

## COMMUNITY HEALTH WORKERS: EXPLORING VOLUNTEERISM AS A SUSTAINABILITY MODEL

**The Last Ten Kilometers (L10K) project** supports the Ethiopia Health Extension Program (HEP) by strengthening linkages between households, communities and the HEP and ultimately improves household and community health practices and outcomes. The HEP—Government of Ethiopia’s flagship program in the health sector—supports the goal of universal primary health care coverage, giving priority to the prevention and control of communicable disease with active community participation. Expansion of physical health infrastructure and training and deployment of a cadre of female Health Extension Workers (HEWs) who will provide basic curative and preventive health services throughout the country is the main strategy of the HEP.

The L10K project works in 115 *woredas* (i.e., districts), covering 13.8 million people in Amhara, Oromia, Tigray and the Southern Nations, Nationalities and Peoples Region. The project examines community solutions that help mobilize families and communities in these *woredas* to improve household and community reproductive, maternal, neonatal, and child health practices. Much of this work is done by supporting the HEW to extend their reach through mobilizing communities, utilizing a geographically spread network of vCHWs, and to promote health messages and practices to families residing in every part of the *kebele* (i.e., smallest administrative units).

**This brief presents the findings of a qualitative study exploring the potential of non-financial incentives (NFIs) in motivating voluntary Community Health Workers (vCHWs) in four of the largest regions in Ethiopia.**

### THE L10K PROJECT

**The project is a work in progress, one which aims to find appropriate mechanisms for embedding vCHWs in the community and to explore and utilize the potential of NFIs in strengthening volunteerism among vCHWs.**

One of the objectives of the L10K project is to ensure the sustained involvement of the vCHWs in the HEP through an exploration and application of NFIs in strengthening volunteerism among vCHWs.

The non-formal incentives proposed by L10K are mechanisms that recognize vCHWs’ work. They include support from HEWs in the form of ongoing training, mentoring and follow-up, certification, performance reviews, and support by kebele and *woreda* leaders. Successful communities and families are rewarded, celebrations are organized periodically, badges and ID cards are provided, in addition to other identification methods such as posting their photographs at public places, as well as the provision of refreshments during their performance review meetings.



*When elders bless vCHWs during community festivals, it increases their pride and strengthens their commitment to the work.*

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The L10K project works with existing community structures, organizations and institutions such as *idirs*, churches, mosques, and women's and youth associations as a means of reaching and motivating households and communities and sustaining the programs. The value of embedding the community health program within community institutions and "anchors" is hypothesized to

### VCHW Selection Criteria

- Nomination and election by the community either at the *sub-kebele* or *kebele* levels
- Elected vCHWs need to demonstrate literacy and communication skills
- VCHWs need to have credibility in the community
- Selection based on model families and/or previous volunteer status
- VCHWs selected by HEWs and presented to the community for approval

sustain the community approach, including the continued work of vCHWs within a community, ultimately improving and sustaining community health outcomes. VCHWs are expected to adopt improved health practices themselves, to serve as role models and to provide health education for the households that they are responsible for.

The vCHW training was mainly concerned with aspects of maternal and child health including ANC, birth preparedness, newborn care, breastfeeding, immunization, child feeding and family planning; hygiene and sanitation and malaria prevention.

## THE STUDY

**The study is a part of L10K's ongoing work in documenting the project for the purpose of creating a body of knowledge that can be shared with local and international partners.**

The aim of the study was to explore the potential efficacy of nonfinancial incentives in sustaining volunteerism among community health workers. Such an exploration was underpinned by an investigation of the motivations of vCHWs and the factors that influence their work, including the 'do-ability' of their role as well as de-motivating factors. The study also assessed the potential effectiveness of NFIs proposed by the L10K project and others, as well as the mechanisms by which they can motivate vCHWs. Finally,

the study explored the potential role of community anchors or local institutions in sustaining volunteerism among community health workers.

This was a qualitative study, utilizing in-depth interviews and focus group discussions which created an appropriate forum for vCHWs to express what motivated them to carry out their tasks in their respec-

tive communities. The study was conducted in the four regions in which the L10K project is being implemented. Two kebeles were selected from one woreda in each region to conduct the data collection.

### Research intended to explore:

- The factors which motivated or de-motivated vCHWs
- The potential efficacy of NFIs in sustaining volunteerism among community health workers
- The role of local institutions in sustaining volunteerism among community health workers

## STUDY RESULTS

### *Establishing vCHWs in the community*

**The research looked at how the process of recruitment, training, and work of vCHWs impact on their motivation levels.**

Volunteers were mostly nominated and elected by their community, but were also selected by HEWs for approval by the community in a few instances. Most respondents reacted positively to their selection, which they accepted mainly because of a desire to secure the health of the community and that of their own. They found the initial training useful and

effective in terms of providing them with the knowledge they needed and the motivation to work as vCHWs.

### **Factors motivating or de-motivating vCHWs**

*“I am working as a volunteer for my own benefit and that of my children, my family, my neighbors and community”*

25-year old female vCHW from Dejen, Amhara

To gain insight into the motivations of vCHWs, the study reviewed the reasons they gave for working as vCHWs and the benefits they expected to derive from the work. It found that the strongest reasons for working voluntarily were the desire to serve their community by promoting better health practices and protecting the health of their community

#### **Factors Motivating Volunteerism**

- Service and benefit to the community
- The desire to use knowledge gained from training
- Positive health outcomes as a motivating factor, i.e. better health, prevention of diseases in their communities, change in peoples’ attitudes and behaviors
- Improved personal and family health indicators
- The responsibility and validation given to them through selection
- Positive recognition by the community
- The possibility of further training, potential employment opportunities and the possibility of financial compensation
- Being seen as knowledgeable as this led to improved status
- Improved political status for some as they are given positions in associations and in government. Nomination and election by the community either at the *sub-kebele* or *kebele* levels

and that of their family. Responsibility and acceptance from the community were reasons for some to continue with their voluntary work. Regarding benefits to them, respondents mentioned gaining recognition, respect, and credibility, opportunities for learning and jobs, as well as stronger political status.

**“I am working as a volunteer for my own benefit and that of my children, my family, my neighbors and community.”**

Barriers or de-motivating factors were non-existent for some respondents, while some found their motivation

was reduced by community expectations that they were getting paid and their exclusion from paid involvement in polio campaigns. A few volunteers were discouraged by conflict between their household responsibilities and voluntary work.

### **The potential efficacy of NFIs in sustaining volunteerism**

Increased community recognition continues to play an important role in the motivation of community workers and there was further agreement that a more formal event to recognize, thank and award community workers, a motivational tool suggested by L10K framework, won the support of many of the respondents.

The inquiry into NFIs revealed that positive change in the health behavior and status of community members and the respondents’ families as well as the trust placed on them by the community were effective motivators.

Furthermore, the study showed the NFIs proposed by the L10K project would be potentially effective. These included mechanisms that recognize their work, support from HEWs in the form of ongoing mentoring, training and follow-up, certification, performance reviews, support by kebele and woreda leaders, rewards for successful communi-

ties and families, celebrations, and other identifying materials, as well as refreshments at meetings. Potentially useful incentives other than those in the project framework included feedback from the community, better instruction materials and media instruments, notebooks and pens, and support for strengthening the health and water-related infrastructure.

### ***The role of local institutions***

#### **L10K aims to engage community organizations in a more meaningful way so as to enable them to sustain the work of vCHWs**

The study found that *idirs*, churches and mosques played some role in facilitating the promotion of health actions but additional support from them in terms of encouragement, follow up and promotion of community acceptance was limited and needed strengthening. The supportive and motivational role played by youth and women's associations was even more limited, even though it has the potential to engage large numbers of constituents.

Although they are not community organizations per se, local government bodies possess significant authority that enables them to encourage community acceptance of positive health practices and to promote recognition of vCHWs. The role that the kebele and the woreda can play in this project cannot be underestimated. In many cases, the vCHWs themselves recognized that these administrative bodies and their involvement in the program provide the key to the sustainability of the impact of the Health Extension Program.

*"We want the kebele leadership to promote our work in the community. The community will accept what the leadership recommends because they have authority over the kebele. We would like them to introduce us to the community as vCHWs assigned to specific gots and to encourage them to accept what we tell them regarding health"*

40- year old male vCHW, Dejen, Amhara

## **RECOMMENDATIONS**

The study indicates a number of recommendations that can further strengthen motivation levels and sustain volunteerism among vCHWs:

- Provide sufficient orientation to communities regarding the significance of improved health practices and the role of vCHWs, including the voluntary nature of their work. This should preferably be done before they initiate their activities, with the participation of HEWs and kebele and woreda officials.
- Provide vCHWs with ongoing instruction and mentoring by HEWs and other health professionals, including effective ways of promoting health practices, in the context of monthly meetings, field visits and special training sessions.
- Assess and strengthen teaching materials to address diverse aspects of community health.
- Give special consideration to vCHWs and their certificates for current and future opportunities for personal advancement at the kebele or woreda level.
- Implement NFIs proposed by the L10K project and others suggested by this study. Evaluate their effectiveness in improving motivation and performance of vCHWs.
- Involve and train leaders of community anchors such as *idirs*, churches, mosques, youth and women's associations as well as kebele leaders, to support and motivate vCHWs in ways appropriate to their special attributes.

## **REFERENCE**

For the details of this study please see Amare, Y. (2010). Qualitative Study on Non-Financial Incentives for Voluntary Community Health Workers. Addis Ababa: JSI Research & Training Institute, Inc.

