Measuring engagement of community health workers to improve productivity, retention and quality of care

The Context

Many African countries rely heavily on community health workers (CHWs) to provide basic essential services to the population. However, turnover among CHWs is often high, and there are not enough CHWs to meet needs, especially in rural areas, to address the needs of the growing population of vulnerable children affected by HIV.

In Ethiopia, CHWs provide services to over half a million orphans and vulnerable children (OVCs) in the country. To address the problems of retaining and motivating CHWs, we collaborated with ChildFund in crisis-prone regions of Ethiopia to apply human resources (HR) concepts related to problems of retaining and motivating CHWs, we collaborated with ChildFund to apply human resources (HR) concepts related to CHWs working in OVC programs in Ethiopia. We applied some HR concepts to the existing workforce to enhance their engagement, motivation, and productivity.

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The Problem

How can we improve the engagement of CHWs working in difficult conditions?

- Multiplicity of CHW programs; volunteers receive little to no compensation, are often poorly trained, lack the materials and supplies necessary to perform basic services, and often work in harsh conditions.
- CHWs are overburdened by the number of households they must visit and the psychological impact of their work, which leaves them feeling overwhelmed and sometimes unappreciated.
- Attrition rates for CHWs can be as high as 70% per year with community-supported programs, especially in hard-to-reach areas.

Turnover is costly because there is a high investment in training, and retaining CHWs and it creates a lack of continuity in relationships with the community.

Traditional approaches to improving motivation, productivity, and retention, such as offering financial compensation or other incentives, have failed to improve the engagement of CHWs and prevent high turnover.

Strategy for Change

- Research has shown that improving the engagement of workers results in increased productivity and an improvement in the quality of care provided.
- The tool was originally designed to measure engagement of health workers that are part of the formal health sector in Africa. It was then adapted for CHWs working with OVCs in Ethiopia.
- It is a 27-item questionnaire (see Figure 2) that community workers complete confidentially and anonymously every six to eight months. The statements in the questionnaire target the six key drivers of engagement illustrated in Figure 1.

Implementing the Tool: Three Steps for Improving Engagement

1. Measure engagement

- CHWs should be brought together as a group (no fewer than 5 per group) and introduced to the tool. The questions should be read aloud a second time while CHWs can see the tool in an envelope placed somewhere in the room to ensure that their responses remain anonymous.

2. Analyze and interpret results of engagement tool

- The tool can be easily analyzed by entering the data into a basic spreadsheet where averages can be automatically calculated.
- Scores range from 1 to 5 for the employee engagement tool. Data can be analyzed by site, by question, by engagement driver or by level of post.
- “Disengaged” (scoring 1-3.9) CHWs are less productive than engaged CHWs, are less loyal to their organization and are not happy with their needs met.
- “Actively disengaged” (scoring 1-2.8) workers have low levels of productivity, have high rates of absenteeism, feel compelled to spread their disillusionment with other colleagues and are not loyal to their organization. To ensure high rates of efficiency and productivity, providers need to be engaged in their work.

3. Discuss results and plan actions for improvement

- Once scores have been analyzed, CHWs, program managers and other key staff meet together in a group to review the results and discuss reasons why scores may have been low and brainstorm ideas for improving engagement.
- Focus groups can also be conducted with CHW to find out why certain components had low scores.

Applying the engagement tool with CHWs in Ethiopia

- Administered to 50 community workers, both volunteers and project staff, in two project sites that are part of the Strengthening Communities and Safety Nets Project in the Oromiya region of Ethiopia as part of a baseline assessment.
- Based on the results of the tool, the ChildFund sites developed action items in conjunction with CHW to improve engagement.

Baseline Findings on Engagement

- Site 1 had an overall average engagement score of 4.2. A score of 4.2 means that overall, employees are fairly engaged in their work (see Figure 3).
- Site 2 had an overall average engagement score of 3.5. A score less than 4 means that overall, employees are disengaged.
- Overall average scores based on engagement drivers help pinpoint areas where engagement needs improvement.
- Scores for belief in ability to succeed were fairly high (see Figure 3). The average score regarding opportunity for advancement was also low (3.8).
- CHWs in Ethiopia were enthusiastic about the tool and felt empowered to work in cooperation with their supervisors to improve productivity and maintain a good performance. For each question, the community.

Worker Engagement is: “The extent to which people enjoy and believe in what they do and feel valued for doing it. The extent to which CHWs put discretionary effort into their work in the form of innovation, extra time and energy.”

Lessons Learnt

- CHW engagement can be measured and quantified.
- Engagement concepts are relevant to the work and problems faced by CHW in Ethiopia.
- The tool offers an impetus for action planning to develop practical and sustainable solutions to address HR problems.

Message for Others

Engaged workers are loyal, have a slower rate of absenteeism, and provide a higher quality of care. The experience in Ethiopia proves that the employee engagement methodology can be successfully applied to CHWs. By focusing on worker engagement, an atmosphere of teamwork and open communication is fostered in the program.

Actions for Improvement

Result were discussed with CHW and project staff as a group to determine why certain scores were low. Based on the results from the engagement tool, the sites decided to undertake the following actions to improve scores in the following areas:

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