



Photo credit: Last Mile Health

Applying a human resources for supply chain management theory of change in Liberia

INTRODUCTION

Through the workforce development and community health systems diagnostic in Liberia, People that Deliver (PtD) applied its **Building human resources for supply chain management theory of change (ToC)** to explore the challenges facing community health assistants (CHA) and community health services supervisors (CHSS) in the areas of staffing, skills, motivation and working conditions.

This technical brief considers the extent to which the ToC is a comprehensive tool to assess the conditions that ensure community health workers (CHWs) can perform optimally in the supply chain.

WHAT IS THE PEOPLE THAT DELIVER THEORY OF CHANGE?

The Theory of Change (ToC) analyses the conditions needed to ensure that workers at every level in a supply chain perform optimally. It centres on the four pathways: **staffing, skills, working conditions** and **motivation**: addressing these is necessary if commodities are to be available in the most cost-effective way possible and to improve health outcomes.

METHODOLOGY

A purposive sample of CHAs and CHSS was selected in the counties of Margibi, Grand Bassa and Bong. Each selected county is supported by a different implementing partner (Plan International, Last Mile Health and IRC respectively). They provide employment to CHSSs, monthly stipends to CHAs, conduct training activities and disseminate resources and materials, such as monthly reporting forms.

Focus group discussions (FGD) were used to collect data from CHAs (24) and CHSSs (24); discussions with them were conducted separately to promote frank discourse. These discussions centred on the working conditions of CHAs and included supply chain questions as well as general inquiries from which the levels of staffing, skills and motivation of CHAs could be inferred. The respondents were asked questions such as, “Do you have the tools and equipment necessary to fulfil your role as a CHA?” and “What is the role of the CHA within the overall health system?”

FINDINGS

The diagnostic findings reinforce the need to consider the overall health supply chain system in which CHWs work when applying the ToC in any context.

The pathways working conditions and motivation (which cover performance management and supportive supervision) require attention. There are persistent stockouts in Liberia and restocking health commodities at community level is a major challenge. Twenty percent of essential medicines are earmarked for community use; this however does not occur in practice. The participants also indicated that medication designated for community use is often close to its expiry date.

CHAs describe a complex reporting process that includes no fewer than seven data collection ledgers as well as a commodity tracking form, on which CHAs document consumption. Even with this reporting process in place CHSSs across all three counties reported receiving insufficient commodities with which to restock CHAs.

Many CHAs serve more than the 40-60 households as stipulated in the Community Health Services policy.

There is a strong learning and skills development programme, mentoring has been successful and CHAs and CHSSs report confidence in their ability to complete supply chain tasks, such as completion of tracking forms and maintenance of commodities.

IMPACT OF STOCKOUTS

Supply chain challenges that affect the health system at large, including inventory management, distribution and a lack of storage space, also have an impact on CHAs and impede their ability to deliver services in the community. Stockouts at community level have implications for all four pathways of the ToC.

When all necessary equipment and medicines are available, CHAs are better able to perform their duties and deliver quality health care services including early detection, diagnoses and treatment of infectious diseases. Supply chain workers' access to up-to-date and relevant tools and equipment to perform their roles is a key component of the working conditions pathway to support and optimise performance. Every effort should be made to ensure that CHAs have the tools and supplies they need to maintain the trust and confidence of their communities.

The four pathways correspond to the central advocacy message of the **Community Health Impact Coalition**, that CHWs should be “salaried, skilled, supervised and supplied.”

When we properly #SupplyCHWs, we achieve more equitable health outcomes.

WHAT ARE COMMUNITY HEALTH WORKERS?

Community health workers (CHWs) serve as a bridge between the community and the health facility, and undergo training to gain the knowledge and develop the skills necessary to deliver culturally-appropriate services within their scope of work. CHWs engage community members during household visits, which is when they conduct health assessments and screenings, promote good health practices and refer patients to health facilities.

STRENGTHS OF APPLYING THE ToC TO ASSESS CHAS

Community health assistant and community health services supervisor responses during the FGDs aligned with the four pathways in the ToC: all the challenges they stated could be categorised under skills, staffing, motivation or working conditions. This indicates that the four pathways are an adequate lens through which to analyse the conditions under which CHAs can perform optimally.

Not only can the ToC be tailored to other contexts but the ToC diagnostic in Liberia is transferrable; many of the findings are relevant in other sub-Saharan contexts and rural areas in LMICs, given the similar disease profile, high maternal and infant mortality rates and poor infrastructure hindering access to health centres.

DESIRED OUTCOMES DEFINED IN THE ToC

STAFFING All critical CHW positions are filled

SKILLS CHWs are able to apply their skills at the community level

WORKING CONDITIONS

Working conditions help CHWs reach their potential

MOTIVATION CHWs are motivated to do their jobs

LIMITATIONS OF APPLYING THE ToC TO ASSESS CHAS

Preconditions relating to job descriptions, performance management and supply chain career pathways may not apply to CHWs. This is because some of the preconditions required by other supply chain cadres do not apply to CHAs. The tasks of CHWs change significantly depending on the environment in which they work. Also supply chain management is not the primary role of CHWs; the extent to which they focus on supply chain tasks varies, making it difficult to assess the degree to which CHWs contribute to the supply chain. This also means that the ToC – a methodology designed with SC processes and professionals in mind – does not adequately accommodate positions that have perhaps only minor SC roles.

RECOMMENDATIONS TO ADAPT THE ToC

Future applications of the ToC should allow for an assessment of the current enabling environment for CHWs and consider how to foster an environment in which CHWs can optimally perform their roles. This could include information detailing how to achieve the formal recognition of CHWs as well as the degree to which CHWs should actively engage in supply chain processes and procedures.

A CHW supplement to the ToC would be useful and should include broader CHW job descriptions to account for role variability across contexts. It should include specific interventions and indicators to assess CHWs and also identify tasks at the last mile that are SC specific.

“When CHWs are appropriately selected, trained, and supervised, and when they are provided with appropriate supplies, medicines, and equipment, CHWs can improve key health-related behaviours, extend the accessibility of key services, and strengthen linkages between communities and health services.” *Perry et al, 2014*

PtD'S THEORY OF CHANGE

Interventions relevant to community health workers

The Indicators and Interventions catalog (found on page 30 of the [Theory of Change narrative](#)) details the preconditions, indicators and interventions necessary across the four pathways to ensure that commodities are available at service delivery points to meet needs in the most cost-effective way possible and improve health outcomes.

STAFFING

Develop a pay scale that links to a career path

Link pay scales to required qualifications and competencies

Conduct a salary market analysis

Draft and implement a retention strategy

WORKING CONDITIONS

Develop policies for occupational safety

Establish and maintain a clean and conducive work environment

Establish a staff safety and health management system

Develop policies to address anti-harassment

Develop policies to address anti-discrimination

Train supervisors in workplace policy awareness

Train supervisors in workplace policy enforcement

Conduct workplace solution-focused leadership coaching

Stimulate and reward problem-solving behaviour

Task supervisors with improving social and emotional work environment

Develop checklist of required tools and equipment and ensure all tools and equipment are in good condition

Replace missing or defective tools and equipment

SKILLS

Create professional development plans/ promote continual professional development

Conduct annual review of staff development plans and ensure high completion rates

Provide access to learning resources

Develop pre-service training opportunities

Improve coaching programmes to address skills gaps

Improve mentoring programmes to address competency gaps

Link periodic performance appraisal to skills development

Link professional development with career progression

MOTIVATION

Establish a supportive supervision system/ improve existing supportive supervision system

Establish a performance management system

Develop competency-based promotion systems

Build a supportive environment for staff development

Develop or review financial incentives

Develop or review non-financial incentives

Orientate new staff on their role in the health system

Read the report [Human resources & community health systems Application of the PtD supply chain management theory of change in Liberia](#)