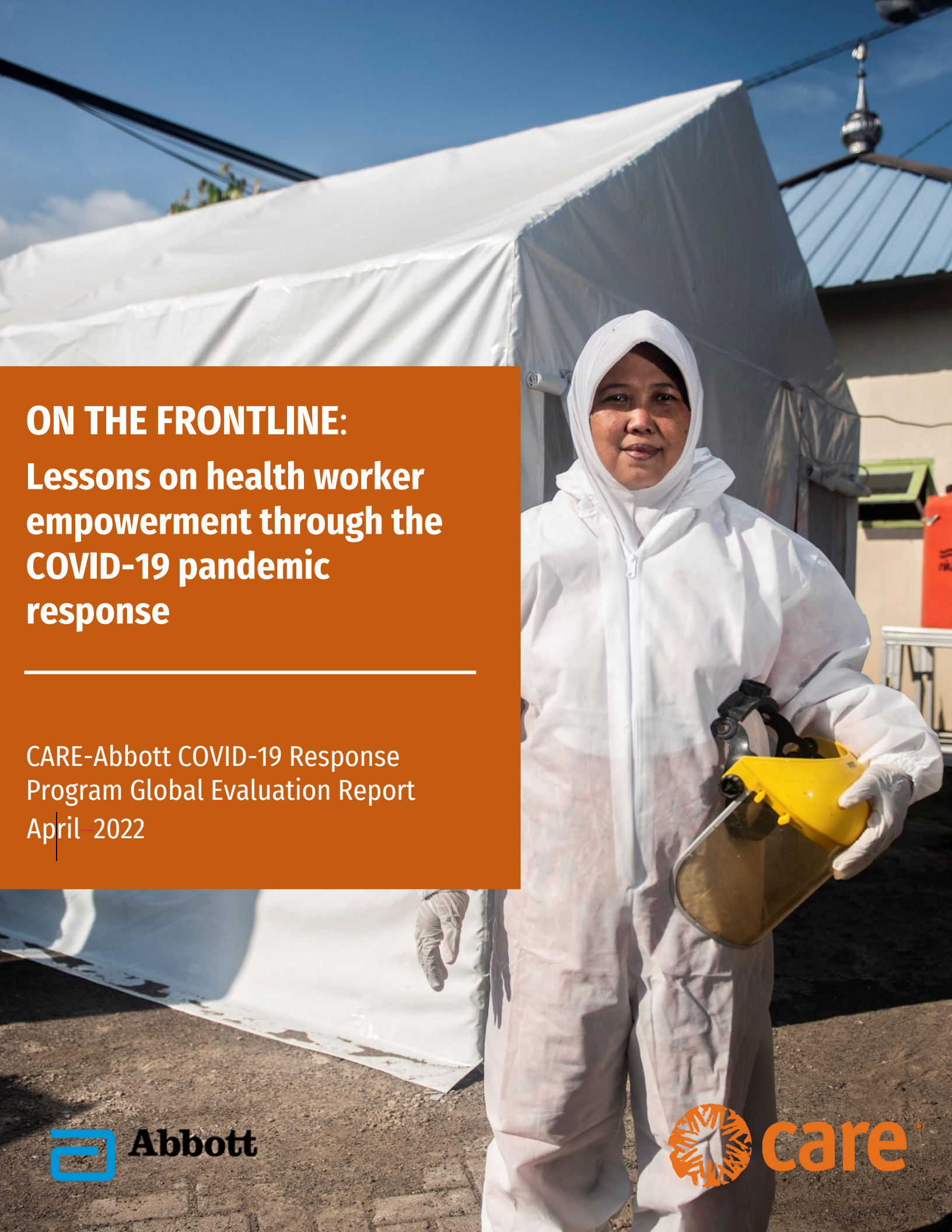

ON THE FRONTLINE:

Lessons on health worker empowerment through the COVID-19 pandemic response

CARE-Abbott COVID-19 Response Program Global Evaluation Report

April 2022

Abbott

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Contents

Crisis and Community Health Workers

Around the world, frontline and community health workers serve to connect health services, commodities, and information with those who need them. Equipped with the relevant skills and community trust, they can strengthen health systems by bridging geographic and financial accessibility gaps for rural, hard-to-reach, and vulnerable populations through last-mile health delivery. When integrated into national and local healthcare systems, community health workers can additionally help patients navigate complex systems of care and ensure care continuity across services.

Historically during times of health crises, global governments and organizations have often relied on community health workforces as frontline responders to deliver life-saving care to disproportionately affected populations. The 2020 COVID-19 pandemic was no exception, with many countries mobilizing their existing community health worker programs or initiating new ones to assist with pandemic response. Leveraging lessons learned through its decades long support and implementation of frontline and community health worker initiatives across 60 countries, CARE developed guidelines for community-level pandemic response and disease prevention during this time. In June 2020, CARE partnered with Abbott to launch a one-year in-depth primary care response to the COVID-19 pandemic in Afghanistan, Colombia, Uganda, and Yemen.

Who are frontline/ community health workers?

CARE uses the phrase frontline health worker (FLHW) and community health worker (CHW) to encompass any salaried, incentive-based, or volunteer health workers who provide outreach-based health services and information among their own communities and are recognized as part of the health system.

The CARE-Abbott COVID-19 Response Program's objective was to enhance local capacity to prevent, detect and respond to COVID-19 by protecting, supporting, and empowering frontline health workers. Program teams sought to curb COVID-19 infections and impact by delivering primary care and sexual and reproductive healthcare for populations in need while implementing practices to meet the needs and elevate the experiences of community health workers as frontline responders. Evidence from previous community health worker involvement in and response to health crises demonstrates that despite their critical role in community safety and infection prevention, frontline and community workers typically experience stigmatization, social ostracization, isolation, harsh or unsafe working environments, and increased disease risk. With the intention of mitigating such conditions during future crises, CARE sought to identify recommendations for community health worker empowerment through this Abbott COVID-19 Response Program by evaluating program practices and documenting community health workers' perceptions.

CARE-Abbott COVID-19 Response Program Summary

Program Activities

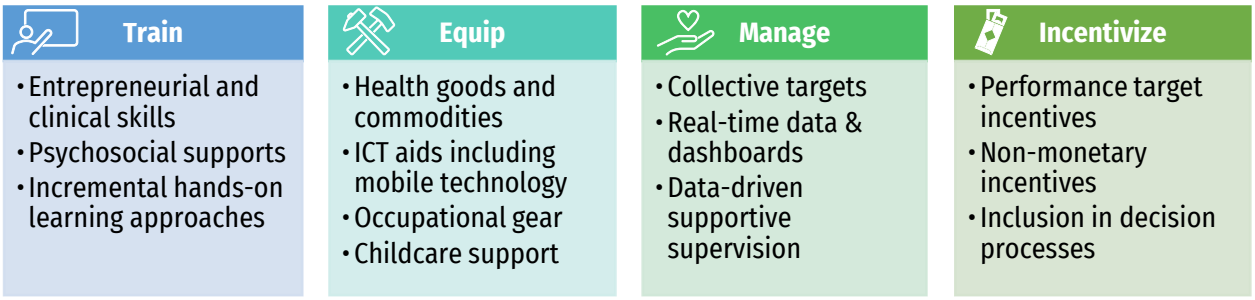
Teams in the four participating countries carried out activities primarily pertaining to strengthening the prevention, management, and response capacity of health workers and systems to COVID-19, and to limiting the health impacts of COVID-19 on populations by supplementing primary, sexual, and reproductive health service delivery within communities. These included:

Category	Related Activities
 ***Risk Communication***	• Train community health workers on risk communication and community engagement approaches • Establish networks of key informants representing key stakeholder and risk groups and consult periodically with their network by phone • Promote COVID-19 information hotlines operated by Ministries of Health • Spread COVID-19 information to communities via pre-recorded audio announcements and radio ads, and to individuals via WhatsApp messages • Advertise COVID-19 prevention messages via Facebook and Instagram
 ***Infection Prevention***	• Provide community health workers with personal protective equipment and infection prevention and control training and materials • Establish triage screening points and quarantine rooms at facilities • Truck water into communities and health facilities to support building of handwashing, hygiene and sanitizing stations and other WASH infrastructure • Distribute infection prevention kits, hygiene kits, and sanitation kits
 ***Capacity Building***	• Train community health workers on awareness-raising and health service provision of: COVID-19 case definition and management, COVID-19 vaccine delivery (once available) first-aid, sexual and reproductive health in emergencies, gender-based violence case identification and referral, and other disease detection • Train facility health providers on psychosocial counselling and support
 ***Case Management***	• Train facility health providers on COVID-19 detection and management measures • Procure facility equipment, medicines, and health commodities • Enhance facility laboratory testing capacity through provision of rapid tests • Build/renovate physical facilities for safe patient quarantine and isolation • Print and disseminate Ministry/WHO guidelines on COVID-19 management • Promote and implement community- and home-based care models
 ***Health Service Provision***	• Recruit, train, and deploy frontline/community health workers • Engage community health workers in new and continued service provision of: COVID-19 education and response, first-aid and basic primary care, sexual and reproductive healthcare, and gender-based violence case detection and survivor care • Engage facility health providers in provision of: COVID-19 case management, and psychosocial counselling for gender-based violence survivors
 ***Community-based Surveillance***	• Train community focal points and health promoters on surveillance methods and contact tracing • Train facility health staff and providers on data management and reporting • Create/activate taskforces to conduct community-based surveillance and contact tracing within full communities and for special population subsets

Frontline Health Worker Empowerment Approaches

To ground the program's focus on frontline and community health workers, CARE integrated gender equality and empowerment frameworks and best practices into program design. CARE-Abbott program teams first liaised with the communities in which they planned to conduct pandemic response activities to combat issues of stigmatization. In hopes of creating a receptive and empowering environment for community health workers, program teams carried out a community engagement session where they discussed underlying gender and social norms, xenophobia, and misinformation that often bar frontline health workers' ability to do their jobs effectively.

To facilitate increased agency and well-being of frontline health workers through each of their activities, program teams implemented approaches across the following four domains, in line with CARE's Frontline Health Worker Strategy:



Below are program examples on the practical application of these approaches to demonstrate how the CARE-Abbott country teams integrated them into any activities that were led by, involved, or implicated frontline and community health workers.

All countries: Offered community health workers training on a variety of health topics, including infection prevention and control, disease surveillance, skilled birth attendance, management of chronic illness, reproductive health in emergencies, and maternal and infant care, as well as learning opportunities on leadership, teamwork, and humanization of health services

All countries: Equipped community health workers with personal protective equipment such as masks, gloves, medical coveralls, and face shields

Afghanistan: Supplied health workers with hand sanitizer, notebooks, megaphones, and phone credit to facilitate safe and physically distanced care procedures

Colombia: Coordinated team activities for community health workers on routine basis to ensure inclusion of all ideas for continuous quality improvement and created care flowcharts that integrated different team members

Uganda: Established groups of community health workers into Village Health Teams for worker's growth and development

Yemen & Uganda: Distributed specially packaged dignity kits and sanitation kits to community health workers

Colombia: Collected feedback from community health workers to inform training offerings

Impact Highlights

Results across all the program components in Afghanistan, Colombia, Uganda, and Yemen showed:

1700 frontline health workers trained on COVID response and other health information and service delivery

4360 other individuals (facility staff, health personnel / promoters) received skills or knowledge training

8995 training sessions and skills-building opportunities delivered on variety of topics

139,484 people reached through COVID response and management, other health information and service delivery, and counselling services

37 health facilities underwent equipment and/or infrastructure updates

Training Topics Offered

COVID-19 management
COVID-19 vaccine administration
Infection prevention and control
Community-based surveillance
Risk communication
First aid provision
Sexual and reproductive health
Maternal and infant care
Gender-based violence
Psychosocial counselling

When CARE country teams were assessing their communities' needs during early program design, they recognized that the COVID-19 pandemic would likely have negative implications for other health services. Mounting an effective COVID response would have to include prioritizing continuation of other essential health services. Below is a summary of the cumulative uptake of some of these services by program participants across the 4 CARE-Abbott countries.

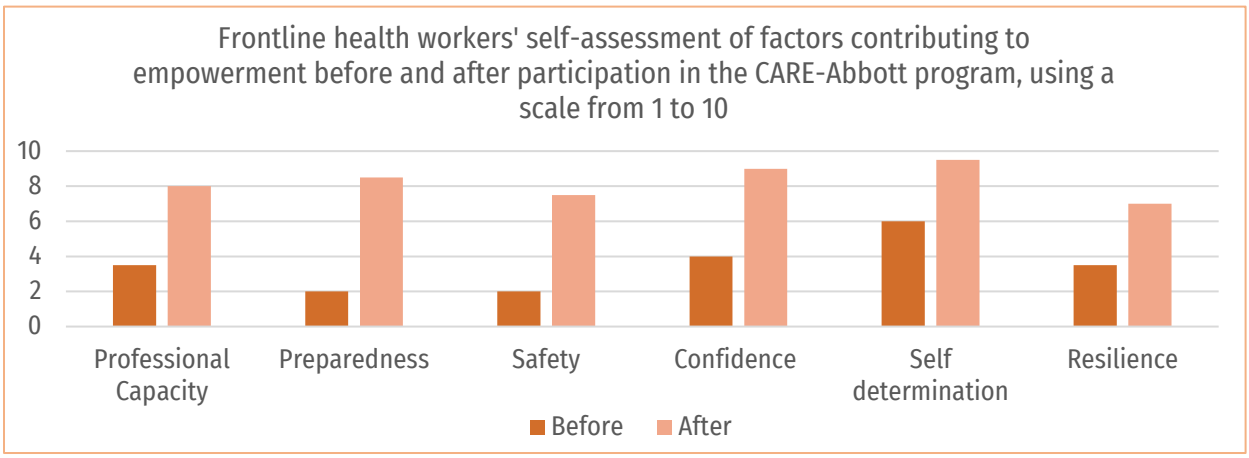
4,687
Psychosocial counseling participants

8,065
New contraceptive users

17,934
Pregnant individuals received antenatal care

97,290
Individuals received general care visits

Through all activities, frontline and community health workers remained at the center of the program with countries investing in mechanisms and strategies to train, equip, manage, and incentivize them. Below are brief results from an assessment of the program's effectiveness in working to empower frontline health workers.



Spotlight: Easing health system burden through improved infrastructure in Uganda


Emergency center, before


Emergency center, after

COVID-19 management protocols set forth by Uganda's Ministry of Health required home care for COVID-positive patients but only in spaces with ventilation and separate quarters for isolation. In Kamwenge and Kabwoya, few people had homes large enough to meet the Ministry's requirements. Refugee settlements were entirely ineligible for home care. Poor physical conditions of health centers made it challenging to adhere to these protocols even at the facility level. Through the Abbott Pandemic Response Program and additional funding from the European Trust Fund, CARE Uganda renovated one treatment facility and constructed two new ones. The three facilities are now fully functional and have quarantine areas, changing rooms, cold storage spaces, and morgues. This facility improvement project significantly increased the three communities' COVID-19 management capacity and was core to easing system burden while scaling up case management at the district level.

Spotlight: Facilitating continuation of essential reproductive health services in Colombia

Crises characteristically result in a disruption of essential health services, and those most affected are often groups with already heightened vulnerability due to exclusion, marginalization, and other social determinants. Foreseeing the pandemic's potential impacts on key sexual and reproductive health services for Venezuelan refugees and migrants, the Colombia program team worked to backstop essential care and service delivery by (i) developing alternative care routes for prenatal care, contraception, STI treatment, and clinical care for violence survivors, (ii) prioritizing sexual and reproductive health care education to frontline workers, and (iii) organizing community leaders around protection of reproductive rights. Program elements were designed and implemented in consultation with key community members and local health officials.

Spotlight: Improving sanitation and hygiene by tackling water scarcity in Yemen

Years of conflict have impacted the Yemeni peoples access to water. Disruption of water, sanitation, and hygiene (WASH) public services and wide-scale displacement has resulted in a severe water scarcity with only a third of the population having access to a piped network. The onset of the COVID-19 pandemic heightened the already acute need for reliable water and WASH services for infection prevention and control. Through the Abbott Pandemic Response Program, CARE Yemen revamped WASH stations at health facilities, and trucked water to facilities in Taiz to protect communities' access to clean water and continuity of supply. They complemented these efforts with the distribution of hygiene kits.


Community members wait to fill up jerry cans following a water truck delivery to the local health facility

The Female Frontliners

Seventy percent of the global frontline health worker population is female (WHO 2019). Women made up the majority of the frontline and community health workers in the CARE-Abbott COVID-19 Response Program. From health care to home care, women are on the front lines of the COVID-19 pandemic, disproportionately assuming risk for the benefit of their communities. In crisis settings, female frontline health workers can often be the only source of certain types of health information and services for populations, providing supports related to sexual and reproductive health, maternal health, and gender-based violence. Often, the frontline health workers are themselves members of marginalized groups. Being members of the very communities that they serve, female community health workers understand contextual challenges and are uniquely able to bridge socio-cultural barriers to deliver services to vulnerable and socially invisible groups, particularly women and girls who would otherwise be left behind from getting the information they need to protect themselves and their family. In taking on these roles, women are creating change not only for themselves but for the larger communities within which they work and live. Investing in the development and empowerment of these women is especially powerful because of their ability to diffuse program messages and impact across a wide population.

To exemplify the compounding value of the female frontline, here are a few examples from the CARE-Abbott COVID-19 Response Program:

Building collective community skills and impact in Uganda	Informing program quality and responsiveness in Yemen
	
Nsiimenta is a frontline health worker part of a Village Health Team in Kamwenge, Uganda. In addition to increasing her knowledge and capacity to provide health services to her community, Nsiimenta leveraged her many CARE trainings to practice and improve her English. Alongside carrying out COVID response activities, she is now earning a small salary providing translation services to humanitarian field workers.	After conducting homecare visits for pregnant women and repeatedly hearing that their patients couldn't follow their recommendations for facility check-ups due to high costs, frontline health workers in Yemen voiced a need for financial assistance to pregnant women. Per their recommendation, CARE distributed cash vouchers for critical reproductive health services to 240 pregnant women in Taiz and Qahirah.

Voices of Frontline Health Workers (FLHWs)

"Compared to before, I'm more skilled at diagnosing and helping people, more trusted and encouraged by the community, prouder of myself. This program has shown me what I am capable of, and I want to take my ability even further."

Female FLHW, Afghanistan

"Before COVID, the community didn't really pay attention to us. Now we have a lot of power to make change – when we talk, people listen. It's completely changed how we are perceived and treated."

Female FLHW, Uganda

"Skills aside, I have learned how to adapt to change. I feel like a stronger person. With all the supports I received, I'm hopeful about what I'll be able to accomplish for myself in the future."

Female FLHW, Colombia

"The way we were initially treated in the pandemic was difficult. Our work meant we were at high risk of infection, and people avoided us and didn't want services. But that changed with CARE's efforts and awareness raising. Now people trust us and treat us like family."

Female FLHW, Yemen

"Early on, it was scary to be a frontline health worker for many reasons. Fear of getting infected, of being avoided by people, of not knowing what to do to help patients. I lacked the confidence, but with the continuous mentorship from CARE and all the training, I learned how to protect myself and serve others when they needed it."

Male FLHW, Uganda

Learning and Innovation during Crisis

In assessing the impacts of the CARE-Abbott COVID-19 Response Program, CARE sought to understand what works to empower community health workers to effectively prevent and respond to COVID-19 and other public health emergencies beyond. CARE's gender equality, voice, and resilience frameworks outline how achieving empowerment requires transformative change centered on building agency, changing relations, and transforming structures. Agency of community health workers is defined as their confidence, self-esteem, aspirations, knowledge, skills, and capabilities. Relations are the power and social dynamics through which community health workers operate and engage in relationships, social networks, group membership and activism, and market negotiations. Structures refer to the social norms, customs, values, exclusionary practices, laws, policies, procedures, and services affecting community health workers and their ability to provide services. CARE-Abbott program teams organized their learning efforts around and defined learning questions addressing each of these three areas. To gather frontline and community health workers' experiences and perceptions on the program's impact across these areas, CARE-Abbott program teams carried out focus group discussions and in-depth interviews, the results of which are summarized below:

Agency				
Learning Question	*What are the impacts of pandemic response participation on the lives, well-being, and capabilities of community health workers?*			
Summary of Findings	Whether new to frontline work or previously practiced in it, almost all community health workers reported their lives forever changed following their participation in this program. Growing their service delivery capacity and knowledge through trainings and hands-on learning on a variety of healthcare topics, and their self-esteem and resilience through teamwork and leadership skill-building, community health workers found this program to be greatly impactful on their lives and livelihood. While appreciative of the provision of incentives, community health workers discussed that increasing the amounts of the financial incentives while also providing supplies and equipment as the program did would help facilitate their work by offsetting their own costs such as transportation and time. Community health workers described the COVID-19 pandemic and their involvement in its emergency response as simultaneously challenging and uplifting. Increased risk of disease exposure and fears of stigmatization commonly affected community health workers' mental and emotional well-being. Workers who had COVID underwent additional stress, isolation, and ostracization even after recovery. To mitigate this, the program provided physical safety measures and mental health training and psychosocial support to health workers. Recognizing a need for more explicit integration of COVID-affected workers and an opportunity to leverage their personal experiences, Uganda's program team recruited and specially trained them in post-COVID-recovery care practices for malnourished and pregnant people.			
Key Program Elements	Delivering training on health services and patient care, and other personal skills-building	Offering adequate and appropriate compensation as well as incentives for service delivery	Offering mental health counseling and psychosocial supports	Nurturing workers' talents and lived experiences by developing care specializations

Relations			
Learning Question	*How does engagement of community health workers in COVID management affect their relationships and trust with communities they serve as bridges to healthcare?*		
Summary of Findings	Community health workers across the four countries reported improvements in their perception and treatment by communities over the course of the program. Since this program began only a few months into the pandemic, initially community health workers were considered high-risk individuals by their communities because of their role delivering care and were generally avoided. In communities where CARE had convened engagement sessions with key gatekeepers and stakeholders on the role and value of community health workers in the fight against COVID prior to the start of the program, attitudes towards workers were less hostile. Hostility and hesitancy began to shift everywhere as community health workers received training on risk communication and community engagement approaches and increased their knowledge of COVID-19 and comfort with mitigating risk by caring for affected peoples in safe ways. Elevating community health workers' role and leadership in COVID management and pandemic response gradually resulted in communities regarding them as trusted sources of information and healthcare for more than just COVID. By the end of the program, COVID management activities were a subset of community health workers' full offering of services with most workers also engaging in hygiene awareness, reproductive and maternal health service provision and product delivery, community-based surveillance, and chronic illness management.		
Key Program Elements	Engaging communities to get buy-in and stage set for greater acceptance	Training on and use of risk communication and community engagement	Equipping health workers for service delivery across multiple health areas

Structures			
Learning Question	*What elements of primary health care interventions in different crisis-affected contexts facilitate or constrain community health worker empowerment?*		
Summary of Findings	Although varying in level, program evaluation findings showed that community health worker empowerment can be influenced by integration into national health systems and worker registries, compensation and opportunities for advancement, supervision and development structures, inclusion in decision-making processes, skills training and accreditation, equipment and product availability, and safety and protection measures. Depending on the inclusion, quality, and effectiveness of these elements in primary care interventions and frontline worker programming, each can either facilitate or constrain community health worker empowerment. In Uganda, the program innovatively combined two of these elements leveraging surveillance data to create an additional layer of protection by intentionally assigning specific patients to community health workers to reduce their exposure, track performance, and maintain equitable workloads. The Ugandan program team used the International Severe Acute Respiratory and Emerging Infection Consortium tool to collect data on COVID-19 complications among pregnant women over the course of their pregnancy and birth, and then used the data to inform workers' training, schedules, and performance.		
Key Program Elements	Integrating into and accreditation by local and national health systems	Using data for performance monitoring and risk reduction	Providing supportive supervision and clear clinical guidance

Recommendations for Frontline/Community Health Worker Programming

1. Design for and with frontline workers

Programs often employ FLHW/CHWs primarily for implementation and as mechanisms for program delivery. To determine and account for their needs, treat FLHW/CHW as a specific target population for impact during program conception and design, and include them in the process when feasible.

2. Compensate workers

Outside of pandemic settings, FLHW/CHWs typically operate without a salary, benefits, or long-term security. Emergency situations can worsen their working conditions without adjusting their compensation. Providing incentives, housing and transportation allowance, scholarships for learning, and public recognition awards may improve worker satisfaction. Ensuring high and continued performance requires a rights-based approach of recognizing FLHW/CHW as staff and providing a full base salary.

3. Offer professional and personal training

Key to the empowerment of FLHW/CHW is their capacity to provide the needed health services and connect their communities to care. Offering different kinds of training and learning opportunities is important for FLHW/CHW to be able to actualize their full potential. In addition to health training, skills-building on interpersonal communication, teamwork, and financial literacy are impactful. Training models that provide platforms for FLHW/CHW to actively participate, such as training of trainers or co-facilitation, may further nurture confidence.

4. Complement or integrate into national health systems

Despite strengthening health systems through last mile service delivery to hard-to-reach populations, FLHW/CHWs often function outside formal health systems. Integrating FLHW/CHW roles into national systems and infrastructure or operating in conjunction with local Ministries of Health to facilitate referrals, share training resources, and improve disease prevention may ease the burden on both systems and frontline workers by expanding the available workforce and improve a program/country's return on health investments by extending the accessibility of services and care.

5. Create safe environments

FLHW/CHW experience high risk and are commonly stigmatized during disease outbreaks and pandemics. Developing a pandemic communication plan and engaging with community leaders could combat stigma, build trust, engage with affected populations, and integrate risk communication into health and emergency response systems. Ensuring availability of personal protective equipment would improve workers' confidence to cope with the risk of managing disease outbreaks.

6. Invest in digital solutions

While not all crisis contexts levy restrictions on in-person interaction, the COVID-19 pandemic brought to light the need for virtual response approaches. Investing in digital infrastructure and low bandwidth solutions for training, tracking, and teaching could serve to remotely deliver mass training of health workers and healthcare information and services to populations safely and effectively.

7. Delineate tasks and protocols, with strategies for course correction

For existing FLHW/CHW, responsibilities can shift during a pandemic. Clear guidance on task changes detailing essential activities to sustain and additional activities to perform is critical.

Sustaining Impact

For the frontline and community health workers participating in the CARE-Abbott Response Program, COVID-19 was their first pandemic experience. Completing intensive trainings, conducting response activities, and navigating the complexities of emergency response for over a year taught them lessons and provided skills that they believe have long-term sustainability. Reflecting on the changes in their professional and personal comfort and capacity over the course of the program, many shared that they felt better prepared and equipped to mobilize for future emergency response. Frontline health workers described increased resilience to health emergencies as well as an increased motivation to protect their communities from vulnerabilities resulting from crises.

"Under this project we received knowledge and experience of the health sector and learned how to manage an infectious disease. In case of a similar pandemic in the future, all we'd need is provision of some awareness training about the specific disease and we would be able to rapidly provide a response to community and quickly adapt to new situations."
- FLHW, Colombia

"Considering the knowledge, experience, and respect that I received during this period, I feel like I have a responsibility to my community to carry forward all my training in a useful way. I really want to volunteer to provide response to needy people."
- FLHW, Afghanistan

"Even though the project is only for 12 months, I strongly believe that the training health workers have received will go a long way to ensure that the management of COVID-19 will be enhanced within the settlement for years to come. Once health workers are taught and equipped, they will take that further and continue to respond appropriately."
- Medical Coordinator, Uganda

In Afghanistan, the CARE-Abbott team established a more immediate sustainability pathway via CARE Afghanistan's Urban Health Initiative (UHI). Three months before the end of their program, the CARE-Abbott team partnered with the UHI team to jointly work on program close-out activities and begin handover. Since the CARE-Abbott program ended in Afghanistan, UHI has supported 50 of the original community health workers in continued health service provision in Balkh and Kabul.

Building on its decades of work with frontline health workers, CARE is currently consolidating global evidence to inform the articulation of its strategy for future engagement with frontline and community workforces. Recognizing that investing in community health workers can help address the social determinants of poor health that are magnified during crisis and disproportionately affect marginalization populations, a main pillar of CARE's new strategy is to elevate agency, well-being, and resilience of frontline and community health workers. Given this CARE-Abbott program's intentional focus on the needs and empowerment of frontline health workers in a crisis setting, CARE is significantly incorporating its program learnings into the new strategy. The findings shared in this report on the key programming elements that are influential to workers' agency, relations and structures have contributed to the activities set forth in CARE's frontline health worker theory of change and technical strategy. In this way, the impacts and investments of this CARE-Abbott program will be sustained through all of CARE's future frontline health worker programming efforts.

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Photos:
p1, Midwife Nooryana (48 yo) stands in front of negative pressure tent in Public Health Center Pulo Ampel. Photo © Rosa Panggabean/CARE
p3, 30 yo Gabriela says she's happy to be working on the frontline. "We are so aware of the large responsibility we bear whenever we visit a community". Photo © Chandra Prasad/CARE
p3, A worker distributes cash and food vouchers in the Taiz governorate. Photo © Dotnotion/CARE
p7, Dr. Manizha consults with Farzaneh at CARE's mobile health clinic for treatment of dizziness and weakness during pregnancy. Photo © Suzy Sainovski/CARE
p7, Jane Ahimbisibwe, a CARE Uganda Village Health Team member makes announcements on COVID prevention measures. Photo © CARE Uganda
p7, Community health workers gather records to support roll-out of Colombia's national vaccination schedule. Photo © Karen González Abril/WHO
p7, Community health volunteer Malak teaches how to wash hands and practice good hygiene to stay healthy. Photo © Sarah Alabsie/CARE
p7, Through carrying out COVID response activities, Likambo feels proud of his CARE Village Health Team training and service to the community. Photo © CARE Uganda
p8, CARE Afghanistan mobile health teams are bringing critical health services to communities who would otherwise not be able to access medical treatment. Photo © Mirwais Nasery/CARE
p8, Community worker and Village Health Team member Nsiimenta Carolyn. Photo © CARE Uganda
p8, CARE is safeguarding life-saving reproductive health services in crisis-affected areas of Taiz. Photo © Mahmoud Fadhel/CARE

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