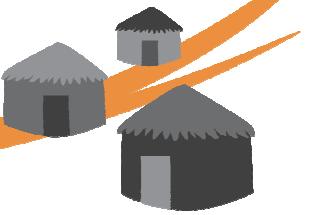
Institutionalizing Community Health Conference



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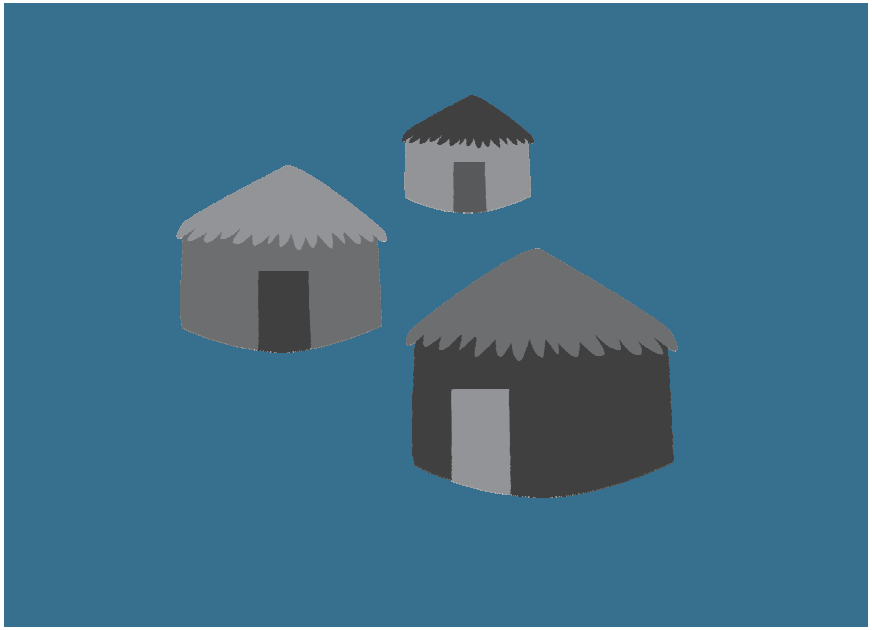

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What's the evidence on supervision and performance management? What works and what doesn't?

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Outline

- Defining CHWs and CHW performance
- State of the evidence
  - Contribution of supervision to CHW performance
  - Contribution of incentives/remuneration to CHW performance
- Importance of continued performance improvement

Dilemma

- How can we improve CHW performance at scale when evidence base for doing this is limited?
- CHW performance improvement important for achieving and sustaining global health goals and access to universal health care

Definitions: CHWs

- Four categories (Hodgins, 2014):
  - Auxiliary health workers (1+ years of training, salaried)
  - Health extension workers (up to 1 year of training, paid)
  - Regular community health volunteer (up to several weeks of training, regular duties)
  - Intermittent community health volunteer (engaged only intermittently for special tasks)
- Three categories (Olaniran 2017)
  - Level 2 paraprofessionals (some secondary education and training of at least several months)
  - Level 1 paraprofessionals (some secondary education and informal training)
  - Lay health workers (little or no formal education and up to a few weeks of training)

Conceptualizing CHW Performance

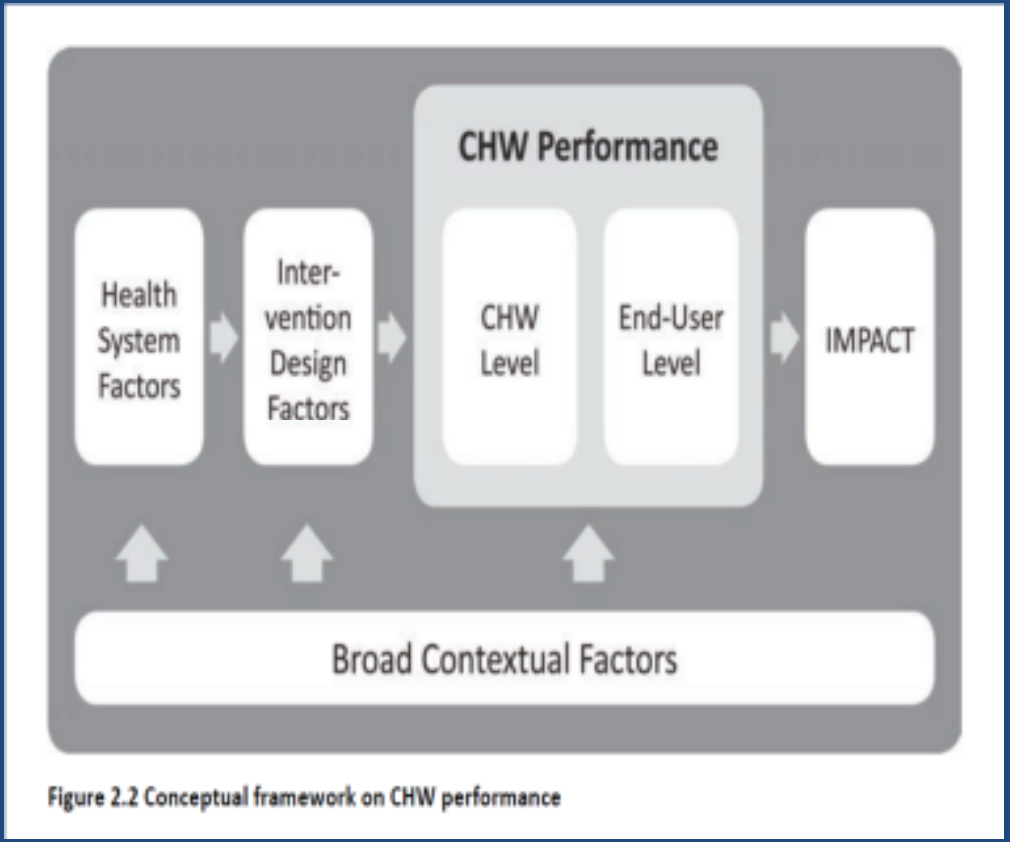


Figure 2.2 Conceptual framework on CHW performance

Kok 2015

Conceptualizing CHW Performance (cont.)

	Individual level	Program level
Outputs	Knowledge, skills	Numbers of services provided
	Self-efficacy, self-esteem	
	Quantity and quality of services provided (productivity, responsiveness to clients)	
	Absenteeism	
Outcomes	Quality of care provided	Population-level healthy household behaviors attributable to the CHW program
	Longevity (or turnover)	Population-level health-care seeking behaviors attributable to the CHW program
	Job satisfaction	Changes in population coverage of evidence-based interventions attributable to the CHW program
Impact	Career development	Changes in population morbidity, nutritional status or mortality attributable to the CHW program

Naimoli 2015

Evidence regarding contribution of supervision to performance

- Training and supervision commonly cited as important contributors to CHW performance (and supervision often weak)
- There is some (but not extensive) evidence for this (Jaskiewicz, 2012; Bosch-Capblanch, 2014; Kok, Dieleman, 2015)
- Little evidence about which type of supervision works best
- Punitive supervision styles can demotivate CHWs (Smith Paintain 2014)
- High-quality supervision that focuses on supportive approaches, community monitoring, quality assurance and problem solving works best (Hill, 2014)

Evidence regarding contribution of supervision to performance (cont.)

- Intervention designs which involved frequent supervision and continuous training led to better CHW performance in certain settings (Kok, Dieleman, 2014)
- Clearly defined CHW roles and introduction of clear processes for communication among different levels of the health system could strengthen CHW performance (Kok, Dieleman, 2014)

Evidence regarding contribution of supervision to performance

- Very little evidence linking routine procedures for supervisory appraisal of performance to objectively measured performance (Kok, Deileman 2015) but organizations with stronger performance appraisal systems had more engaged CHWs (Furth 2012).

- Formal supervisory checklists may increase efficiency in identifying CHWs who are most in need of further training or supervision (Patel 2010).

Scott 2017

Key messages from CHW Reference Guide on supervision and CHW performance

- Supervision for community health workers (CHWs) is one of the most challenging program elements to implement; yet, it is considered one of the most important elements to successful programs.
- Supervisory responsibilities have changed over time from providing administrative and clinical oversight to the inclusion of psychosocial support to frontline CHWs who face a wide range of challenges on their own.
- Supervision is generally considered to be oversight from a health worker at a peripheral facility; however, this model is costly and difficult to implement. Alternative approaches might include group supervision, peer supervision, and community supervision to distribute the supervision tasks and increase support to CHWs in some contexts.

Crigler 2014

Evidence regarding contribution of remuneration/incentives to performance

- Remuneration and non-monetary incentives important for motivation and performance
- Of 81 studies providing information on financially related intervention design factors that influence CHW performance, 25 reported that CHWs were dissatisfied with their remuneration/ incentives (Kok, Dielman et al., 2015)
- Dissatisfaction with remuneration/incentives a cause of attrition (Pallas 2013)

Evidence regarding contribution of remuneration/incentives to performance (cont.)

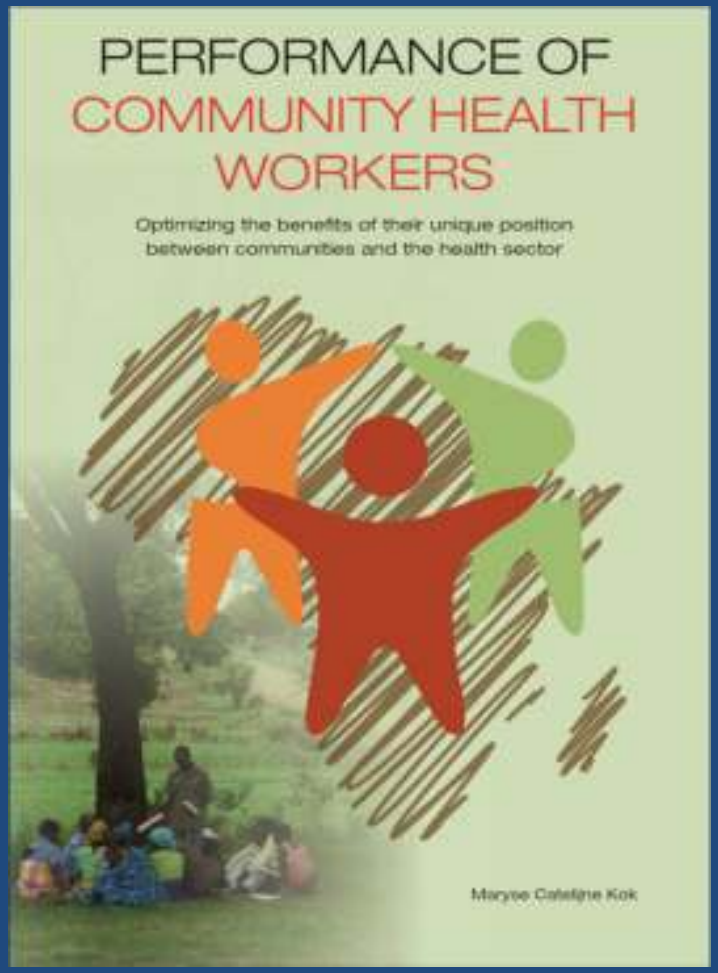
- A mix of financial and non-financial incentives when consistently provided is an effective strategy to enhance performance, especially for those with multiple tasks (Kok, Dieleman, 2014)

- Performance-based financial incentives can improve performance but sometimes result in neglect of unpaid tasks (Kok, Dieleman, 2014)

Key messages from CHW Reference Guide on incentives/remuneration and CHW performance

- Financial compensation is one – but only one – of many influences on the motivations of community health workers (CHWs) to perform their responsibilities.
- Non-material incentives need to be given careful consideration along with financial incentives.
- Indirect non-material incentives, such as the degree to which the environment is supportive of CHWs and the degree to which the health system functions effectively are also motivating influences for CHWs.
- Lack of appropriate incentives, with resulting high rates of turnover, are common in large-scale CHW program and costly in terms of actual cost to replace CHWs and also in terms of the performance of the CHW program.

Colvin 2014



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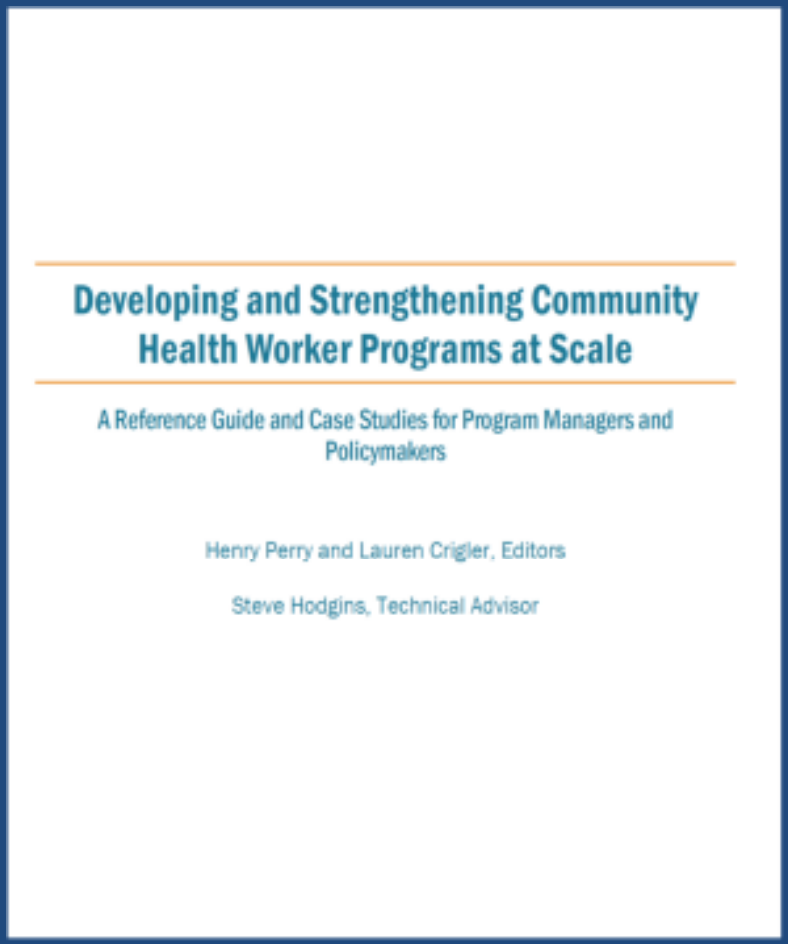

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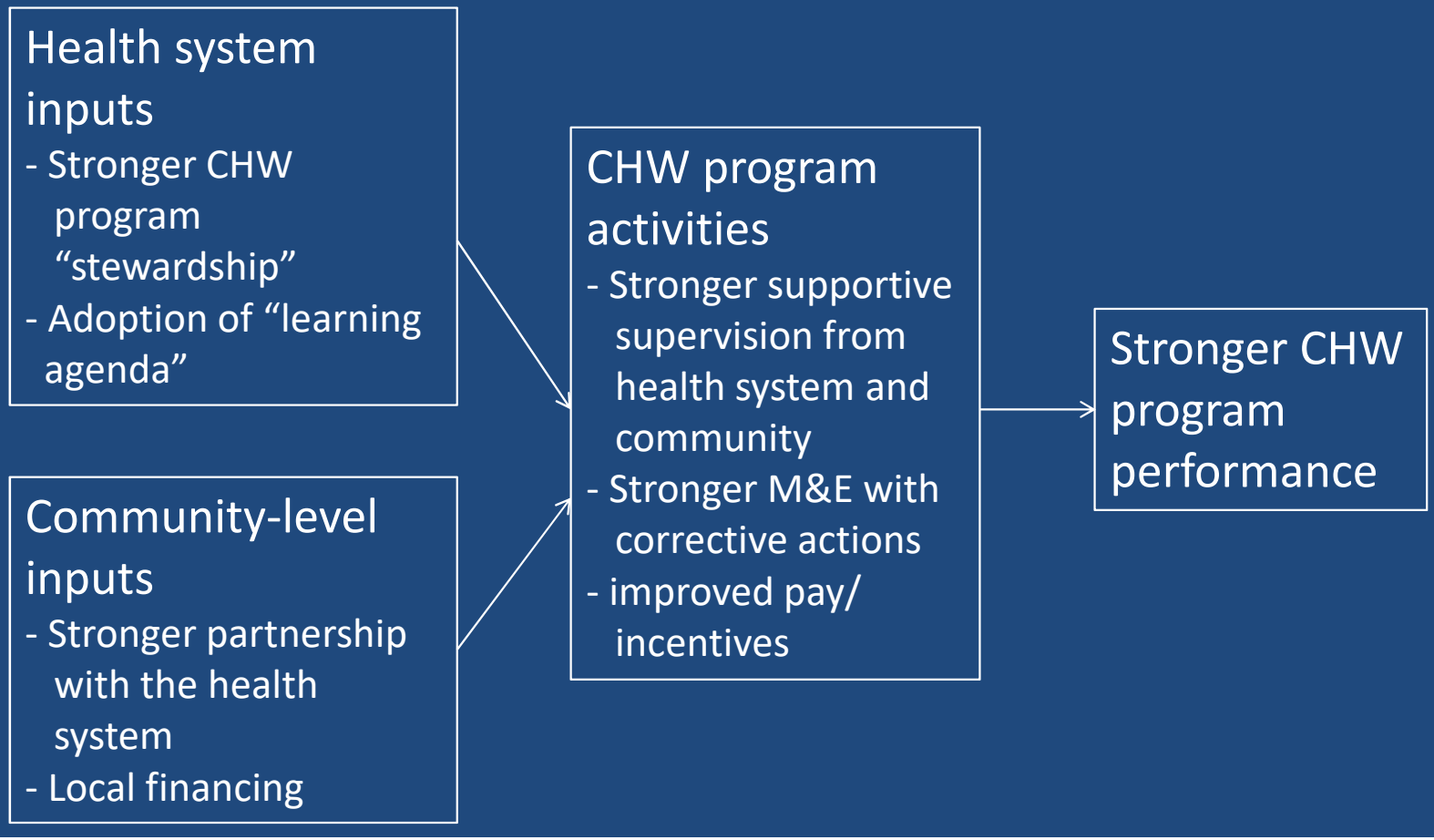
Simplified CHW logic model with key strategies for performance improvement



Conclusions

- Continuous improvement of CHW program performance will be critical for maintaining the growing momentum for expanding CHW programs
- Without continued evidence of effectiveness and ongoing efforts to improve effectiveness, large-scale CHW programs could implode again as they did in the 1980s

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Thank you!

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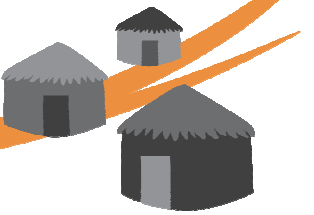

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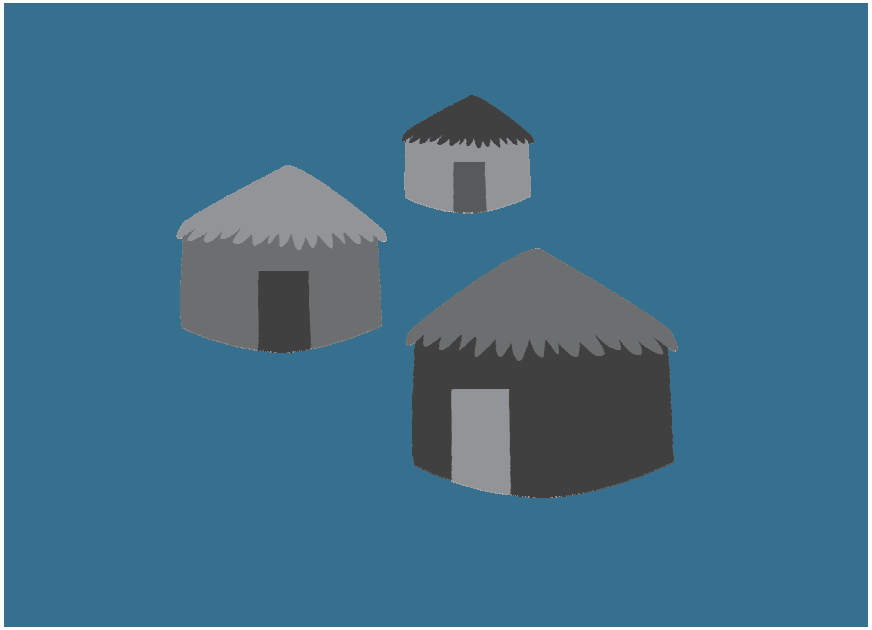

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