

Mechanisms for volunteer retention

Project Results Dissemination



Report developed by :
Irene Adema(Philips)
Date: 10th August 2021



Philips
Foundation

What and where



- ❖ Philips and IFRC through the national societies have a mutual interest in improving access to health care in the under-served populations and in preventing ill health through healthy life-style promotion and early detection and treatment of targeted common diseases.
- ❖ The project aimed to generate evidence on reasons for CHV attrition and assess the effectiveness of using the Philips CHV outreach kit and mentoring as drivers of CHV retention

Background information on counties of choice:

- ❖ Africa had a shortage of 4.2 million health workers in 2013 and the shortage is projected to get worse by 2030. Task shifting is a proven approach in which people with limited health background such as the community health volunteers are trained and equipped to undertake selected tasks of trained health workers.
- ❖ The high attrition of volunteers after training limits the sustainability of volunteer-based community level interventions.
- ❖ To maintain the critical gains in healthcare achieved through health interventions delivered by CHVs, more information on the motivators and factors affecting attrition is required.

Project objectives

Objective

To explore the factors that influence the attrition and retention of community volunteers and examine the role of Philips CHV outreach kit and mentoring as drivers of CHV retention in Tana River county

Specifically:

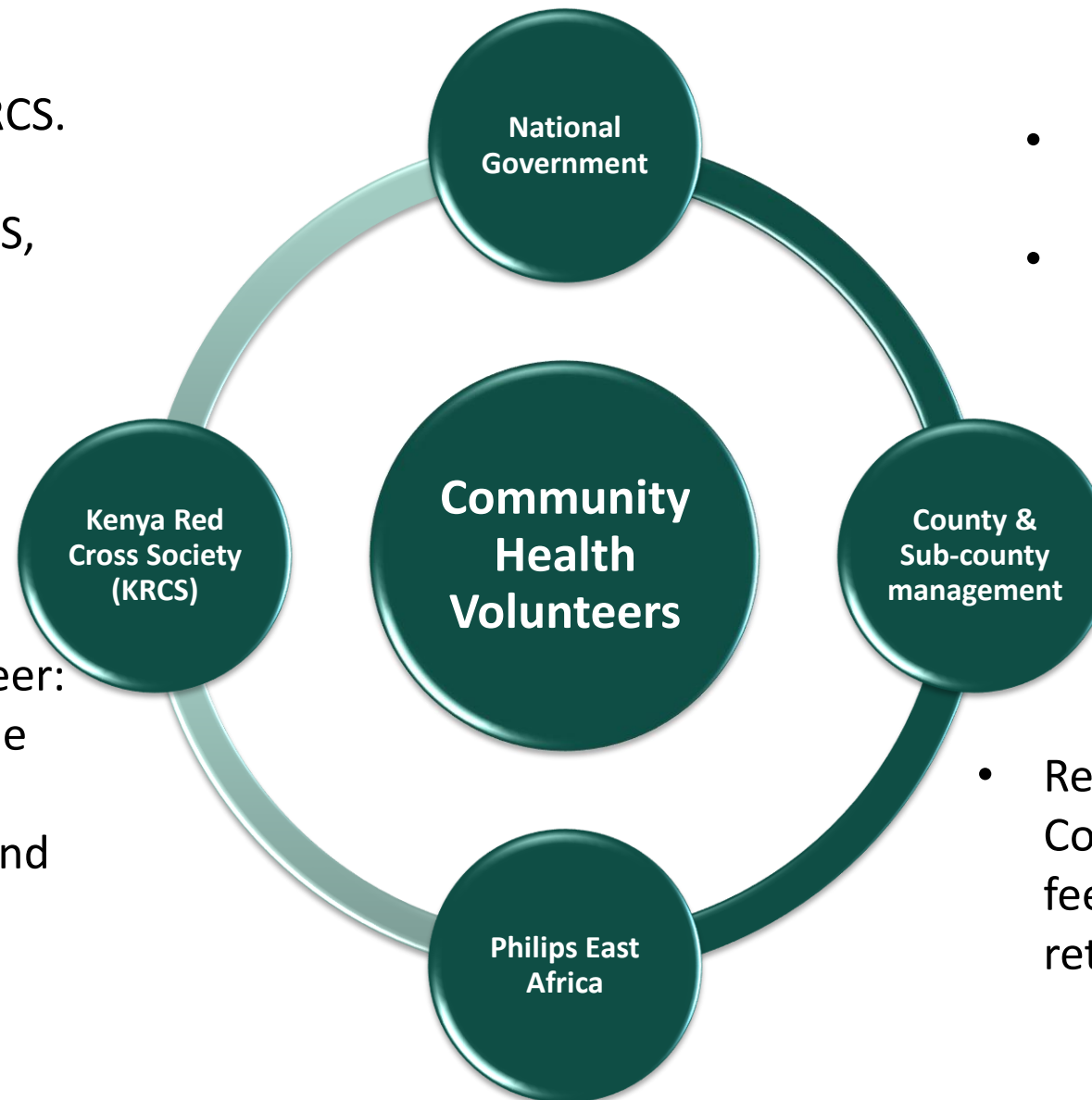
- Investigate the reasons for CHV attrition in the community.
- Determine the motivational factors and the volunteer retention mechanisms for the iCCM project.
- Assess the effectiveness of using the Philips CHV outreach kit and CHV Mentoring and career enhancement package) as drivers for CHV motivation and retention.

Study Design

- Quasi-experimental design with a comparator group utilizing both quantitative and qualitative data collection methods.
- The study was nested within an ongoing iCCM Project in Tana River County introduced in 2016 as part of the Integrated Community Resilience Building Project (ICRBP) funded by Finish Red Cross.

Project stakeholders

- Implementation led by KRCS.
- Clinical and application training facilitated by KRCS, Philips East Africa and County health officers



- Sensitization forum held at national level
- County level engagement meetings held.

- Community health volunteer:
 - Trained on the use of the Philips outreach kit.
 - Involved in mentoring and career enhancement sessions.

- Research project lead. Collect analyze and report feedback on CHV retention mechanisms

Project timelines

Pre-Covid period; unrestricted movement			Detection of Covid cases in country and dawn to dusk curfew and restriction in movement				Reduced curfew hours and relatively eased movement restrictions in county				
Dec 2019	Jan 2020	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov 2020
Baseline survey	Initial implementation		Minimal implementation, no regular household visits				Resumed implementation and household visits				End line survey

Project county context

Tana River county

- Tana river county is located in the southwest region of the country bordering the coast.
- It has three sub counties, namely : Bura, Galole and Garsen.
- It is occupied by a mix of pastoralist community and a few farmers working in large irrigation schemes.
- Four community units selected for this study: Meti CU, Bilbil CU, Biskidera CU and Dukanotu CU.

Pastoralists migrating



Irrigation schemes



Sample settlement



National and county inception meetings

- Engagement meetings held at national level and approval to proceed granted by Ministry of health.
- Inception meetings held at the county level. Attended by the CEC Health, County Director of Health, and members of the county Health Management Team.



Quantitative and qualitative data Collection

Quantitative interviews:

- One on one interviews conducted with all 63 CHVs in the ICCM project.
- Focus group discussions held with CHVs from each of the CUs
- In depth interviews conducted with SCHMT and health providers from the link facilities



Study Interventions

Community health volunteer outreach kit

- The kit containing basic equipment to support CHVs in their efforts to triage/ diagnose at the community level before administering treatment for iCCM or before referring clients to the health facilities.



Mentoring and career/livelihoods enhancement

- Enhanced, integrated support supervision and mentorship meetings between CHA and CHVs.
- Selection of livelihood skills priority areas and training in selected skills with support from County officers



Clinical and application Training



Study Results

Demographic Characteristics

- Study participants included 63 CHVs from 3 community units.
- Participant age range 23 – 73 and median of 40 years
- ~25% had completed secondary education.
- No difference in age, gender, marital status and occupation profile.
- 15% of participants gained self employment during study period.

Characteristic	CHU	Meti -Outreach kit n(%)	Biskidera - Mentoring n(%)	Bilbil -Control n(%)
Age	<25 yrs	1 (6)	0	0
	25-44 yrs	13 (72)	14 (70)	9 (64)
	>45 yrs	4 (22)	6 (30)	5 (36)
Gender	Male	12 (67)	8 (40)	10 (71)
	Female	6 (33)	12 (60)	4 (29)
Marital	Single	4 (22)	4 (20)	0 (0)
	Married	14 (78)	16 (80)	14 (100)
Income source	Yes	4 (22)	3 (15)	2 (14)
	No	14 (78)	17 (85)	12 (86)
	No	14 (78)	17 (85)	12 (86)
Education	None	0 (0)	1 (5)	5 (36)
	primary	9 (50)	12 (60)	8 (57)

Study Results

CHV recruitment, roles and supervision

Indicator	CHU	Meti -Outreach kit n(%)	Biskidera - Mentoring n(%)	Bilbil -Control n(%)	P-value (Baseline)	P- value (End line)
Duration as CHV	6-12 months	0 (0)	1 (5)	0 (0)		
	1-3 yrs	2 (11)	2 (10)	0 (9)		
	>3yrs	16 (90)	17 (85)	14 (100)	0.223	0.509
Recruitment info	From CHEW	5 (28)	4 (20)	3 (21)		
	From Chief	12 (67)	15 (75)	10 (71)		
	From HF	1 (6)	1 (5)	1 (7)	0.024	0.980
Ever dropped out	Yes	1 (6)	0 (0)	0 (0)		
	No	17 (94)	20 (100)	14 (100)	0.658	0.382
Supervision in previous month	Once	1 (6)	1 (5)	1 (7)		
	Twice	10 (56)	12 (60)	6 (43)		
	3 times	4 (22)	6 (30)	4 (29)		
	>3 times	3 (17)	1 (5)	3 (21)	0.140	0.801

Recruitment

“I know that when we were being selected the report came from health department to the chief and the chief went to the headman, the headman announced to the community to select CHVs, then we were nominated at a Baraza” FGD CHVs

CHV training and supervision

- Approximately 50% of CHVs trained on basic CHS module by county team.
- CHVs reported receiving training from both County health department and partner NGOs.
- CHVs received verbal description of their roles from CHA and fellow CHVs. No document detailing CHV roles issued.
- Supportive supervision involved checking CHV records, monitoring commodities, solving issues from the community, and updating the information on case management.

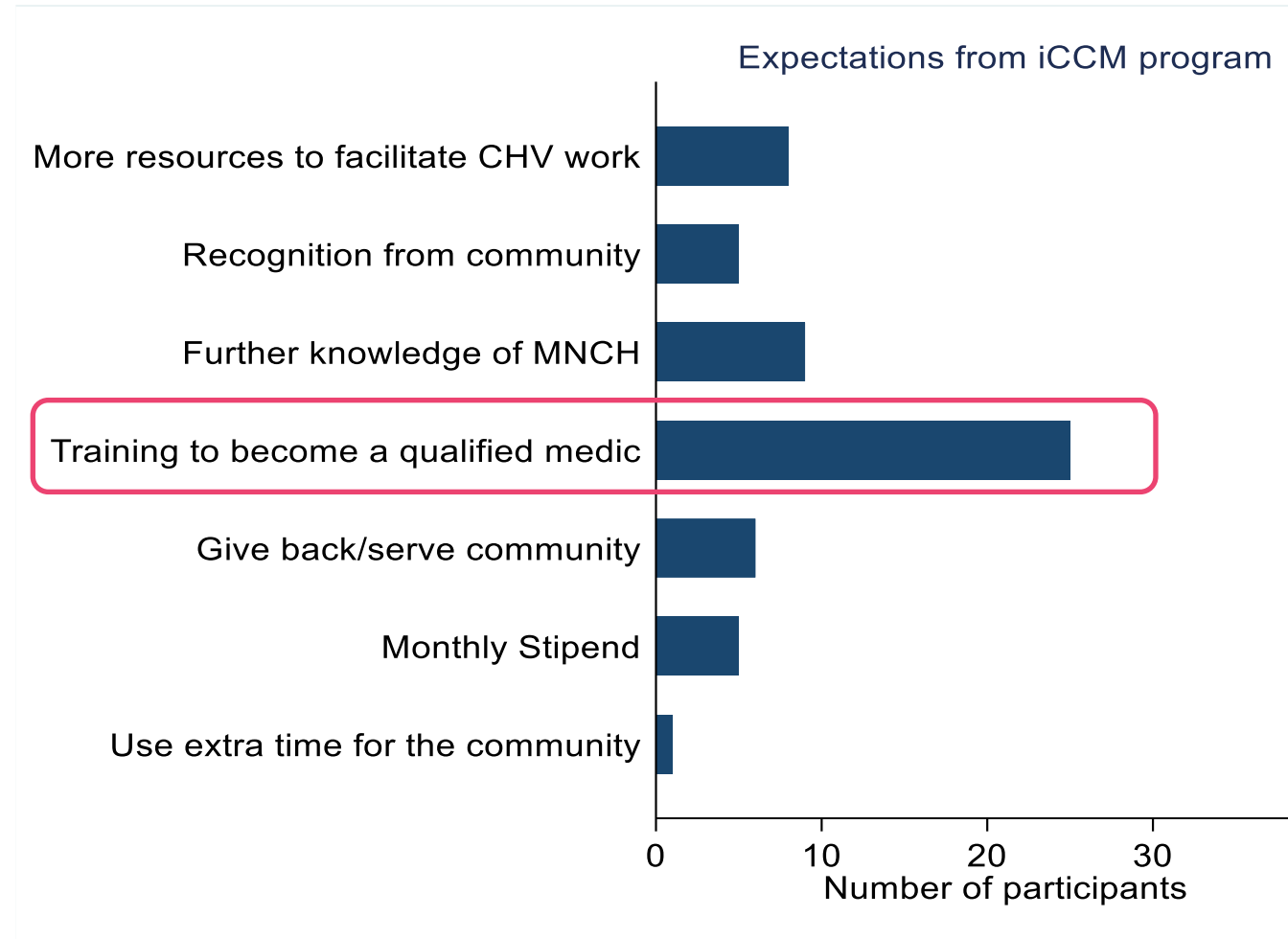
“When I was selected, I found others who had come before me. And they were the first ones who ‘orientated’ me and told me in this job that you have been selected there is this certain work and certain work...” FGD CHVs

“... Basically, we have one meeting in a month with the CHA but that is not the only supervision. A lot of times, we communicate with her via phone, and she might also come depending on the need but the important one is the main meeting...” FGD CHVs

Objective 1: Reasons for CHV attrition

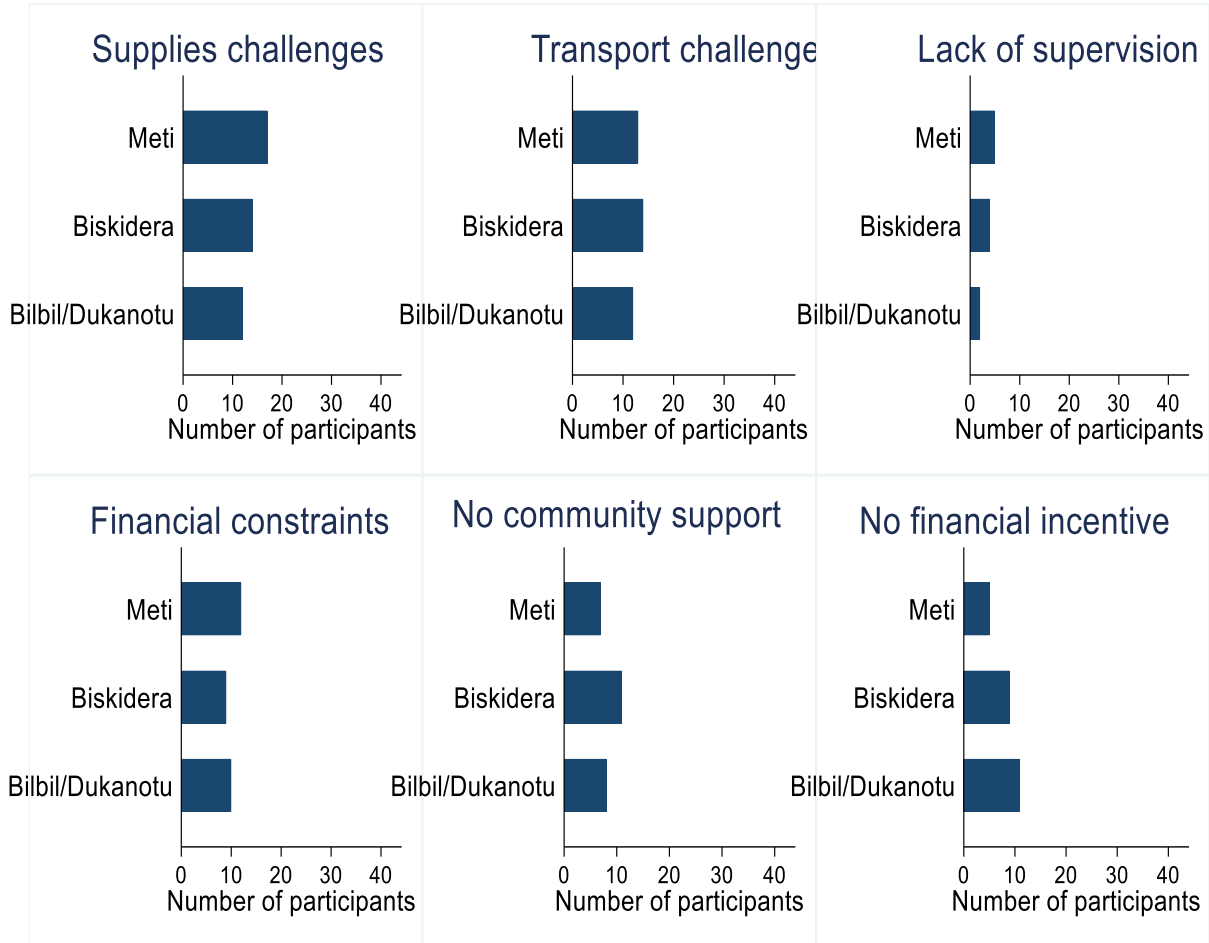
CHV expectations and attrition

- 4.76% attrition over entire project period (3 years).
- Maximum drop out duration was 6 months.
- One third of CHVs felt expectations were not met
- Reasons for drop out by CHVs:
 - Inadequate support and compensation
 - Financial constraints
 - Discouragement from community
 - Internal conflicts with other health workers



Objective 1: Reasons for CHV attrition

Major challenges of CHV work



*“ Another challenge is identification. You can go to a mother just dressed like this to talk about a problem or to check on pregnant women or children under five. If you don’t have anything to show that you are from the health department, it becomes very hard to convince that person until they understand. ...if we could get something to put on for example a T-shirt or a tag to show that I am a CHV to make our work easier...” **FGD CHV***

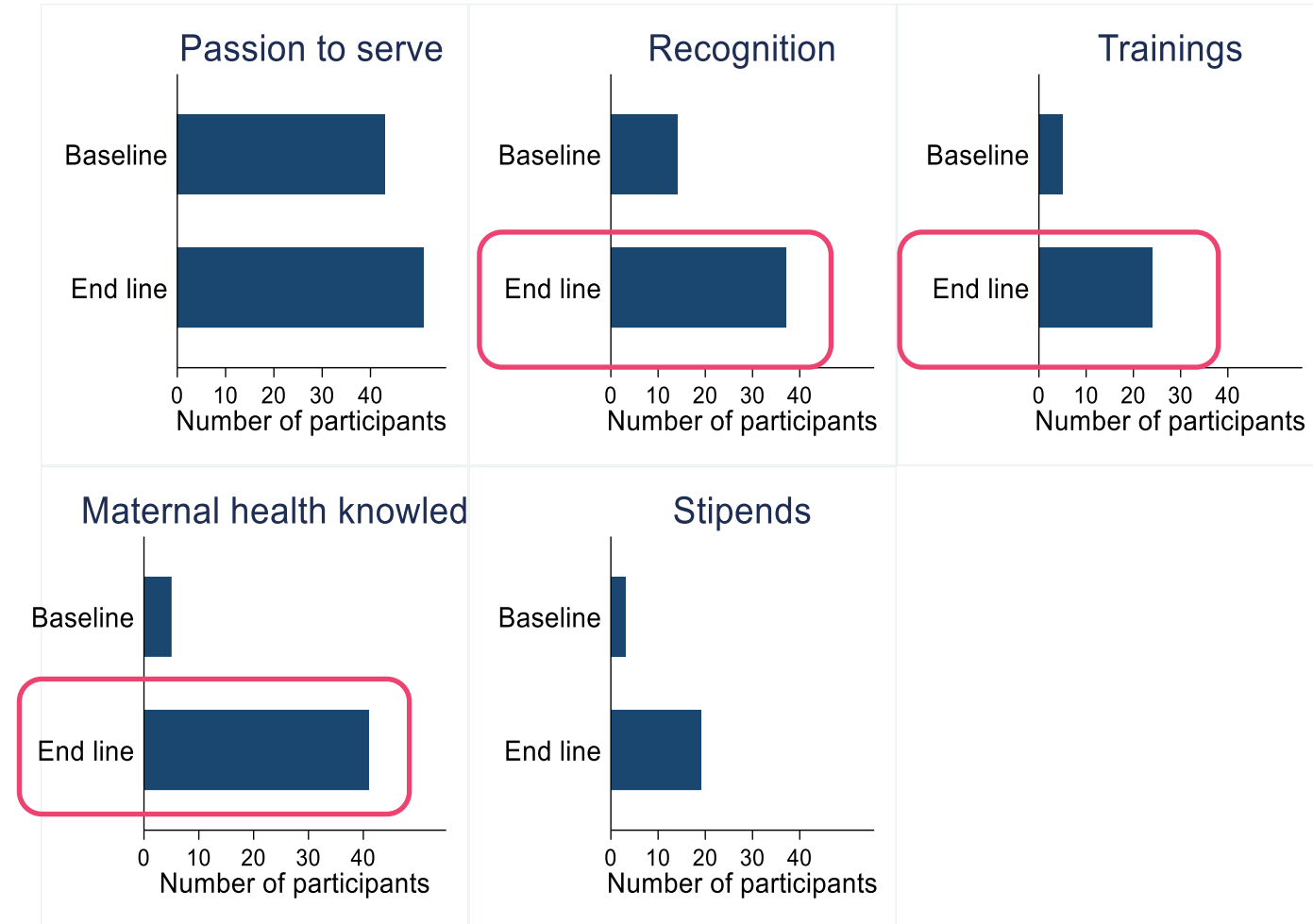
*“... Sometimes there are no drugs in the hospital, and it’s as if the devil knows there are no drugs at the hospital because he comes and overwhelms the villages. You find a mother has brought a child and there is no medicine to help. There is no Panadol and sometimes he is vomiting or has diarrhea but there is no ORS or Zinc nothing for iCCM. Sometimes we have those RDT for testing malaria but there is no buffer. So those are challenges that we experience...” **FGD CHVs***

Objective 2: Determine the motivational factors for current iCCM project

Motivation to join CHV work

- Desire and passion to assist the community , encouragement by community members, hope for career advancement, recognition in the community, receiving a salary, stipend or token.
- Due to delay in payment, 43% of CHVs reported no change in motivation due to cessation of stipends

Motivators to continue CHV work



Objective 3a: Assess the effectiveness of using the Philips CHV outreach kit as drivers for CHV motivation and retention

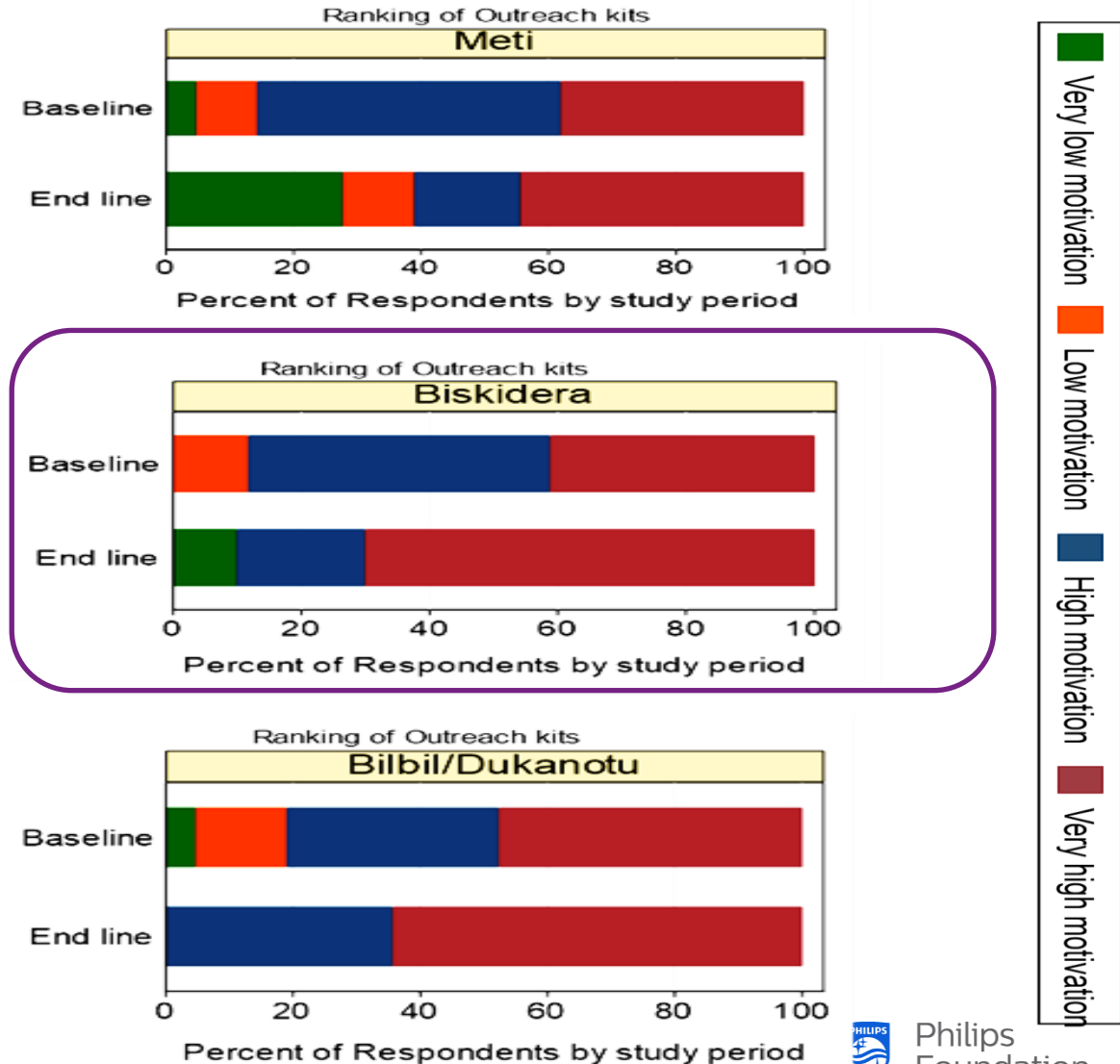
- Most used equipment: MUAC tape, the weighing scale, thermometer and the ChARM (Child automated respiratory monitor)
- Least used equipment: pulse oximeter and the splint.
- All CHVs reported experiencing challenges with the equipment
- Equipment challenges included: battery drain(95%), malfunction (10%) and loss (5%)

Equipment	Percentage with issue
BP machine	16 (80%)
Thermometer	2 (10%)
IR thermometer	1 (5%)
ChARM	10 (50%)
Weighing scale	14 (70%)
Solar lamp	4 (20)
MUAC tape	0
Oximeter	1 (5%)
First aid kit	9 (45%)

Objective 3a: Assessing effectiveness of the Philips CHV outreach kit as drivers for CHV motivation and retention

- Outreach kits ranked highly across all study groups and highest among other incentives in CU provided with backpacks at end line.
- Provision of the outreach kit had a ripple effect toward other factors known to motivate CHWs such as trainings and skills development, recognition, community trust, and linkage to the health facility.

Outreach kits ranking



Objective 3a: Effect of the Philips CHV outreach kit as drivers for CHV motivation and retention

“... they reduce the workload at our facility. In fact, as a clinical officer, I’ll be happy when I’ll attend to 10 patients unlike when we didn’t have a CHVs, I would have a line maybe of 20 or 50. We are happy that the workload has reduced. I am getting the serious cases because that’s what I want, not minor-minor issues, which can be solved by the CHV at home. So, it is helping, and we really appreciate”

KII Clinical Officer

“...if you say leave the bag and give assistance in another area it will be difficult because the villagers now trust us because of the bag. And this bag is the reason why we don’t walk the way we used to walk in the past...”

FGD CHV

“R6: This bag is not like the other ones we received from other partners which our children snatched from us to use for school, this is a special bag meant for the CHV work. No one can take it for their own use”

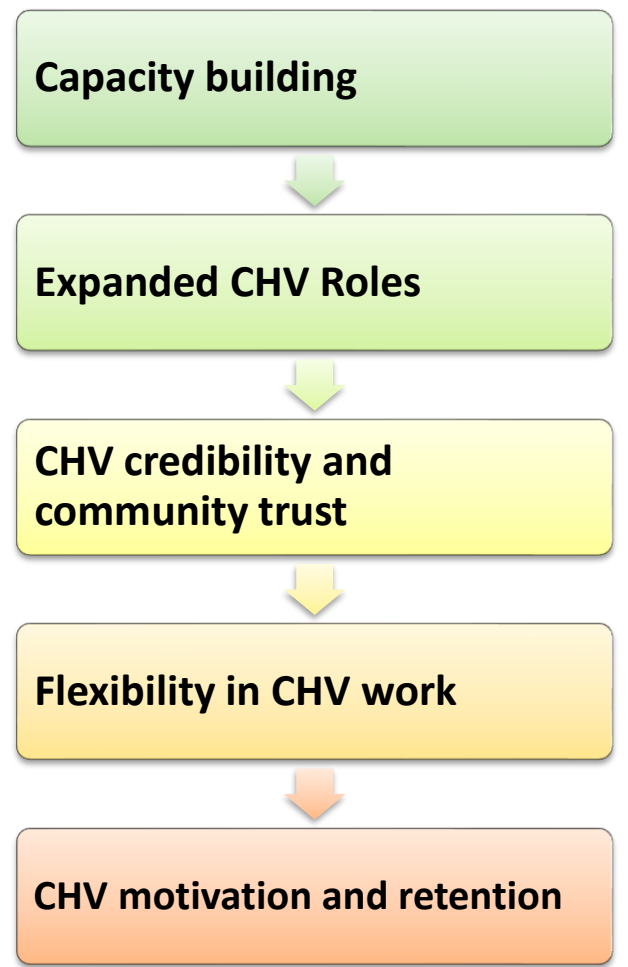
FGD CHV

“In general, I can say that bag, apart from carrying medical equipment, it builds self-esteem. CHVs now believe in themselves better than they did in the past. And the community has been able to have confidence in those health workers... So it is something that has made the community satisfied with services provided by CHVs. It has made the community to be able to listen to us.”

FGD CHV

“I think for the blood pressure machine, it’s too much for them. ...we have been conducting outreaches in those peripheral health facilities. Those communities, which are far from health facilities and from their health facilities, will always have an outreach. I think the outreach can do well for the community instead of having s CHV with the BP machine”

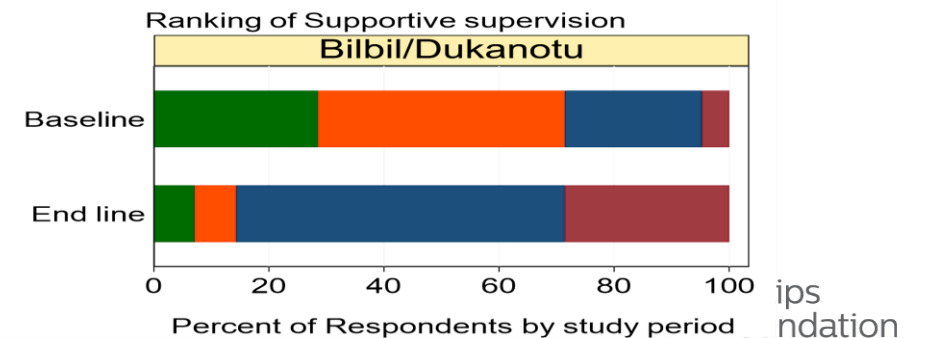
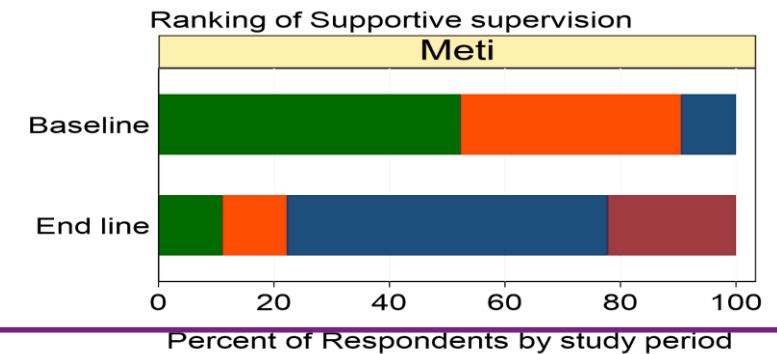
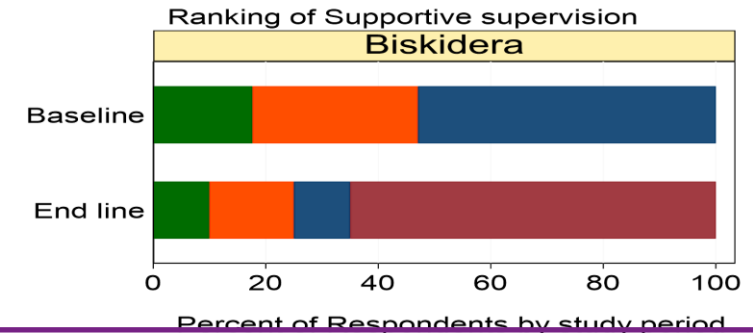
KII CHMT Member



Objective 3b: Assess the effectiveness of CHV Mentoring and career enhancement as a driver for CHV motivation and retention

- **Skills priority areas:** CHVs selected crop and livestock farming for mentorship.
- CHVs attended 5 mentorship sessions each 1-4 hours facilitated by agricultural extension officers from Tana River county.
- CHVs identified a piece of land as a demonstration farm where they practiced all the theory lessons they had learnt.
- Some CHVs implemented the skills in their homes.

Enhanced supportive supervision ranking



Objective 3b: Assess the effectiveness of CHV Mentoring and career enhancement as a driver for CHV motivation and retention

- Supportive supervision ranked higher at end line compared to baseline in Meti CU.
- Only Meti CU ranked extra trainings as a high motivator.
- CHVs preferred to have IGAs which would provide seed funding for the farming.
- CHVs experienced challenges due to mixed profile of CHVs some not interested in farming.

"... The benefit we got first was a lot knowledge. They taught us how to start a nursery. For someone like me in the past I was not a farmer but there is training I got there..." FGD CHV

"Ability is the problem. Someone may wish to do farming but even water is sold, you cannot use a farm without water. And then the pesticide require money..." – FGD CHV

"...Also, we can be given a little finance as a group. They say for this group come together as CHVs and get a get a social service certificate as a group and get a piece of land so as to benefit together as a group instead of individuals" FGD CHV

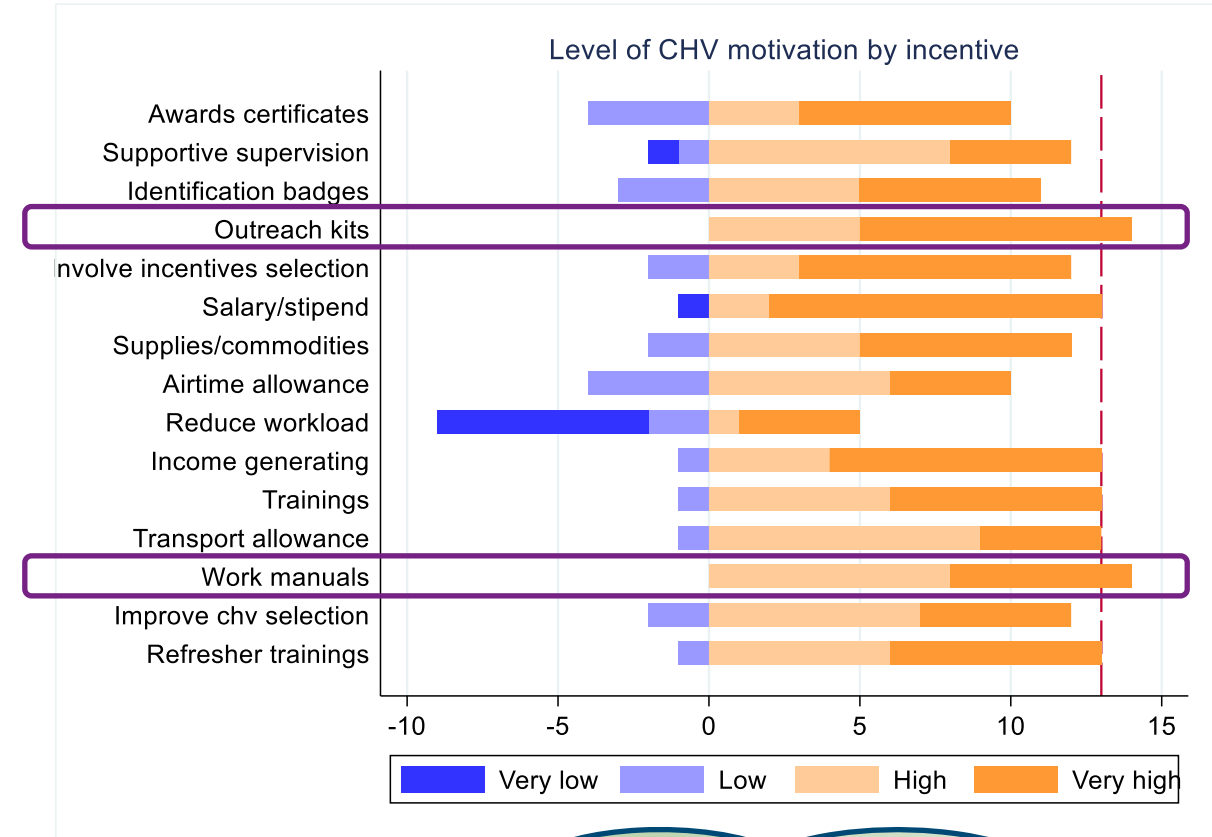
"...the first motivation is the vegetables. And if that is not, there is agriculture, which we can use to support ourselves. Many CHVs have that knowledge but the finances are low." – FGD CHV

But now can't say the impact – you see now they still have the knowledge after we've harvested I will send them they go and do it at their own level. So from then I will tell you if there is an impact or not... CHA Meti CU

Objective 3b: Assess the effectiveness of interventions as drivers for CHV motivation and retention- Control group

Control group:-Bilbil and Dukanotu

- CHVs less enthusiastic with their work in comparison to CHVs from the other study arms evident from number available for interviews.
- Main challenge was delayed stipends and lack of transport support.
- CHVs also ranked outreach kits as a high motivator that would facilitate their iCCM work.

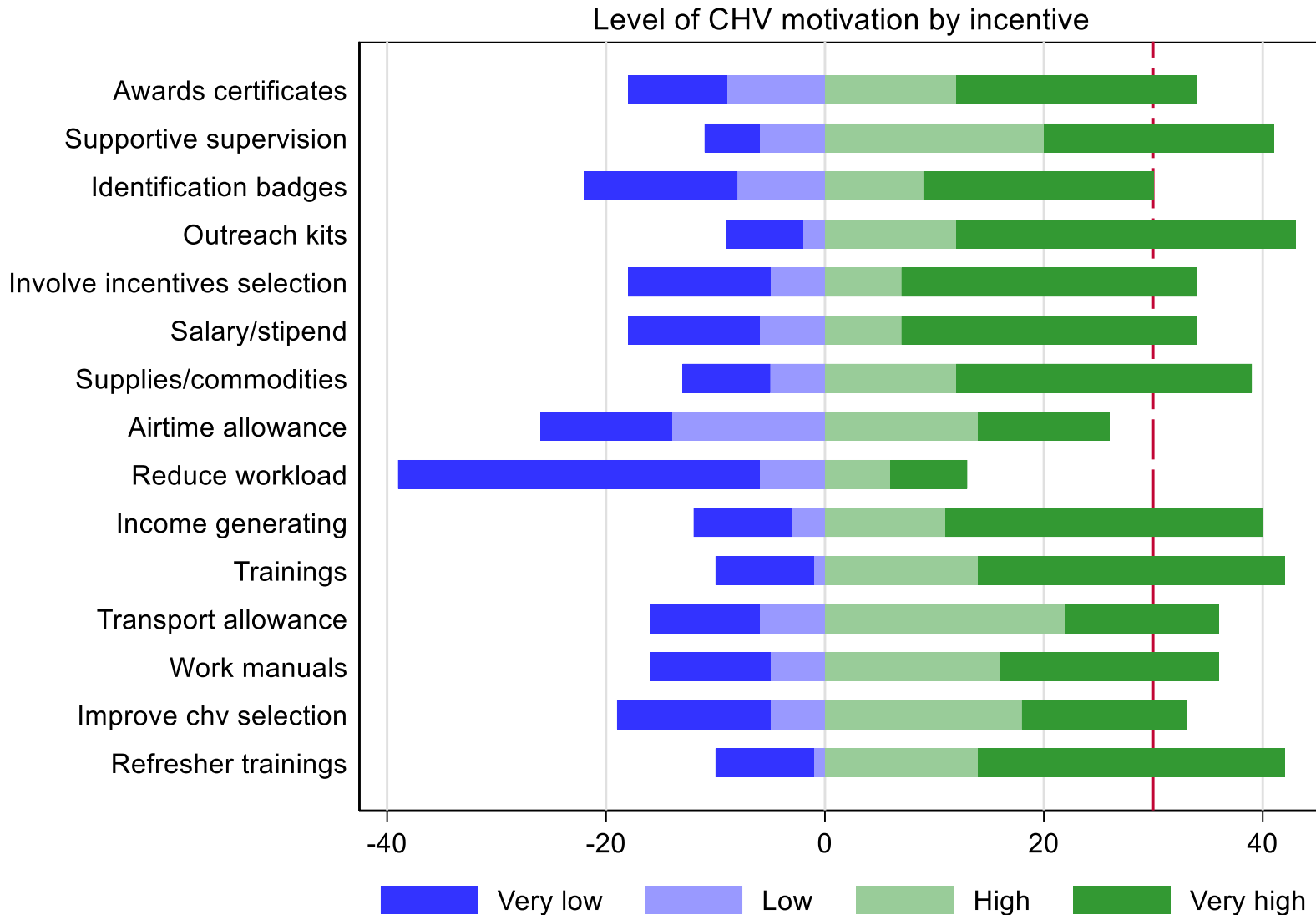


“What can boost our morale is receiving support from an organization or the government to tell people to get at least – you know people have children, others have two wives and yet they have volunteered to do this work. So, when they receive a little income from some place, they will be okay to do this work.”

CHV Bilbil

Philips Foundation

Overall ranking of incentives:-End line



- CHVs ranked provision of Outreach kits as the highest motivator among the listed incentives.
- Trainings, refresher trainings and enhanced supportive supervision ranked similarly.
- Reduction in CHV workload and provision of airtime allowance provided the lowest motivation.

Study limitations and gaps

- Study interruptions due to COVID prevention regulations.
- Unable to evaluate impact specifically on retention due to short study duration.
- Biased critique on equipment in outreach kits due to delays in procurement and replacement of batteries for some equipment.
- Delays in payment of stipends and reimbursements reported as contributing to biased low motivation especially in control group.
- Risk of underpowered associations due to small convenient sample size.
- Inability to evaluate effect of interventions on CHV performance due to Covid restrictions

Study Recommendations

- Recruitment of CHVs should be based on the MOH guidelines and allow selection of CHVs with expectations in line with the program objectives to prevent dissatisfaction and drop out.
- CHV expectations should be assessed at recruitment to determine their fit with the broader project objectives. This prevents and reduces disappointments and dissatisfaction if expectations are not met, a factor which contributes to attrition.
- Design of community health programs should incorporate both financial and non-financial incentives for CHVs.
- Simple items such as t-shirts, caps, identification badges and certificates have a great effect on CHV motivation
- Frequent refresher trainings are required to equip CHVs with up-to-date information.

Study Conclusions

- Study contributes to the body of knowledge on factors that influence CHV motivation and attrition.
- Both financial and non-financial incentives are important in the motivation and retention of CHVs.
- Providing simple tools and equipment such as an outreach kit as a one-off incentive can have a lasting effect on motivation by increasing confidence in their abilities to perform CHV duties.
- Providing alternative skills that can be applied to generate income reduced the need for CHVs to drop of the system to pursue revenue generating opportunities

Report developed by :

Irene Adema(Philips)

Irene.adema@Philips.com



August 2021



Philips
Foundation