Working in effective partnerships – insights into performance of community health systems

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REACHOUT

Health systems are social institutions, in which performance is determined by transactional processes between different actors. Relationships between communities and the primary health care level need to be strong in order to build effective partnerships that can contribute to resilient and responsive health systems. The performance of community health workers (CHWs) is of particular importance, in the light of their unique intermediary position between communities and actors in the health sector, such as supervisors, nursing and clinical staff and management.

METHODOLOGY

We combined systematically derived evidence from the literature with research outcomes and experiences from the multi-country REACHOUT consortium, to analyse how partnerships at the primary health care level could be strengthened to improve the performance of community health systems.

RESULTS: A FRAMEWORK ON CHW PERFORMANCE

We present a framework on performance of community health systems, in which multiple interacting factors that influence performance of CHWs are laid out (Figure 1). These factors relate to the intervention design, health system and broader context.
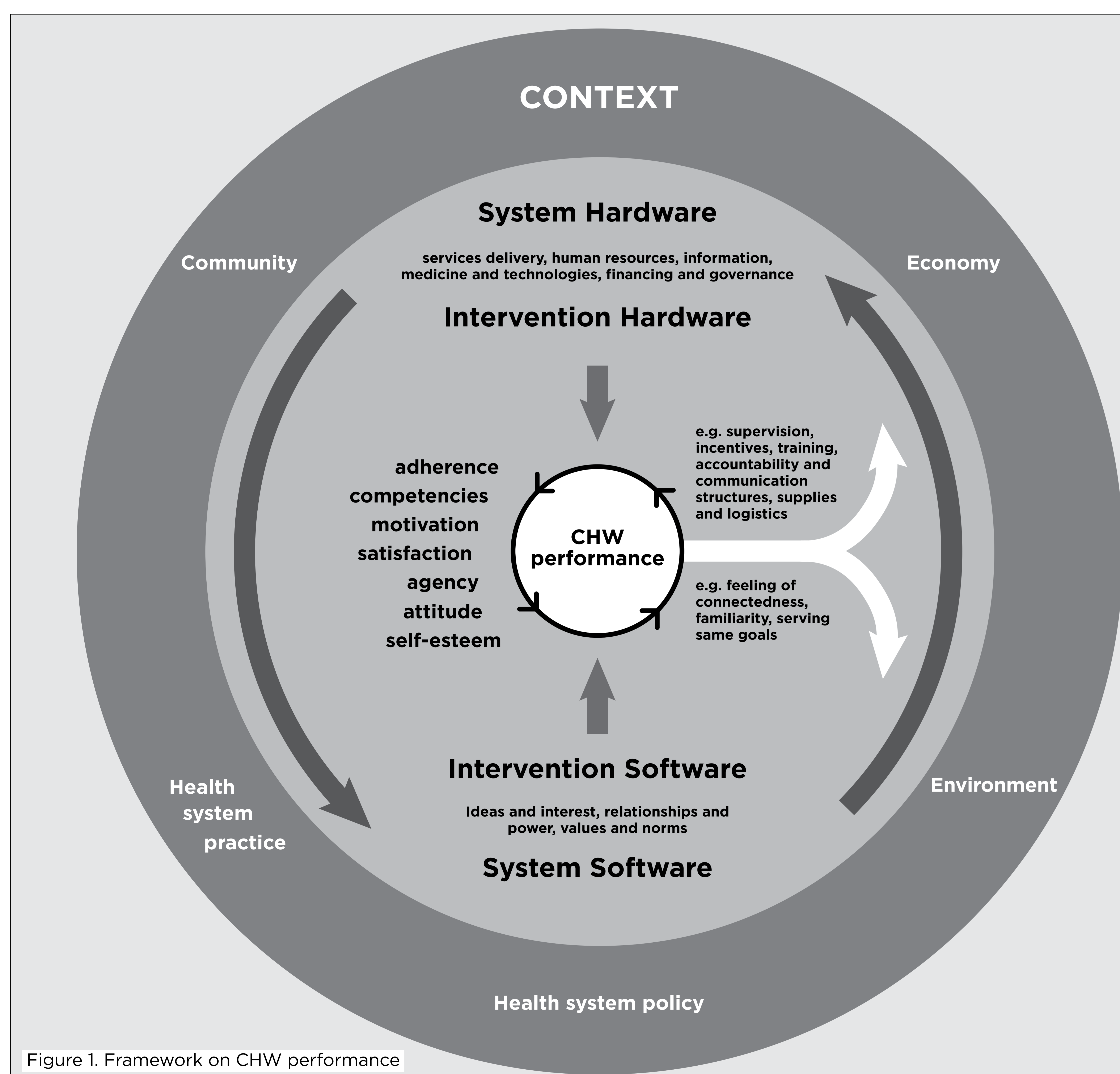

Figure 1. Framework on CHW performance

Health systems factors are divided into "hardware" and "software" and are coupled with hardware and software elements of intervention designs.

System hardware includes the six building blocks of the health systems framework, affecting intervention design factors, such as the supervision system; training, accountability and communication structures; incentives; and supplies and logistics. These intervention design factors, in turn, influence CHW performance through enabling CHWs to perform their jobs well. The characteristics of CHW performance that are mostly influenced by hardware elements are CHWs' competencies and adherence to guidelines and procedures, in addition to motivation and satisfaction.

System software includes the ideas and interest, relationships and power, values and norms of the actors in the health system and CHW programme. Issues such as trust, communication and dialogue and expectations shape the relationships between CHWs and their communities and actors in the health sector. The mechanisms that are triggered (for example, feelings of connectedness, familiarity, serving the same goals) have effects on CHW performance, influencing characteristics such as self-esteem, attitudes and agency, in addition to motivation and satisfaction.

The hardware and software elements continuously influence each other (indicated by the big arrows in the circle). For example, the availability and design of the supervision system influences the strength of relationships between CHWs and health system actors and sometimes also between CHWs and the community. If relationships between CHWs and communities are constrained, intervention design elements (hardware) could be adjusted or introduced to improve software elements. For example, when representatives from existing community networks receive a formal role in identifying challenges in service delivery, testing solutions and monitoring changes within the CHW programme, relationships and thus CHW performance could improve.

CHW performance is not static. The different characteristics of performance will be present to a different extent at different times, and they do not stand on their own, but influence each other (as indicated with the arrows in the circle of CHW performance).

The "status" of CHW performance, in other words the constitution of its different characteristics, could have a reciprocal effect on the intervention, system and broader context in which the CHW is working (indicated by the two arrows from the centre pointing towards the surrounding circles). Actors in the CHW programme and in the health system and society as a whole have opinions and perceptions about CHW performance, which influence their trust in and relationships with CHWs, again influencing CHW performance. At the hardware side, assessments of guideline adherence or competencies of CHWs can lead to adjustments in how CHW are trained or supervised, which in turn can influence CHW performance.

DISCUSSION AND CONCLUSION

The framework touches upon some interesting considerations for policy, practice and research. The realization that hardware and software elements are both needed and meant to strengthen each other calls for the incorporation of programme or intervention elements facilitating this process, in order to build relationships and effective team work. For example, the introduction of a supervision system should reflect and take into account power relations and values and norms of the people involved, including those in the community. Health systems research should also take into account the software elements, as effective systems thrive on these elements, and their effectiveness correlates with the strengths and nature of the relationships between all actors.

REACHOUT is an international research project to understand and develop the role of close-to-community providers of health care in preventing, diagnosing, and treating major illnesses in Africa and Asia

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