POLICY BRIEF
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How supportive supervision for community health workers can benefit South Africa's health system

In the bid to accelerate progress towards universal access to integrated healthcare, community health workers (CHWs) are increasingly important to supplement staff shortages in low- and middle-income countries (LMICs) like South Africa. However, many challenges hamper their growth and integration into the system, making it hard to harness their full potential and value.

Because CWHs deliver primary healthcare services on the periphery of the system, mostly in underserved communities with dire and multifaceted needs, they need consistent support and input from senior supervisors – as well as additional training and help to form meaningful connections with colleagues.

South African CHWs are at the core of ward-based outreach teams (WBOTs) in communities. As part of this national programme, on-site supervising nurses aim to manage, train, and monitor them while facilitating their integration. Yet as in other LMCIs with shortages in health workers, their availability is limited as they're needed for clinic work too.

In this study, we evaluated the effectiveness of senior supervision to improve CHW programmes.

Recommendations to increase CHW development and integration

- Attaching CHWs to primary healthcare clinics to improve their integration.
- Teaming up senior and junior supervisors to build better relationships and pass on valuable know-how.
- Agreed guidelines for the time supervisors spent working in clinics.
- Enhanced HR management practices to build trust and workplace dialogue, and facilitate supervision.
- Supervising CHWs on home visits to develop their knowledge and skills.
- Formal and on-the-job training.
- Regular debriefings and feedback.
- Individual and collective supervision, tracking performance, and building team spirit.
- Daily logs, registers, and reporting.
- Assigning tasks to CHWs that benefit clinics to demonstrate their value.
- Negotiating better working conditions and ensuring adequate equipment.

Strategies are needed to optimise the benefits of CHWs through proper support. Helping them to develop their skills and foster meaningful relationships with other healthcare workers will enable them to make a significant contribution towards improved health outcomes.

Various configurations of supervision and locations were examined to identity challenges and draft recommendations for the development and integration of CHWs to maximise their contribution towards health goals. To the best of our knowledge, it's the first study to look at the impact of these configurations on the motivation, performance, and integration of CHWs teams.

The study looked at CHW teams:

- linked to clinics; and reporting to clinic-based nurses who facilitated referrals, access to supplies and CHWs' integration into the health system
- based in the communities they were working in; and with dedicated nurses who didn't have additional clinic duties

We also assessed whether junior (enrolled) nurses could give adequate supervision, given the shortage of senior (professional) nurses.

Methods

We used a case study approach and research including three sources of qualitative data:

- the observation of CHWs and their supervisors over 126 days
- 117 in-depth interviews; and
- 12 focus group discussions (FGDs)

There were six CHW teams in the study: two of each of three configurations. Each team and supervisors formed a single-case study. The following configurations were evaluated:

- clinic-based teams supervised by a senior nurse (professional nurse [PN]) and a junior nurse (enrolled nurse [EN])
- community (health post)-based teams supervised by a PN and an EN, and
- clinic-based teams supervised by an EN

Study setting

The findings in this brief were drawn from the initial observation phase in a 3-year intervention study in the Sedibeng Health District in South Africa's Gauteng Province. It was conducted from September 2016 to February 2017. The district was chosen due to its varying supervising structures and the location of CHW teams.

Participant selection

CHWs, their supervisors, clinic managers and staff, district managers, key informants from the community and CHW clients were consulted. CHWs were randomly selected.

- Every CHW and supervisor was observed for 3-5 consecutive days.
- All available CHWs participated in FGDs.
- All supervisors and facility managers (except one) were interviewed.
- 74 household members who received advice from CHWs were interviewed.

Data analysis

We used data from the various sources to describe the teams and draw comparisons between the configurations. Summaries of the sites were presented at a workshop, where themes and similarities were also identified.

Main findings of the study

Demotivating conditions From being poorly integrated into the system to minimal pay, transport issues, limited opportunities for career growth, and a lack of resources and logistical support – suboptimal work conditions contributed to low levels of CHW motivation.

Supervisors The supervisors in our study included Senior (PN) and Junior (EN) nurses:

- **The PNs** had a 4-year degree in nursing; were trained in PH and community nursing; and attended courses on TB, HIV, diabetes, hypertension, integrated management of childhood diseases, nursing management and leadership. They could diagnose patients, prescribe treatment and dispense medication; and were often rehired retirees with more than 30 years' experience.
- **The ENs** completed a 2-year course in nursing and could provide nursing care under supervision of a PN. Some attended additional courses on, for example, TB. They were typically younger and less experienced in community work than the CHWs they supervised.

Learning successes Ways in which supervisors supported CHWs included:

- **On-the-job training** In all sites with PN supervisors, CHWs passed phase II of the national training programme. These supervisors also used daily morning meetings for training sessions.
- **Touching base** Daily debriefings in one health post-based PN/EN-supervised team enabled CHWs to learn from each other and expand their knowledge. It highlighted the value of collective supervision. CHWs described the households they had visited, problems that were encountered, and actions they'd taken.
- **Focussed performance** In two PN-supported teams, CHWs had to provide weekly reports of their work, instead of monthly. Keeping them present and meticulous in their accountability, it improved the quality of their work.

Missed opportunities Challenges that hampered improving CHWs' performance:

- **Power imbalances** Various instances highlighted how reporting lines were not always reflective of the realities – and abilities – on the ground. For example, in some cases, EN supervisors felt they were unable to add value to CHWs on home visits; CHWs also sometimes lacked trust in their EN supervisors; and/or EN supervisors seemed disinterested in cases without PNs present.
- **Shortages in healthcare workers** With clinic-based supervisors being needed in clinics, they had to split their time between supporting CHWs and seeing patients. 30% was earmarked for assisting clinics, especially when these were understaffed. EN supervisors who felt unable to support CHWs often spent significant amounts of time in clinics.

The impact of supervision

Motivation, job satisfaction and engagement Teams with effective supervision exhibited more job satisfaction, confidence, and motivation. CHWs without supportive supervision and sufficient training were less able to assist patients, and demotivated.

Their frustrations were unresolved and at times unacknowledged, leading to poor work attendance and organised strikes.

Performance Experienced supervisors used various strategies to train, motivate and monitor CHWs to improve the quality of their work. They supported CHWs through household visits, on-the-job training, debriefings, reviewing CHWs' daily logs and assistance with compiling reports. These CHWs were able to perform a greater range of tasks. In the EN-only model, where supervision was the weakest and support from facility staff was negligible, CHW activities and performance were minimal.

Opening doors All CHW teams depended on their supervisors to connect them with key community members and help to increase their credibility.

Collaboration In clinic-based teams, senior supervisors helped CHWs to build better. relationships. As near-equals of facility managers, PN supervisors could help to bridge the divide between CHWs and clinic staff. Health-post teams received little supervisory support and were often neglected when PNs spent a lot of time seeing patients. As the EN-headed teams lacked adequate training and supervision, their contributions were poorly received and the rift between them and clinic staff remained large. The absence of a shared space increased their sense of marginalisation.

Integration Clinic-based teams with senior supervisors were more integrated and could provide better continuity of care. Teams with only junior supervisors, or based in the community, had less engagement with clinic staff, and were less able to ensure the necessary care for patients, resulting in lower levels of trust.

Wrapping up

Given the constraints and challenges facing South Africa's overstretched health system as it works towards UHC goals, this study highlighted that full-time, on-site senior supervision of CHWs can benefit the system as a whole.

While CHWs' proximity to facilities helped with their integration into the system, senior supervisors ultimately held the key to unlock their full potential. Facilitating meaningful connections by brokering relationships between CHWs, facility staff and communities, they also enabled CHWs to significantly grow their skills. Translating to more comprehensive, promotive, and preventative care, this could in turn pave the way for greatly improved health outcomes.

Source: Tseng Y, Griffiths F, de Kadt J, *et al*. Integrating community health workers into the formal health system to improve performance: a qualitative study on the role of on-site supervision in the South African programme. *BMJ Open* 2019;9:e022186. doi:10.1136/ bmjopen-2018-022186

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