POLICY BRIEF
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Organisational strategies to improve the performance of CHWs and enable their integration into the health system

Faced with severe staff shortages and the call to achieve universal health coverage, many low- and middle-income countries (LMICs) like South Africa (SA) are investing in community health workers (CHWs) for a wider range of conditions, and increasing their role in promotive and preventative care. Operating nationwide in SA, CHWs form part of ward-based outreach teams (WBOT).

Yet due to low literacy levels, fragmented CHW programmes, and harsh employment conditions, they've often underperformed. Their expanded coverage in terms of population and conditions require senior supervisors who train, mentor, manage, and monitor them – and help integrate them into the system and community structures. Various other challenges have also been hampering their performance – from being contracted workers receiving minimal stipends to being belittled and treated dismissively by health facility staff, faulty equipment, a lack of resources, and insufficient spaces for planning.

In this study, we looked at the impact of a roving nurse mentor on two CHW teams, and how she improved their capacity, relationships in the system and communities, and performance. We also examined the sustainability of her efforts over time.

Recommendations for sustainable supportive supervision by roving nurse mentors

- Roving nurse mentors should adopt a gentler approach to allow CHWs to improve their skills & confidence.
- New operational systems need to be negotiated to reduce inefficiencies and streamline CHW work processes.
- Conflicts and tensions between CHWs and facility staff must be resolved as they arise to improve working relations.
- Faulty and/or broken equipment should be replaced/fixed.
- CHWs must be formally and fairly employed.
- CHWs need to be fully integrated into the healthcare system.
- Health services should be embedded into community structures as much as possible.
- The social determinants of healthcare – including community needs like housing – must to be considered.

The nurse mentor aimed to:

- improve the clinical knowledge and client engagement skills of CHWs and their supervisors
- role model supportive supervision
- improve connections between CHWs, their supervisors and clinic staff; and
- create strong links between CHWs and community organisations

More often than not, CHW teams and nurse mentors had to navigate a range of obstacles:

- Some CHWs were not trained to use all the items in their equipment bags.
- Faulty equipment that was not replaced or repaired.
- CHWs and their supervisors often held planning meetings outside when nurses used rooms inside facilities. In some cases, planning rooms didn't even exist.
- Photocopiers needed for household visit forms were often broken or out of ink.
- Nurse mentors sometimes supplied CHWs with stationery; at other times, CHWs ended up buying their own.
- Many CHWs recorded patient details on loose pieces of paper.
- Due to space constraints at work, CHWs completed forms at home. They rarely returned these, leading to poor reporting.

Methods

Intervention design This study entailed an intervention by an experienced professional nurse (nurse mentor) who worked with two CHW teams who had junior nurses as supervisors.

Study design

Using the Medical Research Council process evaluation framework as our guide, we captured change over time and collected qualitative data before, during, and after the intervention.

Data collection We included three sources of qualitative data:

- **Observations** of CHW meetings, household visits and the supervision of CHWs in the community and facility. For example, interactions between patients, facility staff members and CHW teams.
- **In-depth interviews** 168 semi-structured interviews with the CHWs and their supervisors, and a sample of health facility staff members, patients and community representatives.
- **Focus groups** Four focus groups with the CHWs – two before the intervention, and two thereafter.

Study setting

Two primary health facilities in a semi-rural area, located in SA's Sedibeng Health District. Most residents were unemployed and dependent on social grants, and they either lived in informal settlements (shacks) or government housing (small brick homes).

Participants

CHWs, their supervisors, clients, facility staff members, and community representatives.

Data analysis

Following the thematic analysis method, we used data from the various sources to describe how participants responded to the nurse mentor's efforts to improve their performance in CHW activities – namely household registration, medication delivery, patient follow-up, and community engagement.

Main findings of the study

Key successes of intervention

- A 10% increase in proportion of households receiving visits;
- Greater range of people received care;
- CHWs performed greater range of more complex tasks; and
- Improved service provision.

Profound impact

Despite working in an environment with resource deficits, conflicts between CHWs and facility staff, and an active labour union, the nurse mentor made an immediate and positive impact. Her supportive supervision of CHWs and their supervisors:

- helped to build their capacity through training and practising new skills;
- minimised their fears of failure; and
- improved service delivery through operational systems that addressed inefficiencies.

Improved employment conditions

Towards the end of the intervention, the CHWs were formally employed by the Provincial Department of Health (PDoH) and their monthly stipend increased. It ensured a sustained improvement in their motivation and performance – and an eased integration into the local clinic team.

The importance of integration Once they were formally employed, the CHWs also started participating in clinic meetings. It enabled clinic staff to understand their jobs as well as the challenges they face better, and CHWs felt more supported.

Four focal areas

We considered the nurse mentor's impact on the main aspects of CHWs' work:

Household registration Before the intervention, registrations were low and less than half of the required questions were asked. Providing training sessions, engaging in role plays, and accompanying CHWs on home visits, the nurse mentor supported CHWs as they put their new skills into practice. After initially resisting her instructions, and tensions arising when CHWs made mistakes and/or felt fearful, the CHWs in time appreciated the help. Because of the nurse mentor's coaching, most of the CHWs passed Level 1 and 2 training by the end of the intervention, which boosted their morale. Patients also expressed their appreciation for the CHWs.

Medication delivery While this process involved many steps and staff members like pharmacy assistants, CHWs were ultimately responsible for patients receiving their medicine. When it wasn't delivered on time, patients would complain at the clinic, and CHWs sometimes applied pressure by requesting medication belatedly. It all contributed to the strain between CHWs and facility staff. Stepping in to explain the challenges of the process to all parties, the nurse mentor also trained CHWs to meticulously record patients' delivery details, and enlisted clinic staff to support the new system. While the mentor's activities led to an improvement, the lack of equipment continued to hinder CHWs' ability to properly do their job. For example, without functioning blood pressure and glucose machines, they could merely deliver medication and not monitor vital signs.

Patient follow-up Facility staff used to blame CHWs for not trying hard enough when they attempted to locate and persuade patients to return to care, but didn't consider patients' reluctancy after nurses broke their trust (for example, in terms of HIV confidentiality) or mistreated them. The nurse mentor designed a system to trace and visit patients that allowed CHWs to provide structured feedback and prove the extent of their efforts. CHWs were also accompanied on household visits and helped to reassure patients. Overall, efforts to trace patients improved, data clerks at facilities offered their support, and the CHWs were acknowledged for their work. It also improved their supervisors' skills as it enabled them to provide support with challenging cases, as the mentor had done.

Community engagement Before the intervention, the CHWs had little engagement with community representatives, who didn't know much about WBOT. Despite numerous efforts, the nurse mentor only had one meeting with these leaders, who seemed disinterested in helping to create a link between CHWs and the community. Healthcare was not a priority: meetings about the lack of housing and sanitation were more pressing, and often turned violent. The CHWs did however have positive relationships with individual community members, who often informed them about people needing care. Ultimately, a collaborative approach wasn't possible as housing was valued more highly than healthcare.

Wrapping up

This study showed that the intervention of a roving nurse mentor could be highly effective to improve the performance of CHW teams as they increase their contribution to health systems to more comprehensive care.

The long-term feasibility of this strategy will require nurse mentors to meet certain objectives – from enhancing the capacity of both CHWs and their supervisors to facilitating their successful integration into the health system and streamlining operational systems that were holding them back. Their sustained motivation and performance would largely hinge on formally employing CHWs and paying them fair wages, as well as ensuring access to resources and fully functioning equipment.

While forging healthy relationships with communities is also crucial for promoting improved access to care, the latter was the most challenging, as key issues in rural settings affected by structural poverty – such as housing – often trumped healthcare and complicated efforts to engage with local leaders. A keen awareness of social determinants of healthcare will therefore be vital as nurse mentors work towards creating meaningful links between communities and CHWs.

Source: Malatji, H., Griffiths, F., & Goudge, J. (2022). Supportive supervision from a roving nurse mentor in a community health worker programme: a process evaluation in South Africa. *BMC Health Services Research*, 22(1), 1-12.

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