

NON-FINANCIAL INCENTIVES FOR VOLUNTARY COMMUNITY HEALTH WORKERS: A QUALITATIVE STUDY

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The Last Ten Kilometers: What it Takes to Improve Health Outcomes in Rural Ethiopia

The Last Ten Kilometers: What it Takes to Improve Health Outcomes in Rural Ethiopia is a Bill & Melinda Gates Foundation funded project implemented by JSI Research & Training Institute, Inc. in four regions of the country—Amhara, Oromiya, Southern Nations, Nationalities and People's (SNNP) and Tigray regions—covering a population of about 13 million. The Last Ten Kilometers (L10K) Project aims to strengthen the bridge between households, communities, and the health extension program of the Ethiopian Government by mobilizing families and communities to more fully engage to improve household and community health practices, ultimately leading to improved key reproductive, maternal, neonatal and child health outcomes and contribute towards achieving MDGs 4 and 5 (decrease child and maternal mortality rates).

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Abstract

L10K project implements community solutions focused toward supporting health extension workers (HEWs) to extend their reach through mobilizing communities, utilizing a geographically diverse network of voluntary Community Health Workers (vCHWs), to spread health messages and practices to families residing in every part of the community or *kebele*. One of the objectives of the L10K project is to ensure the sustained engagement of vCHWs in the HEP through NFIs working to strengthen volunteerism among vCHWs. The NFIs proposed by L10K are mechanisms that recognize vCHWs' work; support from HEWs in the form of ongoing mentoring, training and follow-up, certification, performance reviews, and support by kebele and *woreda* (i.e., district) leaders. Successful communities and families are rewarded, celebrations are organized periodically, badges and ID cards are provided—in addition to other identification methods like posting their photographs at public places, as well as the provision of refreshments during performance review meetings. This study utilizes in-depth interviews and focus group discussions to explore the potential efficacy of NFIs proposed by the project. The results of the study describe the factors motivating the vCHWs and concur with the NFIs proposed by the project. The study also proposes other NFI mechanisms for consideration and makes programmatic recommendations.

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Yared Amare

Glossary

<i>Agars</i>	-	Individuals selected from various organs of the local administration and community institutions to provide support to and follow-up on vCHWS.
<i>Gere</i>	-	A group of five to seven neighboring households organized to facilitate dissemination of development or health messages.
<i>Got</i>	-	A component of the <i>kebele</i> (see below) administrative unit comprising of about 50 households.
<i>Idir</i>	-	The local funeral association common in many parts of Ethiopia.
<i>Kebele</i>	-	The lowest level administrative unit in the country comprising of several hundred households.
<i>Maheber</i>	-	Local religious association that holds feasts on particular religious holidays.
<i>Tena Fana</i>	-	Volunteer community health workers who operated in Tigray prior to the current vCHW program.
<i>Tena Haylat</i>	-	Volunteer community health workers who operated in Amhara prior to the current vCHW program.
<i>Woreda</i>	-	The district level administrative unit.

Acronyms

ANC	-	Antenatal care
FGD	-	Focus group discussion
HEW	-	Health Extension Worker
HEP	-	Health Extension Program
HIV	-	Human Immuno-Deficiency Virus
IDI	-	In-depth Interview
KI	-	Key-Informant Interview
L10K	-	Last Ten Kilometers
NFI	-	Non-Financial Incentive
SNNPR	-	Southern Nations, Nationalities and People's Region
VCHW	-	Voluntary Community Health Worker

Executive Summary

The Health Extension Program (HEP) was launched by the Government of Ethiopia in 2005 to improve access to basic health services to the rural population. At the local level, the implementation of the HEP is based on the construction of health posts and the deployment of female Health Extension Workers (HEWs). HEWs have received one-year of training and engage in disseminating preventive health messages and providing selected curative services. The HEWs also train, mentor, support and supervise Voluntary Community Health Workers (vCHWs).

The JSI Research & Training Institute, Inc. is implementing the Bill and Melinda Gates Gates-funded Last 10 Kilometers (L10K) project in 115 *woredas* in four regions of Ethiopia - Amhara, Oromiya, Southern Nations, Nationalities and People's (SNNP) and Tigray - covering a population of about 13 million. The project focuses on the mobilization of families and communities to more fully engage with the HEP. Its support for the sustained participation of vCHWs is one component of this approach. Within this component, the L10K project is utilizing non-financial incentives (NFI) in 14 selected *woredas* of the four Regions. In addition, the project has engaged community anchors or local institutions to secure community support for improved health practices and vCHWs.

This study is a follow-up to formative research sponsored by the L10K project on the motivations of vCHWs and the potential of proposed NFIs and community anchors in keeping vCHWs motivated. The study documents the implementation of NFI-related activities and engagement of community anchors by the project and assesses their effectiveness in motivating vCHWs and enhancing their work performance.

The study used qualitative research methods to collect data. It was conducted in the four Regions in which the NFIs are being implemented: Oromia, Amhara, SNNPR and Tigray. One *woreda* which had made good progress in implementing NFIs was selected from each Region. These were Were Leke *woreda* in Tigray, Limu *woreda* in Oromia, Arba Minch *woreda* in SNNPR, and Gondar Zuria *woreda* in Amhara Region. Two *kebeles* were purposively selected from each *woreda*. In each of the 8 study *kebeles*, one focus group discussion (FGD) and two in-depth interviews (IDIs) with vCHWs, one key informant interview (KI) with an HEW and two *kebele* leaders, and one KI with representatives of community anchors were conducted. The interviews and focus group discussions were tape recorded and transcribed verbatim. Analysis of the data consisted of reviewing and categorizing the textual data under different themes, to be synthesized and written up as sections of this report.

The study first documented the implementation of various NFIs aimed at motivating vCHWs. It found that festivals, certificates for vCHWs and model families, badges or vests, performance reviews and follow-up visits by HEWs, and quarterly and/or bi-annual evaluations have been used to support and motivate vCHWs in all Regions. On the other hand, the study sites differed in the existence or extent of ongoing training for vCHWs, visits by *woreda* officials, support of *kebele* administrations, awards for high performing *kebeles* and vCHWs, social support groups and experience sharing visits among vCHWs.

The NFIs described above were generally quite gratifying to vCHWs and therefore had an impact in strengthening their motivation and desire to continue with their work. Various reasons for why the NFIs were effective in motivating vCHWs were reported. The festivals significantly elevated community recognition for vCHWs, their voluntary role and their contributions. VCHWs also viewed the certificates as a sign of recognition and fruit of their work and achievements. They felt that the badges and group photos gave them an official status, social recognition and a great sense of responsibility.

The review and evaluation meetings, in which the performance of vCHWs is assessed and critiqued, encourage them to overcome their shortfalls. Similarly, the follow-up provided by HEWs through their household visits allow them to give on-site feedback which also assures vCHWs that they are getting support.

The continuing training by HEWs enhances the knowledge and confidence of vCHWs and also strengthens their motivation and commitment. In Tigray, refreshments in review meetings were found to be stimulating and promoted social interaction and active engagement in the discussions.

Visits by *woreda* officials and the support of the *kebele* administration were especially encouraging because they signaled official support and strengthened community acceptance for vCHWs. VCHWs saw the certificate awarded to model families as recognition of their work. Experience sharing visits among vCHWs permit them to demonstrate their achievements and to share information on effective approaches. Religious associations or *mahebers* established by vCHWs in Amhara region enhance cohesion and learning among them.

The study found that the NFIs described above have also had a positive impact on the work performance of vCHWs. Manifestations of their improved work performance included increased frequency of visits to households, a shift in emphasis from group meetings to house visits, and more direct involvement in implementing health-related activities. Respondents also spoke of greater attentiveness to and quality of their work. In addition to festivals and certificates, NFIs that have led to improved work performance by vCHWs have included badges, monthly performance reviews and visits by *woreda* officials.

L10K has mobilized various local institutions such as churches, mosques, *idirs* and women's associations as 'community anchors' to strengthen community support for health interventions, including the activities of vCHWs. In the various study sites, community representatives or local officials selected and endorsed one of these institutions as a community anchor. Representatives or members of the community anchor were then informed and given an orientation on their role in supporting vCHWs.

Community anchors have taken steps to build community recognition and acceptance for vCHWs by promoting them and their work and encouraging the community to implement their messages. They have also provided forms of practical support such as allowing them to conduct health education in their meetings, engaging in promoting health themselves, encouraging or pressuring community members to adopt improved health practices and following-up on the performance of vCHWs. Anchors' efforts in promoting vCHWs and facilitating their work in addition to the moral support they give them on a regular basis were aimed at maintaining their motivation as well.

The study found that the support provided by community anchors has enhanced the credibility of and acceptance for vCHWs and stronger adoption of improved health practices. This and the moral support availed by community anchors has had a positive impact on their motivation and work performance.

Based on the findings of the study, recommendations were made on ways of enhancing the motivation of vCHWs including holding festivals regularly; strengthening ongoing training for vCHWs, encouraging visits by *woreda* health officials and the support provided by *kebele* administrations; and expanding social support groups; and awarding prizes to high performing *kebeles* and vCHWs. Various ways of enabling community anchors to provide stronger support for vCHWs are also suggested, including training, initiation of discussion fora among community anchors and *kebele* administrations, and increasing involvement of community anchors in vCHW meetings and as vCHWs.

Introduction

The Health Extension Program (HEP) was launched by the Government of Ethiopia in 2005 to improve access to basic health services to the rural population. At the local level, the implementation of the HEP is based on the construction of health posts and the deployment of female Health Extension Workers (HEWs). HEWs have received one-year training and engage in disseminating preventive health messages and providing selected curative services. The HEWs also train, mentor, support and supervise Voluntary Community Health Workers (vCHWs). VCHWs are community members who are trained to become ‘model’ families and who subsequently work to share health information with their communities towards achieving better health outcomes.

The JSI Research & Training Institute, Inc. is implementing the Bill and Melinda Gates Gates-funded Last 10 Kilometers (L10K) project in 115 woredas in four regions of Ethiopia - Amhara, Oromiya, SNNP and Tigray - covering a population of about 13 million. The project focuses on the mobilization of families and communities to more fully engage with the HEP. Its support for the sustained participation of vCHWs is one component of this approach. Within this component, the L10K project is utilizing non-financial incentives (NFI) in 14 selected *woredas* of the four Regions. The NFIs are aimed at motivating vCHWs by primarily enhancing their status and recognition, strengthening community acceptance and support for them and their work, and building their capacity. In addition, the project has engaged community anchors or local institutions to secure community support for improved health practices and vCHWs which is expected to help sustain their motivation.

To build the evidence-base for the NFIs to be implemented, the L10K project had conducted formative research which investigated the factors which motivate vCHWs, the ‘doability’ of their work, the relevance and potential efficacy of proposed NFIs, and the potential role of community anchors in keeping vCHWs motivated (Amare 2009). Informed by a conceptual framework on the rationale and expected impact of NFIs and the findings of the formative study, the L10K project and its partners have been implementing various activities as NFIs for vCHWs. In addition to ongoing activities such as training and support by HEWs, monthly reviews and support by *kebele* administrations, a number of other NFIs were selected by community representatives and implemented over the past year. These have included festivals, certificates, badges, group photos, visits or training by *woreda* officials and social support groups. The project has also mobilized community anchors to provide various forms of support and encouragement to vCHWs.

This study documents the implementation of these activities and assesses their effectiveness in order to derive lessons which will improve project performance and inform its expansion and will be shared with various stakeholders as well. The study therefore conducted investigations with the following specific 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.

Research Methods

The study used qualitative research methods to collect data. The specific methods that were used were focus group discussions (FGDs), key informant interviews (KIs) and in-depth interviews (IDIs). Focus group discussions and in-depth interviews were carried out with vCHWs. In addition, a key informant interview with Health Extension Workers (HEWs) and *kebele* leaders and another one with representatives of community anchors were conducted in each site.

The study was conducted in the four Regions in which the NFIs are being implemented: Tigray, Oromia, SNNPR and Amhara. One *woreda* which had made good progress in implementing NFIs was selected from each Region. These were Were Leke *woreda* in Tigray, Limu *woreda* in Oromia, Arba Minch *woreda* in SNNPR, and Gondar Zuria *woreda* in Amhara Region. Two *kebeles* which had advanced quite well in their implementation of NFIs were then purposively selected in each *woreda* as data collection sites. In each of the 8 study *kebeles*, one FGD and two IDIs with vCHWs, one KI with an HEW and two *kebele* leaders, and one FGD with representatives of community anchors were conducted. This resulted in a combined total of eight FGDs and sixteen IDIs with vCHWs, eight KIs with HEWs and *kebele* leaders, and eight KIs with representatives of community anchors in the four Regions.

Data collection was conducted by four research assistants experienced in qualitative investigation. The interviews and focus group discussions were tape recorded and then transcribed verbatim after fieldwork. The first step in the analysis of the data consisted of reviewing and categorizing the textual data under different themes that were of interest in the study. The data in the thematic categories were then synthesized and written up as sections of this report. Particularly expressive and programmatically relevant comments made by respondents were extracted to be used as quotations in the report.

Study Findings

Voluntary Community Health Work

Training and duration of work

The initial training of vCHWs usually occurred at the time they started their voluntary role. The training was given by Health Extension Workers at the local health post in most cases, which was also supplemented with training at the woreda level in the sites in Oromia. The duration of the preliminary training amounted to six consecutive half days in Tigray; one day at the health post level and three days at the woreda level in Oromia; three to four days for two hours a day in SNNPR; and four to five days in Amhara. In Oromia and Amhara, the training that vCHWs received initially was supplemented with continual instruction on aspects of maternal and child health that took place on a weekly, bi-monthly and monthly basis, often in the context of regular review meetings held by HEWs.

The issues covered in the training of vCHWs were generally similar, focusing on such topics as hygiene and sanitation, antenatal care, immunization, delivery care, maternal and infant nutrition, growth monitoring, family planning and malaria. The training given to those involved in earlier forms of voluntary work in SNNPR were mostly limited to hygiene, sanitation and family planning.

The vCHWs who were interviewed in the study have been engaged in voluntary work for a varying number of years, part of which may have been in a form somewhat different from their current role. In Tigray and Oromia, study participants had worked as vCHWs for periods ranging from one to two years, although some in Tigray had also been involved as volunteers known as Tena Fana for ten to fifteen years. In SNNPR, many of them had worked as volunteers for two to four years, but up to seven years in some cases, partly due to their involvement in Essential Services for Health in Ethiopia, a program that used to be implemented in SNNPR by John Snow Inc. Some of them also participated in Health Committees as long as 10 years ago. In Amhara, on the other hand, the vCHWs had served for one to three years, some of whom had been involved for 6 years as volunteer health workers known as Tena Haylat.

Activities of vCHWs

After receiving their training, vCHWs have engaged in various activities aimed at promoting the adoption of improved health practices in their respective communities. Their work has involved health education activities and efforts to facilitate or ensure the implementation of recommended health practices. The educational activities conducted by vCHWs cover issues in the nationally accepted health package, including latrine construction and use, waste disposal, personal hygiene, separation of animal and human quarters, malaria prevention, antenatal care, birth preparedness, health post delivery, immunization, infant feeding and family planning.

Every vCHW is typically given responsibility over 25 to 30 households in their community to whom they promote positive health practices through household visits. Some of them also provide instruction through group meetings or to a more limited number of 'model families' as in SNNPR. The vCHWs may conduct such educational activities as frequently as twice a week or only once every two weeks. In addition to their engagement with a given set of households, vCHWs also provide health information at coffee drinking gatherings and various community meetings such as those held by the local administration or *kebeles*, churches, and *idirs* or burial associations. These occur in the form of talks given by the vCHWs at the beginning or end of such meetings, commonly lasting 20 to 30 minutes.

Apart from their educational work, vCHWs also actively encourage households to adopt recommended health practices, often in conjunction with members of the local administration or community associations such as churches or *idirs*. For instance, they mobilize communities to protect water sources, urge households to build latrines and waste disposal pits, and participate in household spraying. Furthermore, vCHWs keep

track of and report on numbers of pregnant women and infants; encourage women to attend antenatal care and deliver at health posts; and facilitate immunization and growth monitoring activities.

Some outcomes and perceptions of voluntary work

According to vCHWs, their efforts have brought about significant improvements in health-related behavior among community members. Most households in their communities have now built and use latrines, dispose of waste properly, separated human and animal quarters, and have adopted good hygienic practices. Many pregnant women also attend antenatal care and many have delivered at health posts. Significant results were said to have been recorded in infant weighing, immunization rates, HIV testing and adoption of family planning.

VCHWs generally had very positive attitudes to their work. They felt that their work is beneficial to their communities in that it contributes to improved health. 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'. Another vCHW in Limu *woreda*, Oromia, expressed happiness about the knowledge she had received regarding health.

Non-Financial Incentives (NFIs)

The implementation of non-financial incentives in each NFI *woreda* first involved the selection of a set of NFIs in a participatory manner. Typically, *kebele* officials, religious leaders and leaders of various associations from NFI *kebeles* were invited to a meeting by officials from the *woreda* health office and the local L10K partner. They were then given an orientation on the goals of NFIs and asked to select five NFIs that would be appropriate to the local context. In some *woredas*, this involved group work among attendants to propose a list of potential NFIs from which five were later selected. In other *woredas* such as those in SNNPR, the five NFIs were selected through a process of discussion and consensus in the general meeting. Subsequently, specific aspects of implementing the NFIs were discussed, including timeframe and delegation of tasks among the *woreda* health office, the L10K partner, the *kebele* administration and Health Extension Workers.

Types and implementation of NFIs

This section discusses the types and implementation of non-financial incentives that have been used in motivating vCHWs in study *woredas* in the four Regions. The discussion includes all NFIs that have had a role in motivating vCHWs, including the ones selected by community representatives. One of the most important NFIs took place in the form of a community festival held as Health Day or vCHW day in each of the study *woredas*. The festivals occurred in 2010 in all of the study *woredas*: June in Tigray, August in Oromia and SNNPR and October in Amhara. Sponsored by L10K partner agencies and organized by HEWs and local administrations, the festivals were attended by *kebele*, *woreda* and sometimes regional health bureau officials, local elders, mothers, children, other community members and vCHWs. In addition to a feast offered to attendants, games, poetry readings, dramas and music performances were conducted. Question and answer competitions on health issues were also conducted among selected vCHWs and prizes of notebooks, pens, water jugs, dresses, photo frames and soap given to winners. Health messages were transmitted to the community as well.

An important aspect of the festivals consisted of the public recognition of vCHWs in which they were presented to the community and a talk given on their role and the voluntary nature of their work. Significantly, certificates were awarded to vCHWs in front of the community in recognition of their work. In Oromia, certificates were also given to model families who had adopted a relatively high number of improved health practices such as attendance of ANC, health post deliveries and immunization. A separate event was held for this purpose in the summer of 2010 in Amhara.

Another non-financial incentive involved giving badges to vCHWs. Badges serve to identify them as vCHWs who are working to serve the community, according to vCHWs who participated in the study. Badges consist

of the names and photos of vCHWs. In Tigray, badges were awarded to vCHWs during the festivals that were held in June, 2010. In Oromia, badges, pens and notebooks were given to vCHWs much more recently during a special ceremony in November of 2010 which was attended by officials from the *woreda* administration and health office, a staff member of the implementing partner, members of the local administration, HEWs, Development Agents and vCHWs. Vests, instead of badges, were offered during a community gathering just before the festival in October of 2010 in SNNPR. In the *woredas* in Amhara on the other hand, badges were given to vCHWs during the festival in October and a couple of other occasions in February and June in 2010. In October, group photos of vCHWs were also taken in Amhara and posted in health posts, schools and training centers. These were seen by vCHWs as a significant way of recognizing them.

The monthly and bi-weekly meetings held by HEWs, mainly to review the performance of vCHWs, were generally considered to be important in keeping them motivated and committed to their work. In these meetings, the performance of each vCHW with respect to such health objectives as latrine construction, water sources protected, number of women attending ANC and children vaccinated, was assessed by HEWs who encourage vCHWs to do better and give them advice on their work. vCHWs are also able to review each other's work as well.

In Tigray, local officials, including the chairperson and manager of the *kebele* and chairperson of the women's association attend the monthly meetings. In the study *kebeles* in Oromia, review meetings were held in each *got* by HEWs and *idir* leaders who assessed the performance of vCHWs and compliance by households. Bi-weekly meetings were held in only one of the study *kebeles* in SNNPR, whereas only bi-annual reviews had been held in the other. HEWs conducted performance reviews every three months in Amhara region.

The regular performance reviews often allow HEWs to discuss health issues and coach vCHWs, which they considered to be a type of training. In Tigray and SNNPR, HEWs used these meetings to transmit information from training sessions they have participated in at the *woreda* level. In Oromia and Amhara, on the other hand, HEWs provided regular refresher training separately from the performance reviews that they conducted. These trainings were conducted on a weekly or bi-weekly basis in the *woredas* in Oromia in sessions that could last up to 4 hours. HEWs in the Amhara sites also conducted refresher trainings twice a month on how to counsel mothers on such topics as immunization and breastfeeding. Refreshments in the form of tea and coffee during the monthly review meetings were only available in Tigray, made possible by a contribution of 10 birr/person from the Relief Society of Tigray (REST), a local partner of L10K. This was much appreciated by vCHWs who found it re-invigorating. Part of REST's contribution was also put into a savings scheme for each vCHW, although it was not clear how they could make a claim on it.

In addition to the monthly performance reviews, quarterly and/or bi-annual evaluations are conducted in all of the study sites. These are usually conducted in the presence the *kebele* chairperson and manager. In Tigray, the 15-member cabinet, including the *kebele* chairperson and manager, leaders of *gots* and the peasant, women's and youth associations as well as HEWs carried out quarterly evaluations. Based on their achievements against planned targets, vCHWs are assessed by HEWs and their fellow vCHWs, and encouraged to improve their performance. In Amhara Region, HEWs are critiqued for inadequate follow-up provided to poorly performing vCHWs.

Visits to the community by HEWs to support and follow-up on the work of vCHWs were mentioned as another important incentive by respondents. Those from Oromia and Tigray reported that HEWs support vCHWs by introducing them in *got*, *idir* and women's association meetings. They informed community members about the voluntary nature of their work and encouraged them to accept and implement their messages.

Furthermore, HEWs conduct household visits on a weekly basis to check-up on the implementation of recommended health practices such as latrine construction, often comparing it with the reports on

achievements submitted by vCHWs. HEWs also interview household members to assess improvements in health knowledge resulting from the educational activities of vCHWs, and also talk to those who have failed to adopt recommended health practices to convince them to do so.

Visits by *woreda* level staff, including *woreda* health staff and HEW supervisors, are considered to be a significant sign of support and motivator for vCHWs. Such visitors often made household visits to observe latrine construction and use, hygienic practices, protection of water sources and use of improved stoves and bednets. They also interviewed household members on their knowledge of health issues and encouraged vCHWs to remain committed to and improve upon their work. VCHWs in Tigray and one of the study *kebeles* in Amhara reported that *woreda* officials visited them on a monthly basis, sometimes with officials from regional levels. Such visits had occurred only once or never in the other sites. A five-day training was also given by *woreda* staff to vCHWs in Amhara.

The support of the *kebele* administration, which has considerable authority at the local level, was pointed out as an important source of motivation for vCHWs. In Tigray and Oromia, *kebele* officials showed their support by recognizing vCHWs and their unpaid role in community meetings and encouraged participants to implement their messages. In Oromia, local officials also gave them time to talk about health in community meetings and also asked church leaders to do the same and to promote health practices. In Tigray, local officials played a direct role in promoting health themselves by talking to community members about health, enforcing the weekly sanitation day and warning households who fail to build and use latrines. Such households were counseled and even penalized by *Kebele* officials in SNNPR who also continually encourage vCHWs. In Amhara Region, a *kebele* chairman said that he attended the bi-monthly review meetings, commenting on the performance of vCHWs. He also made community visits to check on the implementation of activities and to counsel those who have fallen behind, sometimes having them visit better performing *gots* in order to inspire them.

During *got* meetings, we tell the community about the changes that have resulted from the unpaid work of vCHWs such as the number of pregnant women who are getting check-ups and delivering at health posts, so that they will accept them as people who are serving the community.

Kebele chairperson, Weri Leke *woreda*, Tigray.

The awarding of certificates to families who have adopted a high number of healthy practices – often what are known as the 16 components of the health package – has been used as one way of recognizing the efforts of vCHWs and therefore strengthening their motivation. Families who are recognized in such a manner are either ‘role model’ families who have been selected to undergo regular training by HEWs or vCHWs, or families who may only have received routine instruction from vCHWs. HEWs would then assess the families to determine if they had adopted a recommended set of health practices, and pass the names of those they judge to have done so to the *Woreda* Health Office which would award certificates to the families on special occasions. Such certificates have been awarded in all four regions.

The first round of certificates were awarded to 87 model families in 2009 by *woreda* health officials. They were recognized as model families and given certificates for digging and using latrine pits, keeping their compound and themselves clean and their animals separate from their living quarters, having their children vaccinated in a timely fashion and using family planning.

Kebele chairperson, Limu *woreda*, Oromia.

Awards given to *kebeles* in *woreda*-level competitions on the basis of numbers of household who have attained certain health targets were yet another type of incentive that was used to motivate vCHWs. HEWs from the study *kebeles* in SNNPR and Amhara region previously received prizes such as motorbikes, books, megaphones, radio or cash because the *kebeles* they represented were ranked first, second and third in their

woreda. A white flag was placed in front of a *got* in one of the *kebeles* in Amhara to recognize the fact that all households in it had adopted all of the recommended health practices. There were plans to do the same in one of the *kebeles* in Tigray whereas latrine slabs were given to high performing *gots* in the other *kebele*.

Seven *kebeles* in our *woreda* cluster competed in July of 2010 and our *kebele* came in second. I received a book on nursing but it was the result of the work of vCHWs, community anchors and the *kebele* leadership. The head of the health center ranked us on the basis of the work done in the two years from 2008 to 2010.

Health Extension Worker, Arba Minch Zuria *woreda*, SNNPR

The establishment of social support groups to assist and follow-up on the work of vCHWs has been considered as another effective way of motivating vCHWs. In the study *kebeles* in Amhara, religious associations or *mabebers* which meet on a monthly basis have been established among vCHWs. Such *mabebers* have facilitated social interaction and unity among vCHWs. In one *kebele*, they were able to contribute money for refreshments and to help out a member in need, in addition to holding discussions on health when they met. Support groups took a less traditional nature in Tigray and SNNPR where individuals in various neighborhoods were selected through the local administration and trained to reinforce the educational activities of vCHWs. In SNNPR, they were called *agars* or ‘supporters’ and had a role in monitoring the work of vCHWs as well. A health committee was also established in one of the *kebeles* in Tigray to evaluate the work of vCHWs.

Experience sharing visits among vCHWs can allow them to learn from relative strengths and weaknesses in their work and to improve upon it. Such visits occurred among *geres* and *gots*, but not among *kebeles*, in Oromia and Amhara regions, whereas they were not reported to occur in the other regions. Of the visits in a *kebele* in Amhara region, a 42 year old female vCHW said, ‘vCHWs in the 21 *gots* in our *kebele* visit each other on the monthly immunization days. We observe how some households were convinced to build latrines while others have failed to do so, and also look at housekeeping practices’.

Impact of NFIs in motivating vCHWs

After documenting the implementation of various NFIs, the study investigated their impact in motivating vCHWs through their own perspectives and that of HEWs and members of *kebele* administrations. The study found that the NFIs described above were generally quite gratifying to vCHWs and therefore had an impact in strengthening their motivation and desire to continue with their work. Various reasons for why the NFIs were effective in motivating vCHWs were reported.

The festivals that were held in the *kebeles* covered by the study were found to be one of the more satisfying NFIs to the vCHWs involved. This was mainly because they significantly elevated community recognition for vCHWs, their voluntary role and their contributions through the talks that were made and the visibility given to them during the events. The selection of their *kebele* to host the festival, success in the question and answer competitions and visits by *woreda* officials were other aspects that were pleasing to vCHWs. Many vCHWs reported that the festivals had reinvigorated them and renewed their commitment to their work. A 28 year old male vCHW from Limu *woreda* in Oromia described the effect that the *festival* had on him by saying, ‘I was very happy about being recognized among my fathers, brothers and sisters for my work. I found it very motivating and strengthening when they introduced me as a vCHW’.

The certificates which were given to vCHWs often during the festivals were similarly gratifying and pleasing to vCHWs. They viewed the certificates as a sign of recognition and fruit of their work and achievements. The 42 year old woman in Amhara described her perception of the certificate she had received 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’. The fact that certificates were handed out in front of their community was an additional source of

pride and satisfaction. A vCHW testified that it also indicated to her, for the first time, that she was known beyond her community, at the *woreda* level. For such reasons, a number of vCHWs felt that receiving the certificate had strengthened their motivation for voluntary work.

The badges given to vCHWs were also highly appreciated by them. They felt that the badges gave them an official status and a great sense of responsibility. Moreover, the badges significantly enhanced their recognition, status and acceptability in the community. Group photos of vCHWs in Amhara Region, which were posted in schools, health posts and a training center, had the same effect, in contrast to a previous perception that they were going around the community because they had nothing better to do. A vCHW in Tigray expressed the impact of the badge on him and the community in the following manner.

The badge signifies government recognition of my role. It has shown me that I have a great responsibility which has strengthened my morale. I was very happy that we were given the badge in front of the people who now know that the government is aware of us. When I go around with a badge, they listen to us carefully and put our messages into practice. It is one of the things that have made me happy.

37-year-old married man, 9th grade, Tigray.

The monthly review meetings held by HEWs are especially important in strengthening vCHWs' commitment to their work, according to respondents. These meetings, in which the performance of vCHWs is assessed and critiqued, encourage them to overcome their shortfalls. Similarly, the follow-up provided by HEWs through their household visits allow them to give on-site feedback to the vCHWs which also assures the latter that they are getting support. This was seen to be important in compelling vCHWs to remain attentive to their work and to raise the level and quality of their performance. The volunteers said that the continuing training that the HEWs provided in the context of the monthly review meetings or in separate sessions not only enhanced their knowledge and confidence but also strengthened their motivation and commitment. A 40-year old married vCHW in Amhara said, 'The training is very motivating because it refreshes our memory and improves our skills'. Those in Tigray found the refreshments that they were served in review meetings stimulating and facilitated social intercourse and active engagement in the discussions.

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 evaluation, the former would ask himself why the other vCHW is better than him even though they are both volunteers, and improve his work'.

Health Extension Worker, Oromia.

I think that the follow-up provided by HEWs is very beneficial. Because it assures us that we are getting attention. When they come and ask us 'What have you done? What is lacking?' we gain satisfaction. It stimulates us and prevents us from being careless. If they neglect us, we will be demoralized.

25-year-old married woman, Oromia.

Respondents reported being especially gratified by visits from *woreda* officials as well as those from higher levels. Such visits signal recognition and support from the *woreda* which motivates vCHWs and strengthens community acceptance for them. Officials from *woreda* and higher levels also encourage vCHWs and point out strengths and weaknesses in their work. Similarly, the support made available to them by *kebele* officials was perceived to be critical in keeping vCHWs motivated. A *kebele* chairman in Were Leke *woreda* in Tigray explained, 'They were awarded [certificates] because of their work. When we support the vCHWs by telling people to cooperate with them, they are able to do good work which encourages them'.

VCHWs also found it motivating when certificates were awarded to model families because they saw it as a recognition of their work. A 28-year-old male vCHW with a fourth grade education in Limu *woreda*, Oromia, said, ‘They were awarded because they implemented our messages. Since this is our achievement, it made us happy, encouraging and motivating us’. For similar reasons, the prizes awarded to *kebeles* which were ranked high in their superior attainment of health outcomes were highly encouraging to the vCHWs who lived in those *kebeles* and inspired vCHWs in other *kebeles* to do better.

Experience sharing visits among vCHWs permitted them to demonstrate their achievements to each other which they found validating. The opportunity to share information on effective approaches and to compare each other’s work enabled them to improve their performance. Finally, the religious associations or *mabebers* established by vCHWs in Amhara region were said to promote cohesion and learning among them in addition to maintaining their motivation.

The desire of vCHWs to continue with their voluntary work instead of dropping out is an important aspect of their motivation level. The certificates and badges that vCHWs were given, which signaled government recognition of their work and also enhanced their status in the community, were frequently mentioned as the NFIs that encouraged them to remain working as volunteers. The various ways of providing support to vCHWs, including review meetings, follow-up by HEWs, training, visits by *woreda* officials and even refreshments, were mentioned as other NFIs that strengthened their desire to stay involved in their work.

Impact of NFIs on work performance of vCHWs

The study investigated whether the positive impact of NFIs on the motivation of vCHWs, which has been documented above, has led to improvements in their work performance. The opinions of respondents on this issues indicated that aspects of the performance of vCHWs had indeed improved as a result of the NFIs. One of the manifestations of their improved work performance is their increased frequency of visits to households to instruct and counsel women and other members on aspects of health such as antenatal care, family planning, latrine construction and other sanitary practices. In Tigray, this involved switching their emphasis from group meetings to house visits. Some vCHWs reported going to specific households repeatedly to reinforce and ensure implementation of their messages or reaching out to households who have remained inaccessible to resistant. Others increased their direct involvement in implementing health-related activities such as sanitation and spring protection.

We used to visit a pregnant woman once a month or when we went to weigh her. Now we visit her up to two times a week because we feel recognized due to the encouragement and support we are getting. [Voluntary] work is demanding. Even though we have to neglect our own work to do it, we are happy to make house visits frequently because of the incentives.

29-year-old female vCHW, 8th grade education, Tigray

There are times that I visit families three or four times a week. They are therefore likely to implement my messages. The certificate that I have received has made me do better work because the recognition I have received has strengthened my motivation. The big responsibility we were given during the festival has greatly strengthened our commitment to our work.

46-year-old male vCHW, 6th grade education, SNNPR

In addition to the increased time they gave to community health activities, respondents spoke of greater attentiveness to and quality of their work. In SNNPR, an HEW mentioned that vCHWs had started to send women to the health post for delivery and were submitting more comprehensive reports on their work after the festival and awarding of certificates had taken place. In addition to festivals and certificates, NFIs that

have led to improved work performance by vCHWs have included badges, monthly performance reviews and visits by *woreda* officials.

Improvements in the work performance of vCHWs as a result of such NFIs have led to better health practices and outcomes, according to respondents. They reported improvements in the number of women who attend ANC and deliver at health posts, adoption of family planning, immunization rates and sanitary and hygienic practices. For instance, a male vCHW from Amhara spoke of how mothers had shown remarkable progress in their sanitary practices due to the motivated work of vCHWs that resulted from the regular training they received from HEWs.

Better community recognition of and responsiveness to vCHWs in addition to their strengthened motivation levels were seen to account for such improved health outcomes. A 40-year-old illiterate female vCHW in Amhara region said, 'Even though I am illiterate, I have become equal to those who are educated. After I received 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.' Similarly, a male vCHW in SNNPR explained how acceptance of immunization, sanitation and hygiene had improved after the festival had taken place in his *kebele*.

Recommendations on strengthening NFIs

Respondents were asked to give their views regarding additional and improvements in NFIs which would strengthen vCHW motivation even further. Organizing festivals on an ongoing basis was suggested as a way of assuring vCHWs that they had continuing support. In Tigray and SNNPR, where vCHWs did not receive substantial training on a continual basis, they requested regular training on health issues to be given by HEWs, which they felt would have a strong impact on their motivation. Health extension workers, *kebele* administrators and vCHWs in Tigray, and in Amhara and Oromia where HEWs conduct such training regularly, felt that additional training given by professionals from *woreda* health offices and implementing partners would have a great impact. Strengthened follow-up and support by officials from *woreda* and higher levels would be very encouraging as well, according to vCHWs and local officials in Tigray, SNNPR and Amhara. Some vCHWs in these regions also suggested experience sharing visits between different *kebeles*, *woredas* or regions.

Various respondents emphasized the important role of ensuring social support for vCHWs. The critical need for vCHWs to work hand in hand with the *kebele* administration was highlighted by a local official in SNNPR. Other informants suggested exemption from compulsory public work for vCHWs, mobilizing communities to assist vCHWs with agricultural tasks and establishing or rotating credit groups among vCHWs as incentives.

Although they were asked to discuss improvements in non-financial incentives, different respondents proposed that limited and work-related materials could serve as appropriate and effective incentives. Health extension workers and vCHWs in Amhara region suggested giving pens and notebooks to vCHWs as an incentive that would also strengthen report writing. A number of informants in different regions, including HEWs and *kebele* leaders felt that vCHWs needed boots and umbrellas to protect them from the weather, as well as uniforms, t-shirts and caps to distinguish them from the rest of the community. Free health care for the families of vCHWs was proposed as an incentive as well.

The awarding of prizes such as radios and loudspeakers to vCHWs as a group or individually was suggested as a means of improving their performance as well as their motivation. The potential of such prizes as incentives was underlined by a *kebele* chairman in Limu *woreda*, Oromia, who said 'It would be good if the *kebele* administration prepares events to award prizes to vCHWs who have performed well. This would create competition between them and vCHWs in other *geres* who would be motivated to do better work?'

Community Anchors

Strong community support for vCHWs is critical to ensure that their efforts are effective and their motivation levels remain high. L10K has therefore sought to strengthen community support for vCHWs by mobilizing various local institutions to serve as ‘community anchors’ for the community health program, including vCHWs and their work. Specifically, the project has involved community anchors in raising community recognition for and acceptance of vCHWs, supporting their goals and activities, and sustaining their motivation levels. The local institutions that the project has mobilized as community anchors have included churches, mosques, *idirs* and women’s associations.

The process of initiating community anchors

In all of the study sites, the process of initiating community anchors involved the selection of one or several local institutions to take special responsibility to support vCHWs. After attending a training workshop on how to select and mobilize community anchors, HEWs in NFI *kebeles* organized a meeting of community representatives to discuss the suitability of various institutions in the *kebele* and to select one of them as an anchor. The organization was then informed of its selection and its consent requested. HEWs then held a meeting with its representatives or members and oriented them on the work of vCHWs and the association’s role in supporting them.

The study found that there were some regional variations in the process that was followed to select and engage different local institutions as community anchors. In Tigray, *kebele* officials, sector leaders and associations met and selected the women’s association as the community anchor, after which the community was oriented on its role. The HEW also talked to association leaders individually about how to support vCHWs. *Kebele* leaders subsequently held regular meetings with association leaders in which plans were set for activities to be accomplished by each association and later evaluated.

In Oromia, community representatives in different *kebeles* selected churches or *idirs* as community anchors. In the study *kebeles*, Orthodox and Protestant churches were selected as community anchors after which *kebele* leaders summoned religious leaders and gave them an orientation on how to support vCHWs. The manager of a *kebele* in Limu *woreda*, Oromia, described this process:

We first invited religious leaders, from both Orthodox and Protestant churches, to our office. After discussing the importance of health with them, we told them to be supportive of vCHWs when they came to speak to their congregations. We also ask them to reinforce what the vCHWs have taught by relating it to religious matters.

In SNNPR, *kebele* leaders and HEWs proposed several community institutions, all of which had a history of providing support to vCHWs, as anchors. These institutions, which include churches, *idirs*, the women’s association and youth association, were all adopted as community anchors. L10K’s local partner then organized a training workshop for their representatives and *kebele* leaders on their role in supporting vCHWs. In Amhara region, community representatives also selected the women’s association as the community anchor in most cases. After informing the association and requesting its consent, HEWs gave a one-day training to around 80 of its members on the work of vCHWs and the association’s role in supporting them.

Supportive role of community anchors

One of the important roles that community anchors have played in building community support for vCHWs has involved the steps they have taken to strengthen recognition and acceptance for them. Towards this purpose, churches in Oromia and Amhara, *idirs* in SNNPR and women’s associations in Tigray have introduced or recognized vCHWs to their members at the end of church services or meetings. This often includes recognition of their work and contribution to community health. Furthermore, leaders of such community anchors have counseled members to listen to and implement the messages of vCHWs and to

support them in their work. Such steps can be expected to expedite the work of vCHWs and enhance their motivation.

In addition to the promotion of vCHWs, community anchors have also been active in providing practical support for the goals and activities of vCHWs. One of the important ways in which they have done so is by allocating some time in their meetings to allow vCHWs to conduct health education. Thus, Orthodox churches in Oromia, SNNPR and Amhara have been known to give vCHWs time-periods ranging from 15 minutes to one hour after the weekly mass, to address health. While Protestant churches in Oromia and SNNPR varied in allowing this, some of them allowed vCHWs to speak for 15 to 30 minutes every week or two. *Idirs* in Oromia and SNNPR were also reported to permit vCHWs to transmit health messages for half an hour at the end of their monthly meetings. Women's Associations, who are very active in Tigray, allocated as much as an hour and a half to vCHWs, whereas some of these associations in Oromia, SNNPR and Amhara regions also allocated some time to them.

Apart from allowing vCHWs to speak in their meetings, community anchors have also been directly involved in promoting health themselves. In Tigray, women's, peasant and youth associations have discussed or promoted improved health practices in their meetings. Churches there also often transmit messages on HIV, latrine construction and sanitation after mass. Churches in Oromia, SNNPR and Amhara regions, as well as an *idir* in SNNPR, mainly reinforced the messages offered by vCHWs, although a church in Oromia was known to creatively integrate information on sanitation with gospel messages.

Another way in which community anchors have promoted health directly is by encouraging or pressuring community members to adopt or implement health messages. Notably, Women's Associations in Tigray but also in Amhara region, are active in convincing reluctant women and men to adopt ANC checkups, immunization and other health practices, sometimes accompanying vCHWs on household visits for this purpose. For instance, the chairwoman of a Women's Association said, 'If a woman comes to us and tells us that her husband is pressuring her not to use family planning methods, we will talk to him about the benefits of birth spacing'. Alternatively, they may encourage their members to implement recommendations of vCHWs. They may do so especially after having attended the review meetings of vCHWs where they would have been informed about shortfalls among member households.

Community institutions, such as churches in Tigray and Oromia, have been especially active in pressuring households to perform latrine construction and other sanitary activities. Alternatively, Women's Associations in Tigray and church leaders in Oromia have engaged in latrine construction for churches and their own use, respectively, to provide models for others to adhere to. An *idir* in SNNPR imposed a 50 birr fine on member households who failed to build a latrine after repeatedly counseling them to do so.

I make household visits with Health Extension Workers and *kebele* leaders to monitor the implementation of health practices such as spring protection, children's hygiene or separation of human and animal quarters. People are not the same. Some implement what they have been told early while others are slow to do so. We tell those who have not built latrines that they will be punished because the waste from their compounds will infect others.

Orthodox priest, Oromia

Community anchors also follow-up on how well vCHWs are performing tasks expected of them. They first gather information on vCHW performance in areas such as latrine construction, immunization, growth monitoring and referrals for food supplementation. They may then talk to vCHWs personally, in the context of *kebele* cabinet meetings or their own organizational meetings, to encourage those who have performed well or to inquire into reasons for weak performance. The chairwoman of the women's association in one of the study *kebeles* in Gondar said, 'We follow-up on vCHWs and encourage them to work to prevent HIV/AIDS and malaria. We talk to community members if the vCHWs have implemented directives from higher levels.

If not, we ask the vCHWs why they have not'. Representatives of community anchors may also visit communities with vCHWs to counsel households who resist adopting the latter's recommendations. In SNNPR, *agars*, who are individuals selected from various local associations and components of the *kebele* administration, follow-up on the activities of vCHWs in the community and report to HEWs on their performance.

Community anchors have contributed toward keeping vCHWs motivated as well. The orientations they have given to their members on the role of vCHWs and their contribution to community health which will have a positive impact on their motivation. Such forms of support and the forums they have been given to conduct health education can also elevate their motivation levels by enhancing community acceptance for them and their messages. Furthermore, respondents from churches, women's associations and *idirs* reported giving moral support to vCHWs individually as well as in their meetings including applauding them. A Protestant religious leader in Limu *woreda* said, 'We encourage them by telling them that the information they have given to us is very beneficial to our health. When they finish their instruction, we bless them and pray for them collectively so that their work will be successful'.

Impact of community anchor activities

After exploring the kinds of activities that community anchors have engaged in to support vCHWs, the study looked at the impact of these activities on community attitudes towards vCHWs, community adoption of improved health practices as well as the motivation and performance of vCHWs. The statements of respondents did indeed indicate that the support of community anchors has enhanced the credibility of vCHWs and community acceptance for them and their messages. The role of community anchors such as church leaders and *idirs* in introducing vCHWs to their members and promoting them, giving them forums to speak from, and reinforcing their messages were said to be important in this respect. A male vCHW in Limu *woreda*, Oromia, said:

Previously, they used to say 'how can she teach us when she is not any more educated than we are'. Since our *idirs* introduced us to them, they have started to accept our messages and to be more receptive to us. Our work has become stronger after they gave us time in their meetings'.

28-year-old married male vCHW, 8th grade education, Oromia

The involvement of churches, *idirs* and women's associations was also shown to have strengthened the adoption of improved health practices. In the various study sites, the role they played in allowing vCHWs to give health talks in their meetings, endorsing these health talks, talking to members personally, was said to have enhanced the uptake of sanitary practices, spring protection, immunization, family planning, use of bednets and HIV-testing before marriage. 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.

Also in Oromia, a vCHW explained how the by-laws of their *idir* which were enforceable, had brought about substantial changes in sanitary practices. Women's associations can allow some women to serve as models for others, as pointed out by a 58-year-old male vCHW in Gondar Zuria *woreda*, Amhara Region, who said, 'Some women in the Association are very aware. When they started to use family planning and to test for HIV, the other members also accepted which served as a lesson for the rest of the community'. The support of the community anchors has also had an impact on the motivation of vCHWs, according to respondents from different sites. The involvement of community anchors assures the volunteers that they have their backing and attention which they find encouraging. The moral support and the social recognition

they have gained from the community anchors have also been motivating for the vCHWs. On the impact of encouragement provided by a women's association in Tigray, its chairwoman said:

In our meetings, we rank the vCHWs. For example, one of them was told her performance was weak and given a low ranking last month. But we told her that if she worked harder she could achieve what the rest have attained and encouraged her. She improved a lot after that. She had previously only had a few latrines constructed but she later had many more built. Now her ranking has risen to one of the highest. This is because she was motivated by our encouragement.

Improved adoption of health practices promoted by vCHWs due to the support of community anchors has also been significant in strengthening their motivation because they see that their efforts are bearing fruit. The involvement of community anchors in giving a forum to vCHWs, reinforcing their messages and conducting health information themselves has been important in this respect. For instance, the chairwoman of a women's association in Tigray, described how their role in convincing recalcitrant people was motivating for vCHWs. A vCHW from Oromia region also spoke of the impact that support from the Protestant church had in motivating vCHWs.

Since Meserete Kiristos church started supporting me by giving me a stage [to speak from], it has made a big difference. My motivation for my work is much stronger. When the community implements what I have told them, I become motivated to teach them next time.
28-year-old male vCHW, 4th grade education, Oromia

Another outcome of the support availed by community anchors has been the improvement in their work performance. The increased recognition and acceptance that vCHWs have received as a result of the supportive role of community anchors has strengthened their commitment and engagement with the community. The comments made by an official of a women's association and a vCHW in Tigray are illustrative.

In the past, they sometimes got weary and neglected their work. Since we started supporting them, 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. They are therefore working in a motivated manner.

Vice chairwoman, Women's Association, Tigray

Due to the associations' educational activities, the awareness of the community is high. Previously, we only used to teach in meetings. Now, we can talk to people individually because we are more recognized now. When I encounter someone, I educate him [on health], and he is pleased to listen to me and ask questions. Our work is therefore much easier.

52-year-old male vCHW, 6th grade education, Tigray

The motivation of vCHWs is also strengthened when they witness enhanced community adoption of improved health practices due to the involvement of community anchors in health promotion. The educational and follow-up activities were mentioned in this regard. A 45-year-old male vCHW in Tigray said 'The community is more receptive to health messages because the priests are teaching about health now. This lightens the work of vCHWs. They therefore become motivated to do additional work'.

Strengthening the role of community anchors

Inquiries were made into steps that could be taken to strengthen the role of community anchors in supporting vCHWs. The most common response involved the provision of health-related training to leaders or members of community anchors that would allow them to teach community members about health and better provide other forms of support to vCHWs. This is expected to be highly fruitful because the community is receptive to messages and initiatives originating from legitimate local institutions. The recruitment of religious figures as vCHWs was also proposed as a step that would further enhance the acceptance of health messages. Furthermore, the participation of representatives of community anchors in vCHW meetings was suggested as a way of strengthening their collaboration.

Other ways in which community anchors could be more supportive of vCHWs were suggested. A consultative forum among the *kebele* administration and representatives of various community institutions such as churches, *idirs* and other associations would allow them to discuss how to better support vCHWs. Setting up health committees within these institutions and their participation in the preparation of future festivals and health education activities such as dramas were suggested as well. A *kebele* chairman in Amhara Region described how community anchors could motivate vCHWs by recognizing vCHWs and their work by saying, “Since women are the primary beneficiaries of health activities, the woman’s association can give a certificate to the vCHWs collectively, thank and express appreciation for them in front of its members, other community members and officials, which would strengthen their motivation”. An Orthodox priest and the chairwoman of a women’s association, on the other hand, suggested that the church or the association could mobilize their constituents to assist vCHWs with farm work so that they don’t fall behind due to their voluntary work.

Conclusion

This study documented the implementation of NFI-related activities and engagement of community anchors by the L10K project and assessed their effectiveness in motivating vCHWs and enhancing their work performance. It used qualitative research methods to collect data in eight *kebeles*, selected from four *woredas*, one each from the four Regions where the project is being implemented.

The study showed that a good number of NFIs have been implemented in all of the Regions although there are similarities and differences in implementation among them. Festivals, the awarding of certificates and badges to vCHWs and performance reviews and supportive community visits by HEWs took place in all study sites, despite differences in their timing. NFIs such as the awarding of certificates to model families, group photos of vCHWs, visits by *woreda* officials, awards for the highest performing *kebeles*, establishment of social support groups and experience sharing visits had occurred in only some of the Regions or *kebeles*. There were also differences in the frequency or adequacy of performance review meetings, ongoing training and support by the *kebele* administration.

The NFIs documented by the study were highly appreciated by vCHWs and were therefore very motivating. This was mainly because they conferred social and official recognition on vCHWs, enabled them to recognize and overcome their shortcomings, were a source of moral support or enhanced their capacity. The stimulating and relaxing effect of refreshments during meetings and the cohesion that was promoted by social support groups were other motivating factors. Stronger motivation among vCHWs apparently led to improvements in their work performance in terms of increased engagement with households and in the implementation of health-related tasks, as well as in the quality of their work. Better health outcomes as a result of their improved work performance were reported as well.

Community anchors, which have been mobilized by the L10 project, have also had an important role in supporting and motivating vCHWs. Although different types of local institutions have been selected as community anchors in different regions and *woredas*, they have all participated in raising community recognition and acceptance of vCHWs as well as encouraging them. Community anchors have also facilitated better adoption of the health practices promoted by vCHWs. The motivation, performance and efficacy of vCHWs has therefore benefitted from the involvement of community anchors. Their involvement can be further strengthened however, partly by sharing experiences from different sites.

Recommendations

The following recommendations emerge from initiatives that have been shown to be effective in enhancing the motivation of vCHWs but have not 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.
2. Support continuing and strengthened refresher training of vCHWs in all NFI sites, also by officials from *Woreda* Health Offices. Strengthen vCHWs access to teaching materials.
3. Consider the feasibility of increasing visits by *woreda* health officials to follow-up on and support vCHWs.
4. Strengthen multi-faceted support for vCHWs by *kebele* administrations. Apart from support for their work, this can include exemptions from development-related activities.

5. Expand social support groups for vCHWs such as *mabebes* or rotating credit groups. Consider introducing savings and credit schemes for vCHWs.
6. Expand the practice of awarding prizes to high performing *kebeles* and individual or groups of vCHWs.
7. Expand the provision of refreshments in monthly review meetings.
8. Consult vCHWs on the design of some NFIs. For instance, vCHWs in SNNPR preferred badges or t-shirts to the vests that they were given.
9. Consider felt needs related to the health system such as improved drug availability in health facilities and free health care for vCHWs and their families.
10. Enable community anchors to provide stronger support for vCHWs 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 vCHW review meetings.
 - e. Involving them, including religious figures, as vCHWs.
 - f. Encouraging them to assist vCHWs in their agricultural work.

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The Last Ten Kilometers Project
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