Improving Community Health Worker Performance in Humanitarian Emergencies

Preliminary results from a study conducted in Turkey, Iraq and Lebanon
BACKGROUND

This research was conducted as part of a protocol development for a three-country (Iraq, Turkey and Lebanon) case study using realist evaluation methodology. The overall aim of the study is to better understand what and how programmatic factors influence the performance of Community Health Workers (CHWs) working in Humanitarian Emergencies (HEs). This research is a collaboration between the NGO International Medical Corps (IMC), the Centre for Global Health (CGH) Trinity College Dublin and University College Dublin, and the Liverpool School of Tropical Medicine (LSTM).

IMC was one of the first organisations to respond to the Syrian crisis, and part of IMC’s integrated primary healthcare package includes CHW interventions to address the shortage in the health workforce and to reach more marginalized Refugees and internally displaced persons (IDPs), all while contributing to health systems strengthening. CHWs serve a population of approximately 1000 conflict-affected persons each, and implement a range of health strategies, specifically focusing on behaviour change communication (BCC). Selected from the Syrian refugee or Iraqi IDP population based on implementation area, there are 90 CHWs in Turkey, 90 in Northern Iraq, and 100 in Lebanon. These CHWs work in urban areas and IDP and refugee camps.

Despite the widespread use of CHWs within HEs, there is very little evidence informing design of CHW programming in these contexts. Specifically, there are no documented studies on the performance of CHWs and what factors influence performance, both positively and negatively. Evidence from low-income context report however, that the performance of CHWs can influence health outcomes and interventions.

METHODS and THEORY DEVELOPMENT

This study uses realist evaluation, a theory-driven evaluation particularly useful for complex health interventions, to produce contextually relevant programme theories. Realist evaluations work to identify “what works, for whom and under what conditions” through eliciting then refining programme theories. A literature review, in-depth document analysis and consultation in the form of key-informant interviews (KII) and focus group discussions (FGDs) informed the theory and preliminary findings. Two research meetings occurred, one in Turkey and one in Lebanon. Five IMC CHW programme managers were interviewed (2 from Turkey, 1 from Iraq and 2 from Lebanon) in addition to the IMC CHW Programme Architect for the Middle East. Additionally, FGDs occurred with CHWs in: Reyhanli Turkey (n=1), Kilis Turkey (n=1) and Bekaa and Beruit, Lebanon (n=1). An interview via Skype was conducted with a CHW in Erbil, Iraq.

OBJECTIVES

This Policy Brief reports on the first phase of research, which formulated initial theories on how various organizational factors impact on CHW performance in Humanitarian Emergencies.

From the information presented here a research protocol has been designed which aims to further understand and refine the initial theory.

The objective of the overall study is to understand:

What impacts the motivation and performance of CHWs working in Level III humanitarian crises?

This work aims to provide evidence and recommendations on how to best implement CHW programming in Humanitarian Emergencies.
FINDINGS

Data from the interviews and focus groups, as well as observational reports and document reviews, were analysed to uncover specific themes in relation to CHW performance, some of which are summarized below. In addition, a framework was developed to describe the mechanisms that influence CHW performance within Humanitarian Emergencies. This framework (presented below) will be formally refined during the full study phase. Findings below are broken down into themes that the team found to be generalizable to CHWs overall, and themes that were more specific to HE contexts.

Profession-related findings
Many findings were similar to findings from non-emergency low-income contexts: Organizational justice (fairness), motivation (extrinsic and intrinsic), and needs satisfaction featured heavily across all three sites. Participants identified the need for strengthened support by increasing: resources for activities; training and supervision; and financial and non-financial incentives. Specific reported indicators of strong performance were: communication skills, ability to relate to community, and ability to work in a team. It is important for CHWs to feel respected by beneficiaries and organisations, and to receive feedback on their actions.

Context-related findings
There were several findings, which were likely to be more specific to the contexts including: reports of trauma and its influence on ability to perform, burnout (including emotional exhaustion) and safety concerns (during working hours and for families). CHWs also reported feeling more motivated by additional training outside the realm of CHW responsibilities, which may help them to adjust to life outside Syria (for example, English classes). Many CHWs were also highly skilled, coming from medical professions. This was reported to have both positive and negative influences on performance- often related the scope of work permitted.

Framework: CHW Performance in Humanitarian Emergencies

Incentives
Non-financial Remuneration
- Equipment
- Travel
- Reimbursements

Work Factors
Training
- Frequency
- Content/Level

Supervision
- Regular, Supportive
- Timely feedback

Recruitment
- Transparency
- Expectations

Security
- Frequent assessments/regular updates
- Open communication

Organisational Commitment
- Respect for organization
- Aligned ethos of org.
- Role security/uncertainty
- Intention to Quit

Organisational Justice
- Fairness in recognition
- Fairness in procedures
- Respect from organisation

Need Satisfaction
- Competency
- Autonomy
- Relatedness

Burnout
- Emotional exhaustion,
- Depersonalization,
- Personal accomplishment

Mental Health
- Primary and secondary traumatization,
- Mental Health Support

CHW Performance
1) Availability:
   - Retention
   - Presence
2) Competency
3) Productivity
4) Responsiveness
   - Communication Skills
   - Quality of Care
   - Attitude/teamwork
   - Organizational Citizenship

Improved Health

CONTEXT: Social, Political & Religious Environmental, Work Environment & Organizational Structures
**RECOMMENDATIONS**

Findings from this preliminary study highlight several important recommendations for CHW programmes in Humanitarian Emergencies:

- Programmes must be designed and implemented with consideration of the context and experiences of the CHWs – there is not a ‘one-size-fits-all’ for CHW programming
- CHWs working in conflicts should be understood as also being conflict-affected and be treated as such
- CHWs should have access to adequate psychosocial assessments and support
- Measures and procedures should be taken to ensure CHWs’ safety and address any concerns they may have
- Consistent lines of communication should be held between programme staff and CHWs in order to understand evolving needs and responses of CHWs to operating in emergencies
- CHWs need to feel like valued and respected members of their organization, specifically in relation to equity of incentives and/or payments between cadres
- CHWs in these contexts are invested and highly skilled whose autonomy in relation to activity planning and management should be heightened
- The identification of HE-specific factors highlights the need for further research into the use of CHWs in humanitarian emergencies.

**CONCLUSION**

The information presented within this Policy Brief should be interpreted with caution, as it is based on preliminary findings from a proposed larger study.

Using a theory-driven methodology that aims to be reflective of the context in which programmes are implemented has thus far been well suited for the study of CHW performance within HEs.

This preliminary study demonstrates the importance of understanding the unique contextual factors that may be influencing the performance of CHWs in Humanitarian Emergency environments.

**FUTURE DIRECTIONS**

From this preliminary study, the authors have designed a full research protocol using realist evaluation with three case studies across 2 years, with the aim of further refining the CHW performance in HEs theory, and developing and validating tools to measure predictors of CHW motivation and performance. Additionally, the study will produce guidelines for CHW programming in HEs, and provide guidance on using realist evaluation techniques within these contexts.

**Funding:**

This project was funded by the Research for Health in Humanitarian Crises (R2HC) programme. The Research for Health in Humanitarian Crises programme aims to improve health outcomes by strengthening the evidence base for public health interventions in humanitarian crises. Visit [www.elrha.org/work/r2hc](http://www.elrha.org/work/r2hc) for more information. The R2HC programme is funded equally by the Wellcome Trust and DFID, with Enhancing Learning and Research for Humanitarian Assistance (ELRHA) overseeing the programme’s execution and management.

**For more information please contact:**

**CHW Programme**

Alexander Bartoloni  
abartoloni@InternationalMedical

**Research Project**

Dr. Frédérique Vallières / Brynne Gilmore  
vallierf@tcd.ie  
gilmorb@tcd.ie