Optimizing the benefits of Community Health Workers' unique position between communities and the health sector: a comparative analysis on factors shaping relationships in four countries

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Community health workers (CHWs) have a unique position between communities and the health sector. The strength of CHWs' relationships with both sides influences their motivation and performance. Optimal performance of CHWs contributes to the quality of frontline health services, which are essential for building resilient and responsive health systems. This qualitative comparative study aimed at understanding similarities and differences in how relationships between CHWs, communities and the health sector were shaped in different Sub-Sahara African settings.

METHODS

The study was conducted in Ethiopia, Kenya, Malawi and Mozambique. Focus group discussions (48) and interviews (154) were undertaken with CHWs, their supervisors, managers and community members. Perspectives on factors influencing performance of CHWs and relationships between CHWs, communities and the health sector were collected. Generic topic guides were developed based on existing evidence from the literature, adjusted to the country contexts. The data were recorded, transcribed, translated, coded and thematically analysed. A comparative analysis with a "realist lens" was conducted, identifying which mechanisms, in which contexts, led to either trusting or weak CHWs' relationships with actors in communities and the health sector.

RESULTS

The study demonstrated a complex interplay of factors influencing trust, and thereby the strength of relationships, between CHWs, their communities and actors in the health sector.

Trusting relationships between CHWs and their communities

Perceived trusting relationships between CHWs and their communities were caused by the following mechanisms:

- feelings of connectedness, familiarity, serving the same goals, free discussion (all from both the CHW and the community side);
- perceptions that CHWs serve in the community's interest, enhanced recognition, respect and credibility (from the community side); and
- feelings of self-fulfilment (by the CHW).

For these mechanisms to be triggered, the following programme-related contextual factors were found to be important:

- CHWs to be recruited from their area of service;
- CHWs to be selected with involvement of communities;
- volunteers to form an official element of the programme;
- traditional leaders to be involved in the programme;
- curative tasks to have been shifted to CHWs; and
- CHWs to be female (only in contexts where gender roles in (reproductive) health care were separated).

The broader contexts in which the mechanisms were able to exist were contexts where community participation was promoted and valued, contexts with a history and value of volunteerism, or contexts where traditional leadership played an important and respected role at the community level.

Trusting relationships between CHWs and actors in the health sector

Trusting relationships between CHWs and actors in the health sector were related to the following mechanisms:

- feelings of connectedness and serving the same goals (from both sides); and
- feelings of being supported (from the side of the CHW).

For the identified mechanisms to take place, the following programme-related contextual factors were found to be important:

- professional support structures to be available;
- curative tasks to have been shifted to CHWs; and
- regular and visible supervision to take place.

The study also revealed contexts and mechanisms associated with weak relationships. For example, weak relationships between CHWs and their supervisors and managers were a result of:

- disrespect and doubts about CHWs' competencies (from the side of the health sector);
- feelings of disconnectedness, unfamiliarity and not being supported, a lack of confidence in the upper level (supervisors and management) and perceptions of dishonesty and unfairness of the upper level (from the side of the CHWs); and
- misunderstandings related to lack of communication (from both sides).

In certain cases, weak relationships between CHWs and their supervisors or managers had a negative knock-on effect on the strength of CHWs' relationships with their communities.

DISCUSSION AND CONCLUSION

The findings contribute to global and national efforts to optimize CHW programmes and achieve universal health coverage. Policy makers and programme managers should take into account the broader context and could adjust CHW programmes so that they trigger mechanisms that generate trusting relationships between CHWs, communities and other actors in the health system. This can contribute to enabling CHWs to perform well and enhance resilience and responsiveness of health systems.

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