

Policy Brief

Volume Four



Findings from Implementing
Non-Financial Incentives for
Voluntary Community
Health Workers

This brief summarizes the findings of a qualitative research study conducted in 2011, exploring the implementation of the non-financial incentives (NFI) strategy and the “community anchor” approach of the L10K project, as well as their impact on the motivation and performance of voluntary community health workers (vCHWs), whose work has now shifted to the Health Development Army (HDA). This brief is being published now because it has important recommendations which will strength the HDA. A full report of the study (by Yared Amare, 2011) referring throughout to the vCHW program is available at <http://l10k.jsi.com/Resources/publications.htm>.

L10K Community-Based Strategies in Brief

The Last Ten Kilometers (L10K) works to increase demand for, access to, and utilization of high impact reproductive, maternal, newborn and child health (RMNCH) interventions by supporting and complementing the Ethiopian Government’s Health Extension Program (HEP), and at the same time testing and promoting community-based models that aim to change community norms and fully engage households and communities to take charge of their own health. In collaboration with government health offices and grantees at different levels, L10K has been mobilizing communities for more and better reproductive, maternal, newborn, and child health (RMNCH) outcomes through five different community based strategies. One of these strategies is the promotion of NFI to motivate and encourage participation of vCHWs and sustain the volunteerism approach. The strategy was tested in 14 L10K woredas.

Community Health Volunteers in Ethiopia

Community volunteers in many sectors, including health, have been active in Ethiopia for at least ten years. In the recent past, voluntary community health workers, vCHWs, have become very active in various health initiatives and have played an increasing role in supporting the HEP. The vCHWs are also referred to as Community Health Promoters (CHP). In 2011, the government introduced a social mobilization initiative dubbed the Health Development Army (HDA), increasing the density of volunteers to improve service uptake. Women are organized into groups of 30 to learn from each other’s experience in relation to the HEP. The group of 30 is further divided into five sub-groups, with each sub-group led by one model family. While one vCHW was responsible for providing health education to 25 to 30 households, one HDA member is responsible for coordinating five households.

Study Objectives

1. To document the types and implementation status of NFIs in project areas.
2. To assess the impact of NFIs on the motivation of vCHWs.
3. To assess the impact of improved motivation among vCHWs on their performance.
4. To document the project’s engagement with community institutions and to assess their role as ‘anchors’ in supporting and enhancing the motivation of vCHWs.

L10K is being implemented in 115 woredas in the four most populous regions of Ethiopia (Amhara, Oromiya, SNNPR, Tigray). L10K also provides technical and grant support to 12 local civil society organizations, such as development associations, women’s associations and faith-based organizations, which are responsible for implementing L10K’s community-based approaches at the regional level.

The Study

This study, a follow-up to formative research conducted by L10K in 2009, aimed to document the implementation of NFI-related activities and engagement of community anchors, and also assess their effectiveness in motivating vCHWs and enhancing their work performance.

The qualitative study was conducted in each of the four regions where L10K works. One woreda where NFI has made significant progress was selected in each region, and two kebeles were selected from each woreda, totaling eight kebeles. In each kebele, one focus group discussion (FGD), two in-depth interviews (IDIs) with vCHWs, key informant interviews (KI) with an HEW and two kebele leaders, and one KI with representatives from community anchors were conducted.

Study Results

Implementation Status of NFI: Training and Activities of VCHWs

The study investigated the training, duration of work, major activities, and perceptions of work among vCHWs. vCHWs were all trained by HEWs at the local health posts

for a period of two to five days, varying throughout the regions, on topics including hygiene and sanitation, antenatal care, birth preparedness, immunization, delivery care, newborn care, breastfeeding, maternal and infant nutrition, growth monitoring, family planning and malaria. The vCHWs interviewed had previously been involved in various types of volunteer work for two to fifteen years, though this is not necessarily representative of all vCHWs today, as the program has expanded significantly.

vCHWs are typically responsible for 25-30 households, with which they promote healthy practices and behavior through household visits, coffee ceremonies, and community meetings. The frequency of voluntary activities ranged among vCHWs from twice a week to twice a month. Most vCHWs have been successful in encouraging their neighborhoods and communities to adopt certain practices—especially building latrines, disposing of waste properly, improved hygienic practices, household spraying, and attendance of antenatal care. vCHWs keep track of and report on pregnant woman and infants, and have reported on infant weighing, immunization rates, HIV testing and adoption of family planning.

vCHWs generally had positive attitudes about their work and expressed confidence and commitment. A 42-year-old married female vCHW in Gondar Zuria woreda, Amhara Region, said, “I am very happy [about my work]. A mother was likely to die in child birth. But I now counsel a pregnant woman to get a check-up so that she, my sister, will not die. I will work so that her baby will survive and she won’t die from bleeding or prolonged labor.”

NFIs

The implementation of NFI begins with a kebele-level orientation, led by the local L10K partner and Woreda Health Office representatives, to select a set of five NFIs that will motivate vCHWs in a participatory manner. Group work, discussion, and consensus-building are used among a group of HEWs, kebele officials and community leaders to select certain NFIs, develop a time frame, and designate tasks within each kebele.

The impact of specific NFIs on motivation

One of the NFIs marked as most significant to vCHWs were **community festivals** held to publically recognize the work of vCHWs and celebrate their achievements in front of their community, as well as kebele, woreda, and



Badges improve the status of vCHWs in their communities.

sometimes regional administrators and leaders. The festivals include a feast, speeches, games, drama and song performances, and question and answer sessions on relevant health topics. Prizes are awarded to game winners, in addition to certificates that are presented to all vCHWs in front

of the festival attendants. The public recognition of the festival, especially the certificate presentation in front of woreda officials, was reported to reinvigorate and renew commitment by many vCHWs. A 42 year old woman in Amhara described her perception of the certificate by saying, “A

guest who comes to my house is able to see the certificate. It is very valuable and pleasing to me. Only those who were educated used to receive certificates, but we received them for having worked for our sisters and brothers.”

Badges, with the name and photo printed of the vCHWs, are another NFI that was found to improve the official status, recognition and acceptability of vCHWs within their communities and increase their sense of responsibility. Other items, such as vests, brought similar results.

In all study sites, HEWs hold quarterly, monthly or bi-weekly **performance review meetings** where the work of vCHWs is assessed and encouraged to improve. HEWs also provide refresher training on certain RMNCH topics. To encourage vCHWs to participate kebele leaders sometimes attend the meetings as well. Additionally, **quarterly and/or bi-annual progress review meetings** are held in the presence of community leaders to assess vCHW performance relative to planned targets and compared to fellow vCHWs.

vCHWs found that the support and knowledge enhancement strengthens their motivation and commitment. An

HEW from Oromia explained: “A person may neglect his work since he may feel he is only doing voluntary work. Another one may perform his work in a motivated and committed manner. When they report on their work during their review meeting, the former would ask himself why the other vCHW is better than him even though they are both volunteers, and improve his work.”

HEWs often make weekly **household visits** to families within vCHW catchment areas to check and observe health practices, such as latrine construction, and discuss health knowledge with family members. In some areas, kebele and woreda officials sometimes accompany these visits, which was reported to be especially gratifying to vCHWs. In all four regions, Woreda Health Offices have awarded **certificates for model households** that HEWs have found to have adopted a set of recommended health practices. vCHWs also perceive this as recognition of their own work in reaching households. Woredas also hold competitions among kebeles and provide prizes through HEWs.

Social support and experience sharing is also an NFI strategy appreciated by vCHWs. Such gatherings provide vCHWs an opportunity to share their experiences, successes, and challenges amongst each other, which they found validating and helpful to improving their work. vCHWs also reported that **refreshments** provided at any type of meeting were rewarding.

Impact of NFI on work performance

The recognition and motivation provided by the various NFI mechanisms mentioned above have been found to contribute to improved work performance by vCHWs. HEWs have specifically noticed that vCHWs have increased the amount of time spent on voluntary work and household visits, improved attentiveness to families, and provided more comprehensive quality reporting of their work after

“A guest who comes to my house is able to see the certificate. It is very valuable and pleasing to me. Only those who were educated used to receive certificates, but we received them for having worked for our sisters and brothers.”

the implementation of NFIs. This has in turn contributed to improved RMNCH practices such as increased ANC attendance, deliveries at health posts, use of family planning, and immunization. A 40-year-old illiterate female vCHW in the Amhara region said, “Even though I am illiterate, I have become equal to those who are educated. After I re-

ceived a badge, they say that I am a professional and go to the health post to deliver when I tell them to. Previously, they used to say what does she know and refuse to go.”

Community Anchors

As part of the L10K program, existing community institutions, such as churches, mosques, idirs, and women’s associations, are selected to serve as “community anchors” to strengthen community support for the health program and the work of vCHWs.

After attending a workshop on how to select an anchor in their community, HEWs hold a meeting with community leaders to select the institution in their kebele. HEWs then hold an orientation for the group on the work of vCHWs and the group’s role in supporting them. There were regional differences in the process of selecting and engaging the anchors.

Supportive Role of Community Anchors

Community anchors were found to be especially useful in strengthening the recognition and acceptance of vCHWs. Leaders of associations and churches make announcements to promote the work of vCHWs, but also present information on health messages as well. Furthermore, they provide time for vCHWs to make announcements regarding their work and health messages. In church, priests have also publically blessed vCHWs.

The anchors also support the work of vCHWs, for example the women’s association in Tigray encourages women



Certificates are presented to vCHWs at public festivals in front of community members and kebele and woreda leaders.

to attend ANC. Anchor members also follow up on the activities of vCHWs in a similar way to HEWs, providing an additional opportunity to check their work and ensure optimal efforts.

Impact of Community Anchors

Respondents indicated that the support of the community anchors has indeed enhanced the credibility of vCHWs and community acceptance for them and their messages. The community support and acceptance has improved motivation and work performance. The vice chairperson of a kebele women's association in Tigray explained that "Since we started supporting them (vCHWs), because the community is more aware and listens to them attentively, they have become more committed to their work. Whereas they used to visit households every two weeks, now they go every week. The community is supportive of them." The Tigray Women's Association has also started to hold meetings in which they rank and compare performance of vCHWs, serving a similar role to the NFI provided by HEWs, i.e., motivating vCHWs.

The validation of vCHWs by the anchors has also facilitated the promotion of health messages. A Protestant church leader in Limu woreda, Oromia, stated: "In the past, it used to be said 'your hands will be deadened if you are vaccinated. You will die if you use family planning methods.' Since we started working together with the vCHWs, the women get their shots, use birth control, have check-ups when they are pregnant and have their children vaccinated. A big change has come about."

Reference

For further details of this study please see: Amare, Y. (2011). Non-Financial Incentives for Voluntary Community Health Workers: A Qualitative Study. L10K Working Paper No.2. Addis Ababa: JSI Research & Training Institute, Inc. Available at: <http://l10k.jsi.com/Resources/publications.htm>

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Recommendations

The following recommendations emerged from initiatives that have been shown to be effective in enhancing the motivation of vCHWs, but are written in the context of the HDA. They have not yet been implemented adequately or universally. Some of the recommendations are also based on suggestions made by respondents.

1. Hold festivals on an annual basis, possibly with the participation of community anchors, to celebrate the achievements of HDAs.
2. Support continuing and strengthened refresher training of HDAs in all areas, including by officials from Woreda Health Offices. Strengthen HDA access to teaching materials like the family health card.
3. Consider the feasibility of increasing visits by woreda health officials to follow-up on and support HDAs.
4. Expand social support groups for HDAs such as mahebers or rotating credit groups. Consider introducing savings and credit schemes for HDAs.
5. Expand the practice of awarding prizes to high performing kebeles and individual or groups of HDAs.
6. Expand the provision of refreshments in monthly review meetings.
7. Consult HDAs on the design of some NFIs.
8. Enable community anchors to provide stronger support for HDAs by:
 - a. Providing them with health training.
 - b. Involving additional community institutions as community anchors.
 - c. Introducing discussion fora among community institutions and kebele administrations.
 - d. Involving them in HDA review meetings.
 - e. Involving them, including religious figures, as HDAs.