing USAID
- Image of cloth from Ghana courtesy of Easy Track Ghana