

Community Health Volunteer Program Sustainability – Literature Review

Amber Fleck, MD Candidate

Department of Global Health, University of Colorado Anschutz Medical Campus



1. Background

HEALTH CARE PERSONNEL SHORTAGES

Globally, countries are experiencing severe healthcare shortages with a need for nearly an additional 4.3 million licensed practitioners and healthcare workers worldwide.¹ Several low- and middle-income countries have begun task-shifting in an attempt to alleviate the strain on the health care system.²

Task-Shifting involves transferring responsibilities normally assigned to formal health care personnel to health care volunteers or less formally certified individuals. Increased task-shifting has led to numerous countries investing in community health volunteer (CHV) programs.²

COMMUNITY HEALTH VOLUNTEER PROGRAMS

Numerous programs have achieved success in utilizing CHVs to bridge the gap between community health and facility provided healthcare.³

- A CHV program in Brazil reported a 32% decrease in infant mortality five years after program commencement.³
- A CHV program in South Africa reduced loss to follow up for cervical cancer screenings in the following time frames:
 - 6 month follow up: 21% to 6%
 - 12 month follow up: 39% to 10%
 - 24 month follow up: 50% to 24%⁴
- Several initiatives have demonstrated the effectiveness of utilizing CHVs to increase community access to health information, education, and referral.²

PROGRAM SUSTAINABILITY has been questioned due to the high attrition rates seen in most CHV programs which undermines the quality of care delivered and functionality of the programs.²

2. Aim

EXPLORE

the experiences, motivations, and reasons for attrition in community health volunteer programs. Understanding these fundamental factors could allow for improved sustainability and functionality of these programs.

Increasing the efficacy of community health volunteer programs could significantly augment access and quality of care in countries that are faced with staggering personnel shortages.

3. Methods

Literature Review

- Peer-reviewed articles from 2000-2018
- Twenty-nine articles were found to be relevant
- The following search engines were used:
 - » PubMed, google scholar, CINAHL

Key Words:

- » CHV, CHV sustainability, CHV experiences, CHV motivations, task switching

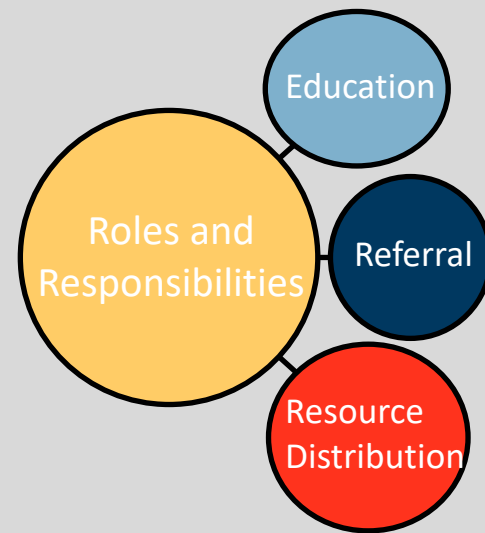
Criteria for Exclusion:

- » Outside time frame, published in language other than English, not relevant to aim of review

3. Results

ROLES AND RESPONSIBILITIES

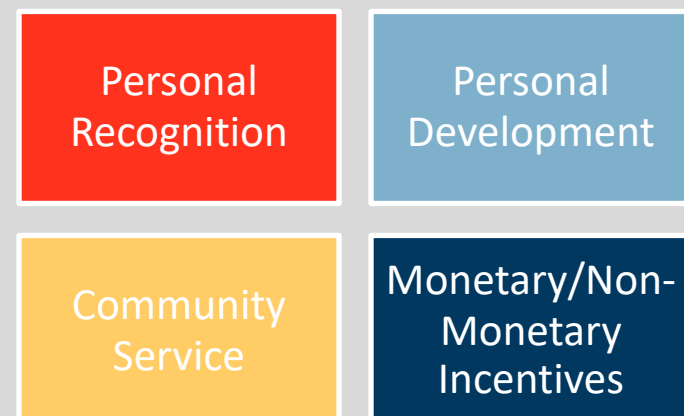
- In certain programs, CHVs are provided clearly outlined roles and volunteers are held accountable by supervisors or the community.²
- Other programs have CHVs with roles that are less clearly defined and CHVs have reported feeling overwhelmed by their duties and the expectations of the community.¹



- Lack of role definition has led to disorganization and increased lack of trust and communication between the CHVs and the health care staff/facilities.²
- **Specialization vs. generalization:** Two types of programs have been created. CHVs who act as generalists and provide health education and counseling on a variety of topics and specialists who provide a specific subset of care such as HIV/AIDS education.⁵
- CHVs are generally not trained or licensed to perform medical intervention.⁵

MOTIVATIONS

- Underlying motivation for volunteering as a CHV vary by program and person; however qualitative studies have demonstrated recurring themes:^{1,2}



Personal Recognition

- Can come in a variety of forms including recognition from the community, family members, or healthcare staff.¹
- CHVs appreciated feeling valued and recognized as leaders in their community.⁶

Personal Development

- CHVs cited acquiring new medical knowledge and skills as a strong motivator.¹
- They also appreciated feeling self-efficacious and learning how to problem solve.²
- Aspirations for this position to lead to future employment was also reported.⁷

Community Service

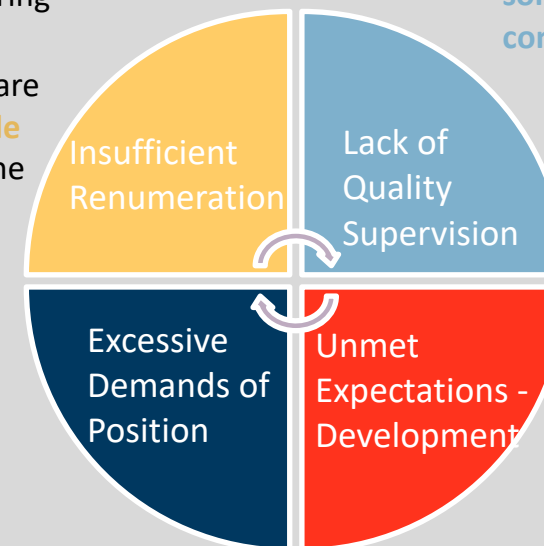
- Common motivator is the intrinsic desire to serve the community.²
- Desire to increase the quality of life and health awareness in their community.¹

Monetary/Non-Monetary Incentives

- Mobiles phone vouchers, first aid kits, tools, T-shirts or clothing for the position.¹
- Certification for training.¹
- Hope for future extrinsic motivation/incentives was a strong motivator to continue in the position.¹

REASONS FOR LEAVING

- Volunteers report difficulty balancing household expenses and often end up spending money while volunteering as well.¹
- CHV programs are generally unable to reimburse the volunteers for their efforts.¹
- Difficulty with the excessive demands of the position including: time commitment, excessive travel, lack of resources, and expectations of the community.^{2,5,6}
- Successful programs had ongoing quality supervision from healthcare workers or community leaders.⁸
- Higher job satisfaction with supervision focused on encouragement, collaborative problem solving, and constructive feedback.⁸
- A strong motivator was the opportunity for professional growth; these expectations were often unmet.²
- Failure to consistently or adequately train the CHVs on topics they were expected to discuss.^{5,6}
- Community members often expect CHVs to be able to provide medical interventions.^{1,2}



4. Conclusions

SUSTAINABILITY

The long-term sustainability of volunteer run healthcare initiatives are questionable. However, the overall success of CHV programs in certain settings has been demonstrated.^{3,4} Several programs have had success in bridging the gap between community health and facility-based care in low-resource settings.² With clearly defined roles CHVs are able to provide health information, sanitation advice, and specialized health counselling to the communities they serve.¹ As seen, CHVs are an intrinsically motivated group of individuals that highly value personal growth, serving their community, and the recognition they receive from these roles.^{1,2} Finding ways to enhance the intrinsic motivators of these programs has the potential to increase sustainability significantly.

REASONS FOR ATTRITION

Concern about the long-term sustainability of community health volunteer programs largely stems from the high turnover rates in such programs.² One of the most common reasons for leaving the CHV position is lack of remuneration or insufficient compensation.¹ However, many countries created these positions and began task shifting because they could not afford to hire licensed healthcare professionals. Therefore, providing compensation might not be possible and could undermine the ultimate goal of alleviating the strain on the health care system.

LIMITATIONS

Although common themes were witnessed across the spectrum of studies, each CHV program needs to be considered in the cultural and community context in which it is initiated. There were experiences, motivations, and reasons for attrition that were cited but were not discussed here because they were less common across the literature. The lack of studies providing raw and first person CHV experiences might decrease the external validity of the data. Future studies need to be conducted including personal anecdotes from volunteers to better understand their viewpoint.

5. References

1. Takasugi T LA. Why do community health workers volunteer? A qualitative study in Kenya. Public Health 2012;126(10):839-45.
2. Vareilles G, Pommier J, Marchal B, Kane S. Understanding the performance of community health volunteers involved in the delivery of health programmes in underserved areas: a realist synthesis. Implement Sci 2017;12(1)22. PMID: PMC5314678.
3. Cufino Svitone E, Garfield R, Vasconcelos MI, Araujo Craveiro V. Primary health care lessons from the northeast of Brazil: the Agentes de Saude Program. Rev Panam Salud Publica. 2000; 7:5, pp. 293–302.
4. Goldhaber-Fiebert JD, Denny LE, De Souza M, Wright TC, Kuhn L, Goldie SJ. The costs of reducing loss to follow-up in South African cervical cancer screening. Cost Effectiveness and Resource Allocation. 2005; 3:11
5. Oliver M GA, Winters N, Rega I, Mbae SM. What do community health workers have to say about their work, and how can this inform improved programme design? A case study with CHWs within Kenya. Glob Health Action 2015;8(27168). PMID: PMC4442123
6. Alam K, Oliveras E. Retention of female volunteer community health workers in Dhaka urban slums: a prospective cohort study. Hum Resour Health 2014;12:29 PMID: PMC4040363
7. Rahman SM, Ali NA, Jennings L, Seraji MH, Mannan I, Shah R, Al-Mahmud AB, Bari S, Hossain D, Das MK, Baqui AH, El Arifeen S, Winch PJ. Factors affecting recruitment and retention of community health workers in a newborn care intervention in Bangladesh. Hum Resour Health 2010;8:12 PMID: PMC2875202
8. Nxumalo N, Goudge J, Thomas L. Outreach services to improve access to health care in South Africa: lessons from three community health worker programmes. Glob Health Action 2013;6:19283. PMID: PMC3556683.