L10K
The Last Ten Kilometers Project

NON-FINANCIAL INCENTIVES FOR VOLUNTARY COMMUNITY HEALTH WORKERS:

A QUALITIATIVE STUDY

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JSI Research & Training Institute, Inc.

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.

The Last Ten Kilometers Project
JSI Research & Training Institute, Inc.
PO Box 13898
Addis Ababa, Ethiopia
Phone: +251 11 662 0066
Tel: +251-11-6620066
Fax: +251-11-6630919
Email: wbetemariam@JSI-LTENK.org.et

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Yared Amare

GLOSSARY

Got	:	A component of the kebele (see below) administrative unit comprising of 40 to 50 households.
Idir	:	The local funeral association common in many parts of Ethiopia.
Kebele	:	The lowest level administrative unit in the country comprising of several hundred households.
Maheber	:	Local religious association that holds feasts on particular religious.
Woreda	:	The district-level administrative unit.

ACRONYMS

FGD	focus group discussion
HEW	health extension worker
HEP	health extension program
HIV	human immunodeficiency virus
HTP	harmful traditional practices
IDI	in-depth interview
L10K	Last Ten Kilometers Project
NFI	non-financial incentives
SNNPR	Southern Nations, Nationalities and Peoples Region
vCHW	voluntary Community Health Worker
WHB	Woreda Health Bureau

EXECUTIVE SUMMARY

Since 2005, the Government of Ethiopia has been implementing the Health Extension Program (HEP) to ensure universal coverage of primary health care services to the rural population. The mainstays of the program consist of the construction of a health post and deployment of female Health Extension Workers (HEWs). Part of the responsibility of HEWs is to train voluntary Community Health Workers (vCHWs) who are expected to adopt improved health practices and to serve as role models and sources of health information for others in their community.

The JSI Research & Training Institute, Inc. is implementing the Gates Foundation-funded Last 10 Kilometers (L10K) project which focuses on ways to mobilize families and communities to more fully engage with the HEP. Support for the sustained participation of vCHWs is one component of this approach. Within this component, the L10K project is exploring the potential of non-financial incentives (NFI) in strengthening volunteerism among vCHWs.

The project has adopted a conceptual framework that incorporates factors that are expected to affect the sustainability of volunteerism among community health workers. These factors include the motivations of vCHWs; aspects of the 'doability' of the vCHW role; potential barriers to motivating vCHWs; a proposed set of NFIs; and community anchors or local institutions which will support and promote the vCHWs in the community.

This qualitative study attempts to shed light on the potential efficacy of NFIs in sustaining volunteerism among community health workers. This objective necessitated the investigation of the motivations of vCHWs and the factors that influence them, including the 'doability' of their role and barriers or de-motivating factors. The study also assessed the effectiveness of non-financial incentives 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.

The investigation was conducted in the four regions in which the L10K project is being implemented – Oromia, Amhara, SNNPR, and Tigray. Two kebeles (local administrative units) were selected from one woreda (district) in each region to conduct the data collection. One focus group discussion (FGD) and two in-depth interviews (IDI) were conducted in each kebele for a total of 8 FGDs and 16 IDIs in the study.

The report first discusses aspects of the recruitment, training, and work of vCHWs that can affect their motivation levels. VCHWs 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 improve the health of the community and their own health. They found the training useful and effective in terms of providing them with the knowledge they needed and the motivation to work as vCHWs.

The work of vCHWs primarily consists of activities aimed at teaching the community about improved health practices and promoting latrine construction and ditch drainage. While th to their efforts was often characterized by initial resistance followed by gradual acceptance, all of the respondents were very positive about their work. Most of them also felt that their tasks were not difficult and that the expectations from them were clear. They were however divided on the adequacy of the family health booklet that they used to promote health. The monthly meetings and the work visits conducted by HEWs were important in strengthening their motivation and effectiveness.

To gain insights into the motivations of vCHWs, the study relied on the reasons they gave for working as vCHWs and the benefits they expected to derive. It found that the strongest reasons for their voluntary work

were related to the desire to serve their community by promoting better health practices and protecting the health of their community and that of their family. The responsibility and acceptance they had received from the community and the knowledge they had gained were reasons for others to continue with their voluntary work. Regarding benefits to themselves, respondents again commonly mentioned the maintenance of the community's and their own health, and acknowledged gaining recognition, respect, credibility, and opportunities to learn and train, as well as stronger political status or job possibilities in the case of some.

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. Only a few were discouraged by any conflict between their household responsibilities and voluntary work.

The inquiry into non-financial incentives again 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 same was true of the NFIs proposed by the L10K project. These comprised of events 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 communities and families, celebrations, uniforms and other identifying materials, as well as the provision of refreshments during their meetings. Potentially useful incentives other than those in the project framework were feedback from the community, better instruction materials and media instruments, notebooks and pens, and support for strengthening health and water-related infrastructure.

The study looked into the support that community anchors or local institutions provide to vCHWs. Funeral associations, churches, and mosques had some role in facilitating the transmission of health messages but additional support from them in terms of encouragement, follow up, and promotion of community acceptance was variable or limited and needed strengthening. Partly because of their recent establishment, the supportive and motivating role of youth and women's associations was even more limited, but has significant potential because of the access they can provide to their constituents. Although they are not community organizations per se, local government bodies possess the significant authority that enables them to encourage community acceptance of improved health practices and to promote recognition of vCHWs.

Based on the findings of the study, some recommendations were made regarding ways of sustaining volunteerism among community health workers. They were concerned with providing sufficient orientation to communities regarding health and the role of vCHWs; ongoing instruction and mentoring for vCHWs; strengthening teaching materials; giving special consideration to vCHWs for personal advancement; implementing NFIs proposed by the L10K project and others suggested by this study; and involving and training leaders of community anchors to support and motivate vCHWs.

INTRODUCTION

Since 2005, the Government of Ethiopia has been implementing the Health Extension Program (HEP) to ensure universal coverage of primary health care services to the rural population. The HEP has mainly involved the construction of a health post and deployment of two female Health Extension Workers (HEWs) in each kebele[1] in the country. Each HEW is expected to promote improved health practices among up to 500 households and to also offer them a few basic health services.

The HEWs provide services at the health posts but spend most of their time providing services through household visits and community outreach activities. The latter include training families to adopt desirable health practices and to serve as 'models' in their neighborhood, as well as organizing communities to participate in the activities promoted by the HEP. The HEP has also recently initiated the recruitment of voluntary Community Health Workers (vCHWs) in order to support and extend the reach of HEWs. VCHWs are community members who are selected from 'model' families to receive a few days training and continual mentoring by HEWs. They are then expected to engage in health promotion activities in their community.

To support the HEP of the Ethiopian Government, JSI Research & Training Institute, Inc. is implementing the Gates Foundation-funded Last Ten Kilometers (L10K) project in 115 *woreda*s in four regions of Ethiopia—Amhara, Oromiya, SNNP and Tigray—covering a population of about 13 million. The project's approach focuses on the mobilization of families and communities to more fully engage with government initiatives to improve household and community health practices. Its support for the sustained participation of vCHWs is a critical component of this approach. Since the vCHWs are not financially compensated for their work, the spirit of volunteerism is crucial. The L10K project is exploring the potential of non-financial incentives (NFI) in strengthening volunteerism among vCHWs with the view that such incentives can improve and sustain household health practices.

The project has adopted a conceptual framework to guide its NFI activities (see figure 1). The framework incorporates factors that are expected to affect the sustained volunteerism among community health workers necessary for attaining high levels of output in terms of health promotion activities and services as well as significantly improved health outcomes. These factors include the motivations of vCHWs; aspects of the 'doability' of the vCHW role; potential barriers to motivating vCHWs; a proposed set of NFIs; and community anchors or local institutions which are expected to support and promote the vCHWs in the community.

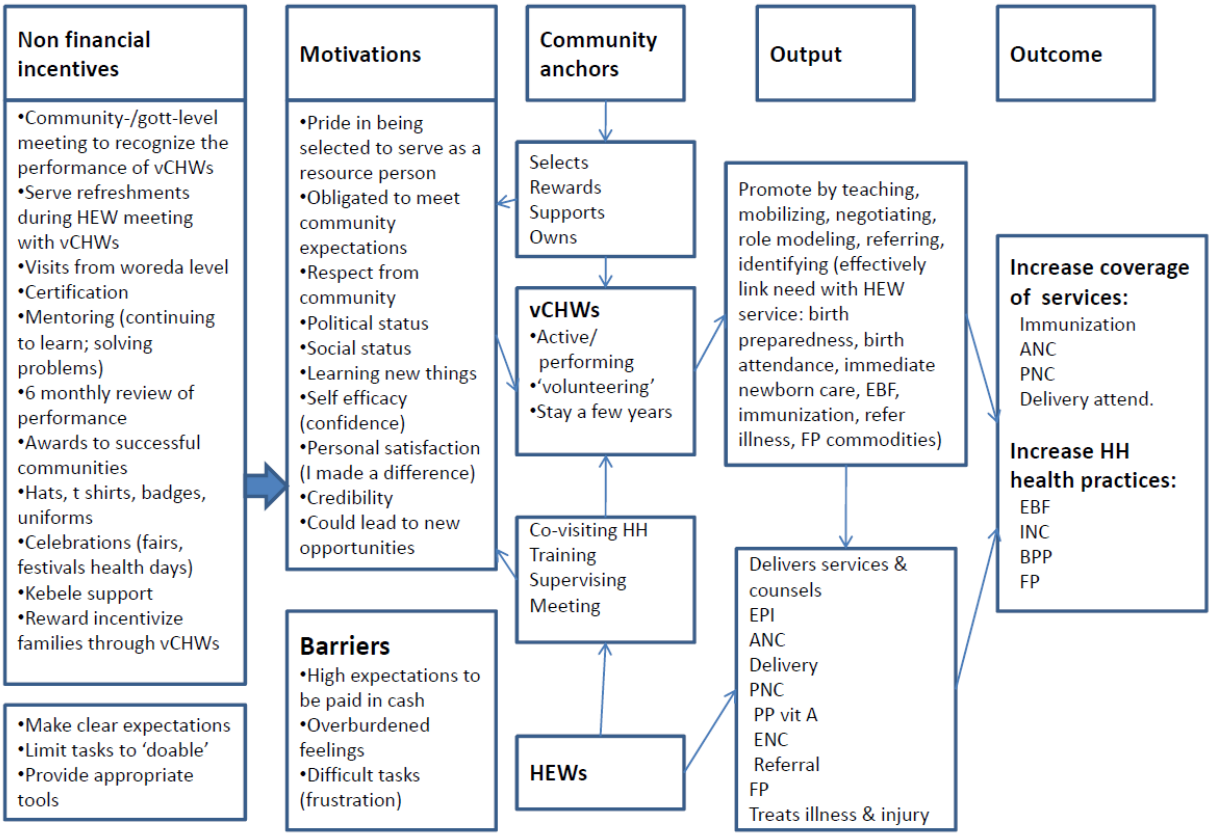
This qualitative study attempts to shed light on the potential efficacy of the set of NFIs proposed by the L10K project in sustaining volunteerism among community health workers. Thus this study was conducted to investigate the motivations of vCHWs and the factors that influence them. The study looked at the nature and impact of the mode of selection of vCHWs and their reaction to their selection, the training they have received, their attitudes toward and community responses to their work, and aspects of the 'doability' of their role. This investigation of the motivations of vCHWs included inquiries into their reasons for and perceived benefits to them of their voluntary work. Barriers or de-motivating factors were also explored in order to gain a holistic perspective on the factors that affect their motivation levels.

Such concerns provided the background for the main aim of the study which involved assessing the effectiveness of non-financial incentives proposed by the L10K project as well as others which may prove to be relevant. This component of the study investigated whether and how such NFIs would motivate vCHWs by inquiring into the extent to which they value the incentives and their rationale for their valuation.

[1] The lowest level of administrative unit in the country.

Finally, the study explored the potential effectiveness of community anchors in sustaining volunteerism among community health workers. The project considers community anchors to be local institutions that can provide vCHWs with the support and community recognition and access that are critical in allowing them to attain their goals and keeping them motivated. The study therefore incorporated discussions with vCHWs regarding the previous and potential role of various local institutions such as funeral associations, churches, mosques, youth and women's associations, as well as local administrative bodies in serving as community anchors for them.

Figure 1: A non-financial incentive framework to improve health outcomes



RESEARCH QUESTIONS

1) Are the expected roles of the vCHWs 'doable'?

2) What are the motivational factors (or the incentives) for the vCHWs to perform their expected role? In other words, a) are the motivational factors listed in the framework valid? And, b) are there any other motivational factors not listed in the framework?

3) Are community anchors effective to sustain volunteerism?

4) Will the vCHWs value the incentives proposed by the L10K project? Are there other non-financial incentives that could motivate the vCHWs? What is the final list of non-financial incentives that L10K should test?

5) How will (what is the mechanism or, what is the conceptual framework) the non-financial incentives motivate the vCHWs?

RESEARCH METHODS

The investigation was conducted in the 4 regions in which the L10K project is being implemented – Oromia, Amhara, Southern Nations Nationalities and People's Region (SNNPR) and Tigray. One woreda[2] was selected from each region, for a total of four study woredas. These were Goma woreda in Oromia, Dejen woreda in Amhara, Dilla Zuria woreda in SNNPR and Laelay Maichew woreda in Tigray. Two kebeles were also selected from each woreda on the basis of program history and logistical accessibility to implement the data collection.

Focus group discussions (FGDs) and in-depth interviews (IDIs) with vCHWs were used to carry out this qualitative investigation. One FGD and two IDIs were conducted in each of the two kebeles selected from a study woreda. A total of 8 FGDs and 16 IDIs were conducted in the study therefore. Four research assistants experienced in qualitative interviewing carried out the data collection and transcription for the study.

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 was then synthesized and written up as sections of this report. Particularly expressive and programmatically meaningful comments made by respondents were extracted to be used as quotes in the report.

STUDY FINDINGS

VCHW Selection

The way in which a vCHW is selected and their initial reactions to their selection can condition their motivation to continue working as volunteers. VCHWs in most of the study kebeles were selected and trained in the spring or summer of 2009, and therefore had worked as volunteers for only several months when the study was conducted. In some of the kebeles, vCHWs had already been working as volunteers for a number of years before they were incorporated into the current vCHW program.

[2] District administration.

The general mode of selecting vCHWs involved nomination and election by the community either at the *got*[3] or kebele levels on the basis of traits such as literacy, communication skills, and credibility or previous role as a volunteer health worker. This had the benefit of endowing the volunteers with the community acceptance and sense of responsibility that came with being elected. In a process that deviated from the prescription of the HEP and the L10K strategy, HEWs in Amhara Region selected some potential vCHWs on the basis of model family or previous volunteer status, for approval by the community. Alternatively, a few vCHWs in Amhara and Tigray were merely identified by HEWs or the *got* council and confirmed by the kebele or woreda administrations. This may have been a way of meeting a quota that had not been attained through the community elections.

The extent to which health issues were discussed during the community elections may have influenced awareness and acceptance of vCHWs. The elections were held in meetings concerned with either general community development or health. In the kebeles in Oromia and SNNPR, substantial attention was given to orienting participants on community health and the future role of vCHWs.

The initial reaction of those who were selected to become vCHWs was generally positive. Most said that they were happy to be selected either because they were chosen by their community as worthy of the role or because they wanted to serve or teach their community regarding health. The opportunity to learn about health was also appreciated by some. In Hatsebo kebele, Laelay Maichew woreda in Tigray, where the got council or kebele administration selected candidates, some of them were apprehensive until they got involved in the training. A couple of candidates in other sites were initially reluctant but later became comfortable with their role as volunteers.

In a related sense, the reason for accepting their role as volunteers for the overwhelming majority of vCHWs was also their desire to help members of their community maintain their health or to protect them against disease. This included a strong interest in hygiene and sanitation for some. Others reported that they took up their role because they wanted to keep themselves or their family healthy. A couple of respondents mentioned the link between community health and their own well-being as a reason for accepting volunteer work. The faith that their community put in them was enough of a reason, according to some respondents in a kebele in SNNP.

Volunteer Community Health Workers are taught to map their community and track pregnancies and children in the households they visit.

Training to become a vCHW

CHW training takes place soon after their selection. Most of the vCHWs who were interviewed in this study were trained by HEWs in their got or kebele. Those in Tigray and SNNPR also received training from Woreda Health Bureau (WHB) staff at the woreda center as well as by an NGO in the latter region. The trainings at the kebele level mostly lasted from 3 to 4 days, either consecutively or over several weeks. In Kurar kebele in Amhara, it was only the vCHWs that were recruited four years ago who had received a three day training, whereas newly recruited ones had only received a one-day orientation. In Tigray and SNNPR, vCHWs had been trained for three to five days by WHB staff and then by HEWs, sometimes followed by continued training in their monthly meetings with HEWs.

[3] A component of the kebele administration comprising of around 40 to 50 households.

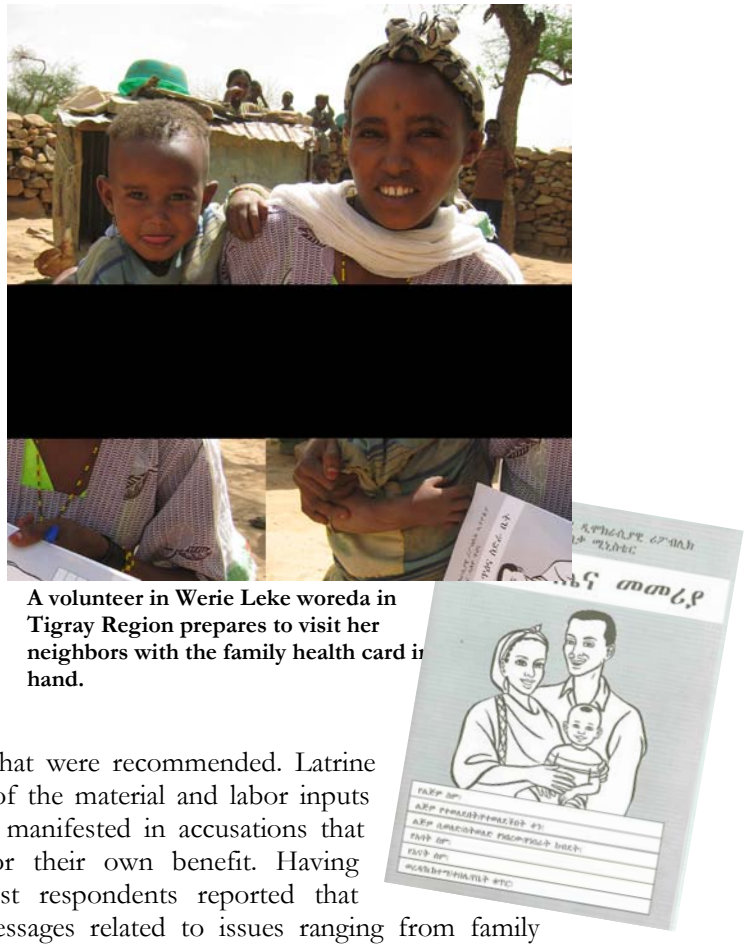
The training given to the vCHWs is mainly focused on maternal and child health—including ANC, birth preparedness, newborn care, breastfeeding, immunization, child feeding and family planning—hygiene and sanitation, and malaria prevention. Respondents in Amhara mentioned the attention given to improved stoves, shelves and beds. In Oromia and SNNP, harmful traditional practices (HTPs) and HIV&AIDS were addressed as well.

Most respondents said they found the training useful and effective in terms of providing them with the knowledge they needed to work as vCHWs, as well as ways of approaching families. There was agreement among them that the training they received was also important in motivating them for voluntary work on health. For many of them, it was the knowledge that they gained and the attention given to community health that they found to be very motivating. On the other hand, the training motivated some of them to adopt improved health practices themselves and to maintain their health. In this regard, a 42-year old male household head in Goma woreda, Oromia, said:

> The training was very fruitful. I had had four children before the training and had my fifth one after. I requested an ambulance when my wife was about to deliver. I had her taken to the health center where health workers helped her give birth. The baby then breastfed fully on the first milk. Now the healthy condition of my child has become a good model for my community.

The work of vCHWs

According to respondents, the main activity of vCHWs is to transmit key health messages to families around them—on average around 25 households. As indicated above, these key health messages are concerned with aspects of MCH including ANC, tetanus toxoid vaccination, birth preparedness, newborn care, breastfeeding and child nutrition, immunization, family planning; hygiene and sanitation, clean water, malaria and HIV prevention and reducing HTPs. They usually use a family health booklet to convey such messages to family members through house-to-house visits, but also at coffee drinking events, water collection points, church meetings, *mahebers* [4], *idirs*[5] , and kebele or women's association meetings. In addition, vCHWs mobilized households and communities to build latrines and drainage channels.



A volunteer in Werie Leke woreda in Tigray Region prepares to visit her neighbors with the family health card in hand.

Community responses to vCHW activities have often been characterized by initial resistance to health messages or recommended practices followed by gradual acceptance. The rate at which improved health practices were adopted varied among different households and depending on the types of practices that were recommended. Latrine construction faced the most resistance partly because of the material and labor inputs that it requires. Community resistance was sometimes manifested in accusations that vCHWs were engaged in what they were doing for their own benefit. Having encountered varying responses to their efforts, most respondents reported that community members were now receptive to their messages related to issues ranging from family

[4] Religious associations, which hold feasts on particular religious holidays.
[5] Funeral insurance/association.

planning and child health to ANC improved stoves.

Volunteers' perceptions regarding the purpose and nature of their work are important in keeping them motivated as volunteers. VCHWs in different sites said they believe the purpose of their work is to impart the knowledge they had gained regarding health to members of their community. They thought that their aim is also to help their community adopt improved health practices and remain healthy.

The vCHWs interviewed in the study all expressed very positive attitudes about their work. This is because they felt they were engaged in protecting their community from disease. Their positive perceptions of their work were reinforced by the positive changes they saw in their communities. A 40-year old married woman in Goma *woreda*, Oromia Region, said:

> A lot of mental and spiritual satisfaction comes from voluntary work. We benefit when the community benefits. Health comes before everything. Our area used to be prone to malaria when there was a lot of swampy ground around us. But since we drained much of it, our community is not as vulnerable to malaria or other infectious diseases. The information provided by volunteers has strengthened community awareness. I therefore value the work that we are doing.

'Doability' of the vCHW role

The 'doability' of tasks vCHWs are expected to carry out affects not only performance levels but also the extent to which motivation levels can be sustained across time. Most respondents reported that the tasks they were given, such as the transmission of health messages, were not difficult to accomplish. There was substantial agreement that expectations from them were clear. The amount of time they needed to devote to their voluntary work was also generally limited. There were some study participants though who said that community resistance and failure to accept their messages sometimes made their work challenging. This was especially the case with their attempts to promote latrine construction. One of them also mentioned that the failure of community members to be on time for appointments was especially frustrating.

The 'doability' of their work is also influenced by the availability of appropriate tools, which mainly consisted of a booklet on family health. Respondents were divided between those who felt that the booklet was adequate in helping them convey health messages, and those felt that they needed more and better teaching materials which covered even more health topics. One of the respondents also added that they needed notebooks, pens and bags.

The lack or shortage of inputs for latrine construction was one of the factors that reduced the 'doability' of this aspect of their work, according to some respondents. They pointed to lack of access to inputs like cement, iron sheets and rods, toilet covers and faucets for hand washing equipment. A few indicated that assistance with these items would facilitate their work.

The monthly meetings that vCHWs had with HEWs were generally considered constructive. These meetings were usually concerned with reviews of the accomplishments of vCHWs in the previous weeks with respect to tasks such as latrine construction, numbers of children and mothers encouraged to utilize health services, and other health promotion activities. Such reviews reportedly played a role in motivating and sustaining the commitment of vCHWs to their work. In the study sites in SNNPR, the additional attention to providing continual instruction on health issues such as malaria and HIV was found to be even more motivating and supportive.

Respondents also appreciated the visits that HEWs made to the localities that vCHWs worked with which allowed the HEWs to follow-up on their work, provide advice, treat illnesses, and garner support and feedback from the community. The frequency of visits that HEWs made to vCHWs' sites of operation was greatly variable however, and some respondents felt that such work visits should be strengthened.

Motivations of vCHWs

Efforts to design non-financial incentives aimed at strengthening the motivation of vCHWs benefit from a fuller understanding of the factors that are motivating them to work as volunteers in the first place. One of the aims of the study was therefore to investigate these motivational factors. The approach taken to achieve this aim was to discuss with study participants the reasons for working as vCHWs and the benefits they expected to derive from their volunteer work.

Focus group discussions and in-depth interviews with study participants revealed that the reasons for working as vCHWs primarily stemmed from a desire to serve or benefit their community. A number of respondents expressed this as a desire to use the knowledge they had gained about health to teach or inform members of their community. Others said that they engaged in such activities in order to bring about change or improvements in their community which could include promoting adoption of better health practices, especially hygiene.

A fair proportion of respondents, on the other hand, focused on the final outcome – better health and prevention of disease in their community – as an important motivation for their involvement as vCHWs. For some of them, this included protection of their own health and that of their families, as expressed by a 25 year old female vCHW in Chichu kebele of Dejen woreda, Amhara, who said 'I am working as a volunteer for my own benefit and that of my children, my family, my neighbors and community'.

In a somewhat different sense, the responsibility given to vCHWs by the community which had elected them was an important motivation for some volunteers. A few also found the high level of community acceptance for themselves and their messages as reason enough to continue working as vCHWs. Finally, there were also vCHWs who were very motivated by the knowledge they had gained and the improved health practices they were able to adopt since their involvement as volunteers.

The study also inquired into the benefits respondents felt they themselves derived from their involvement as vCHWs. Such inquiries were made both in an open-ended fashion and by prompting respondents using specific motivations suggested in the L10K project's NFI framework. Interestingly, a common response to open-ended queries into perceived benefits derived by vCHWs again focused on the maintenance of community health. Respondents saw the attainment of improved health practices and better health in their community as a benefit to themselves. As said by a female vCHW from Laelay Maichew *woreda* in Tigray and a male vCHW from Goma *woreda*, Oromia:.

> We do not get any personal benefits. The benefit we get is when the community stays healthy. It is when babies and mothers stay healthy after getting vaccinated that we benefit.
>
> 37-year-old divorced woman, illiterate, Tigray

> I am very happy when I teach the community and bring about change using the little knowledge I have gained. Health is everything. I benefit a lot when my community achieves better health because I will also be a victim when the community is attacked by disease. Therefore, when the community is benefiting from more education, I benefit.
>
> 42-year-old married man, 6th grade education, Oromia

A more personal but also commonly perceived benefit of involvement in voluntary work was the knowledge and improved health behavior that vCHWs had gained. According to respondents, the improved health practices they had been able to adopt included family planning and hygiene and sanitary practices. The improved health outcomes such as birth spacing and better child health they were able to attain as a result were also seen as important benefits by a number of respondents. For example, a female respondent from Subshengo *kebele* in Dejen *woreda*, Amhara, said:

> I have benefited a lot from spacing my births. Before I received this education, I had my second child only two years and a half after my first one. After my training, I went to Bichena to get a long-term contraceptive and only had my next child after seven years. Now, I do not want to have more than the four children I already have. I want to raise them hygienically, providing them with good clothes and shoes, so that they will learn well and become successful.
>
> 34-year-old married woman, 8th grade education, Amhara

Other benefits that were mentioned by respondents (without being prompted on specific issues) were increased recognition in the community, the possibility of getting future training, prizes and employment, and financial compensation for involvement in polio vaccination campaigns. Respondents also generally affirmed the motivations suggested in the L10K project's NFI framework as ones that were relevant to them. Thus, many respondents agreed that they felt pride in being selected by their community for the vCHW role. Some of the reasons they felt proud were because their selection meant that their community appreciated them and gave them the responsibility to teach about health.

Respondents also agreed that their recognition in their community had increased since they became vCHWs in that they were more well-known and accepted. They valued their increased recognition which could therefore be considered a valid motivation for this type of voluntary work. As a 19-year-old unmarried woman from Dejen woreda in Amhara Region put it, 'It gives me spiritual satisfaction when I gain greater acceptance after teaching my community'.

Their involvement as vCHWs also gave them more respect in their community, according to a number of respondents. Different respondents said that people took them more seriously, considered them knowledgeable, or were eager to listen to them talk about health. A female vCHW in Gola kebele of Dilla Zuria *woreda* in SNNP explained:

> The community respects me very much. They receive me and listen to me with respect saying that I give them good information. Older men give me a lot of respect as well for educating mothers. Women put off their work or a market trip to listen to us. This is very beneficial and pleasing to me.
>
> 23-year-old mother of two, 8th grade education, SNNP

Study participants believed that their credibility within their respective communities had increased as well. People were more willing to listen to their messages and implement their recommendations with respect to such improved health practices as building latrines, which they found gratifying. A vCHW in Oromia region who said that those who formerly considered him youthful now treated him as an older person who should be listened to. A female vCHW in Hatsebo kebele, in Laelay Maichew woreda, Tigray described the strengthened credibility she had by saying, 'They listen to me when I teach them on the basis of my training. I have credibility. Everyone knows me. They call me 'doctor' when I go around teaching.'

On the other hand, the impact of voluntary work on the political status of vCHWs appeared to be more variable. For some, it did not appear to have any impact at all. Others reported experiencing enhancement of their political status in the form of positions they had attained in local associations and government. As a direct result of being a vCHW, a man in Tigray Region had become secretary of the youth association whereas a man in SNNP site had attained a position in the organizational and development committees in his kebele. A woman in a different kebele in SNNP expected that her work as a vCHW would help her advance politically in the future.

The opportunity to learn through their involvement as vCHWs was widely acknowledged by respondents. They reported that they had been able to learn about diverse aspects of maternal and child health such as

immediate breastfeeding, benefits of colostrums, delayed bathing of newborns, family planning, hygiene, latrine construction, and improved sofas and beds. They valued this new-found knowledge which they believed would help them better take care of their own children, space their births, and educate others in their community. A 32-year-old father of six in Dilla Zuria woreda, SNNPR, said that his involvement as a vCHW motivated him to resume his formal education.

On the possibility of other opportunities that could be opened up by their current voluntary role, a fair number of the vCHWs hoped or expected that being a volunteer would lead to job or training possibilities. Possible job opportunities included those in the health field or in cleaning or records units in woreda offices.

Barriers to motivating vCHWs

The understanding of how vCHWs remain motivated calls for an investigation of the factors that act as barriers to the motivation of vCHWs. In response to open-ended inquiries on this issue, a number of respondents denied the presence of any factors that reduce their motivation for voluntary work. On the other hand, another substantial group of respondents stated that the failure of the community to accept or implement the health messages on such issues as latrine construction, immunization, and use of malaria nets was initially a bit discouraging but did not necessarily reduce their motivation. Respondents claimed that they continued with their work despite their initial discouragement until the community resistance they initially faced dissipated.

What seemed to have a particularly adverse impact on the motivation of some vCHWs were community perceptions that they were being paid for their work and that they therefore were primarily motivated by self-interest. Secondly, the exclusion from involvement in polio campaigns along with their per diem payments turned out to be very discouraging for some vCHWs. The 25-year-old female respondent in Dilla Zuria woreda, SNNPR, said for instance, 'They do not let us work in the polio campaign which angers me very much. Despite our efforts in going from house-to-house, it is other people who have not even been trained who are involved. It bothers me a lot. It really strains our motivation for this work.'

The lack of payment for their voluntary work did not reduce their motivation, according to most respondents. This is because they had been told not to expect any payment from the outset, they were more interested in contributing to their community or the work was not too demanding. There were some who would appreciate getting some financial compensation although they would continue with their voluntary work despite the lack of it. Per diems for training or involvement in polio campaigns were suggested forms of compensation as well.

The difficulty of changing people's health-related behavior has the potential to test the motivation of vCHWs. Respondents reported that they faced initial resistance to changing practices such as female circumcision and cutting of tonsils, or to using health services. However, such forms of resistance have declined with time and although challenging at first, respondents said, did not reduce their motivation.

It would also be hard for vCHWs to remain motivated if they lack community support. Most respondents who addressed this issue however reported that community acceptance and support for vCHWs and their work is strong and growing. They were more divided in their opinions regarding the level of support given to their work by kebele leaders however. While some in SNNP and Oromia said that they received sufficient kebele support, other respondents felt they needed more support for their work from kebele leaders, which would facilitate their work and further motivate them as well.

Conflict between their community work and domestic or agricultural responsibilities can frustrate and reduce the motivation of vCHWs. However, the majority of study participants said that this type of conflict was either non-existent or minimal because they were able to program their community activities or because of the limited amount of time taken by these activities. There were some respondents who reported some conflict between their voluntary work and their farm, marketing, and child care activities, which they felt had

a negative impact on their motivation for voluntary work. One of them for instance, a woman in one of the kebeles in Goma woreda, Oromia explained:

> We have much domestic work. The cost of living is also very high at present. We experience a lot of anxiety therefore. Child care takes a lot of time. It is especially difficult when community members fail to be on time for our appointments. It is very irritating and reduces our desire for this work.
>
> 25-year-old mother of 2 children, 8th grade, Oromia

Non-Financial Incentives (NFIs)

In addition to the motivations of vCHWs that were discussed above, the study also explored the types and potential of incentives that could be utilized to sustain motivation levels. The approach taken for this purpose was to discuss with vCHWs what they understood were factors that had encouraged and would encourage them in their voluntary work. With regard to factors that would encourage them in the future, inquiries were made in both an open-ended fashion and by probing with the non-financial incentives proposed by the L10K project.

Given what the study found out about the motivations of vCHWs, it is not surprising that open-ended inquiries into factors that had and would encourage them in their work revealed that many respondents were incentivized by positive change in the health behavior and status of community members in response to the health messages that vCHWs delivered. Some of the changes in health behavior that they felt were encouraging included the adoption of hygienic and sanitary practices, improved stoves and furniture, and immunization. Positive health outcomes that were considered motivating were absence of disease in children and other community members, birth spacing and safe deliveries. Some respondents were also encouraged to continue their work by the improvements in health practices and conditions they saw in their own families.

The faith and responsibility placed on them by the community was also considered an incentive by some vCHWs. One of those from Goma woreda, Oromia, spoke of how the promise they made to serve the community continued to motivate her in her work. The community recognition they were able to garner provided an incentive to continue carrying out their work for a number of respondents. For instance, a 40 year old mother of 7 children in Tigray said: '*When the community is satisfied and says that 'she is serving us because she is a good person' and gives me respect, I will continue [with my work]*.'

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

Increased community recognition was therefore likely to enhance community acceptance of their work and further motivate them, according to some vCHWs. They agreed that an event organized to recognize their work or thank them in front of their community – a form of NFI proposed by the L10K project – would strengthen their motivation. The 23 year old mother of two in Gola kebele of Dilla Zuria woreda in SNNPR described its potential impact by saying 'If we are recognized and thanked in front of the community, it would motivate us to work even more.' Another woman in Hatsebo kebele from Laelay Maichew woreda in Tigray also said:

> If the administration] says that I have brought enlightenment to the community and saved it from disease in the presence of the community, we would be well-received and accepted when we go on home visits. If we are also awarded in front of the community, I would feel honored.
>
> 40-year-old mother of 7 children, illiterate, Tigray

Although it was not one of the NFIs proposed by the L10K project, the motivating potential of feedback from the community was explored as well. Most of the vCHWs who responded to this inquiry felt that it had been and would be encouraging to get feedback from the community regarding their work. This is because it would allow the community to express its appreciation for their work and help them identify weaknesses in their work. A couple of vCHWs however, reported that the opinions they had received from the community so far consisted of objections to or requests for aid in exchange for the construction of latrines, and were therefore not very encouraging.

The support that was or could be provided by HEWs was thought to be an important incentive for vCHWs. In various study sites, the ongoing instruction, follow-up, and monitoring provided by HEWs was said to be very motivating. Their presence in the community alongside vCHWs not only encouraged but also enhanced the acceptance of the messages transmitted by vCHWs such as those related to immunization. Quite a few respondents however said that they would be even further motivated by strengthened visits and instruction from HEWs and consultations with them.

On the role of mentoring as an incentive specifically, a number of respondents believed that continued learning, from HEWs mainly but also from woreda staff, has a positive impact on their motivation levels. While a vCHW in one of the sites in the SNNPR appreciated the mentoring regularly provided by the HEW including on ways of approaching community members, another one in Tigray called for similar training on issues such as family planning and safe delivery. A female vCHW in Amhara, on the other hand, spoke of how the mentoring she received motivated her by addressing some of the problems she faced in her work such as resistance to immunization.

While mentoring could include general counseling and consultation as they are doing their work, many vCHWs also expressed a desire for ongoing structured training to be given by HEWs mainly, both on their own initiative and in response to specific probes on the issue. Such training, they felt would enhance their knowledge and motivation, which would in turn strengthen their effectiveness in their work. As a forty year old married woman in Goma woreda, Oromia said, 'It would motivate us a lot if we could be educated and trained in a wider and more in-depth fashion. We could give better knowledge to the community.' This training would cover specific health issues but also on ways of approaching families as well as practical methods.

The potential of giving vCHWs some form of certification as an incentive was explored as well. Almost all respondents who were questioned on the matter agreed that it would be an effective incentive in their work. Receiving a certificate would be very encouraging mainly because it would signify recognition of the work they have done. For one vCHW in Tigray, it would indicate to others that he was knowledgeable on health matters. Others who had received a certificate for their work on immunization, family planning or latrine construction found it motivating, also because it meant that they could expect to get more recognition in the future or because it enhanced their acceptance in the community. The 23-year old female vCHW in one of the kebeles from Dilla Zuria woreda in SNNP said this regarding the certificate she had received:

> The health extension workers gave me a certificate in 2008 as a model on health issues. This has facilitated my work because it was given to me in the presence of the community. It is therefore very pleasing. The community is very receptive to us when we make house visits.
>
> Married mother of two children, 8th grade, SNNPR

There was general agreement that reviews or evaluations of their performance served as a good incentive for vCHWs. It appears to be a common practice for HEWs to review the performance of vCHWs on such indicators as numbers of children vaccinated, women attending ANC and latrines constructed. Respondents claimed that such reviews were motivating because they allowed recognition of their achievements or superior performance, created a sense of competition and helped identify shortcomings. Some of them also believed that future reviews by HEWs and the community would allow them to assess how vCHWs were performing relative to plans and community expectations and would therefore strengthen vCHWs' motivation and initiative.

Community festivals engage and honor voluntary community Health Workers, increasing their visibility in the community as well as their motivation to continue volunteering.

Support by the *kebele* administration is crucial in facilitating their work and motivating them, according to a significant number of respondents. They reported how the *kebele* administration was supporting them by addressing health issues or giving them time to do so in community meetings. The 19-year old woman from Dejen *woreda* in Amhara said 'The education given by the *kebele* increases our acceptance in the community. Our grandparents tell us that they heard our messages from the *kebele*. This encourages us.' Kebele leaders were also known to follow up on the activities of vCHWs and arrange for them to be awarded by woreda officials. Others felt that such support was lacking or weak and could be strengthened. Types of kebele support that were thought to be desirable in the future included promoting vCHWs and their work among the community and obtaining the support of community groups.

Similarly, visits by woreda officials were thought to be quite encouraging. Respondents in one of the study *kebeles* in SNNP spoke of how they were motivated by the attention and appreciation given by woreda officials who have visited them as frequently as twice a month. A vCHW in Tigray however claimed that regional and *woreda* officials mainly pointed out what had not been done during their visits and were therefore not very encouraging. On the other hand, other respondents in Amhara, Oromia and SNNPR said that they would be very encouraged if they could get visits, training or certificates from such officials. Those in Tigray stressed that it would be greatly beneficial if *Woreda* Health Bureau (WHB) officials informed the community that vCHWs were working for free because assumptions that they were getting paid were reducing community acceptance for them.

The proposals to reward communities successful in implementing health messages and to reward families through vCHWs were considered potentially effective incentives by a number of respondents partly because it would facilitate their work both by inspiring and creating a sense of competition between communities and families. Secondly, they would represent recognition of the work and achievements of vCHWs. The 40-year old woman in Hatsebo *woreda*, Tigray, explained, 'Let alone my own *got*, it would energize me if the whole *kebele* is awarded. It would mean that I have done good work and that the community is accepting my messages. It would motivate me in my work.' Similarly, the 23 year old mother of two children in Dilla Zuria *woreda*, SNNP, said, 'Families who are rewarded for showing improvements would improve even more. It would show the results of my work, encourage me and make my work easier.'

Study participants also believed that celebrations that could be held in the community would be beneficial in promoting health and motivating vCHWs. Such celebrations would focus on health themes and allow transmission of health messages. The recognition and awarding of vCHWs during celebratory days would also be a strong motivator.

Given the importance that respondents gave to their effectiveness as health promoters in motivating them, it can be expected that anything that strengthens their effectiveness in this respect would also be considered a significant incentive. Indeed, respondents frequently requested more and better booklets to help them teach more effectively, but also posters, and even loudspeakers, tapes and TVs, especially in SNNPR. The provision of notebooks and pens for the purpose of keeping records and appointments was also repeatedly mentioned.

Study findings showed vCHWs would be happy to get uniforms and other identifying materials. Such items would allow the community to recognize vCHWs as they made house visits and increase their acceptability and their messages. They were especially useful in approaching women who would often not be attending the *kebele* meetings in which the vCHWs were introduced to the community.

Different respondents suggested the provision of uniforms, hats, t-shirts and badges with logos on them, as well as shoes and umbrellas. They also expressed preferences regarding the color of uniforms, e.g. blue uniforms and yellow t-shirts, and types of wear such as white coats, aprons or dresses for women.

Most respondents indicated that refreshments served during meetings of HEWs and vCHWs would be welcome. Refreshments would be stimulating, reduce fatigue, and encourage extended discussion as well as attendance of meetings. For a couple of respondents however, refreshments were fine but not as important as the lessons they could get at such meetings for instance.

Other items that were mentioned as potentially effective incentives were assistance to strengthen community infrastructure including water protection and health post construction, as well the provision of inputs for latrine construction. These were expected to enhance the acceptance of vCHWs. The provision of health care to vCHWs was also an interesting suggestion made in one of the focus group discussions.

Although the investigation and the discussion above has focused on non-financial incentives for vCHWs, it has to be mentioned that a few respondents did call for financial compensation as a motivator. This could be in the form of small payments 'for soap' and per diems during training or polio campaigns.

Community anchors

Community support is essential in ensuring the sustainability of community-based health interventions. With this in mind, the L10K project intends to engage community anchors or local institutions in providing support for vCHWs in order to facilitate their work and sustain their motivation levels. This study looked at previous and potential forms of support that have or can be provided to vCHWs by community anchors such as *idirs* or funeral associations, churches, mosques, youth and women's associations, as well as the kebele administration, from the perspective of vCHWs themselves.

Idirs in the various communities included in this study supported vCHWs mainly by helping them transmit health messages during their meetings. *Idirs* in the study communities in Amhara and SNNPR allowed vCHWs to speak to their members on various health meetings while *idirs* leaders in Oromia as well as Amhara addressed health issues themselves or bolstered the messages of vCHWs. A 30-year old male respondent in one of the study *kebeles* in Amhara said, 'The *idir* leaders arrange for us to speak. After we have spoken, *idir* leaders and elders reinforce what we have talked about.' *Idirs* were said to be uncommon in the study sites in Tigray however.

Another way in which *idirs* in Amhara and Oromia provided support to vCHWs was by monitoring the implementation of health initiatives they recommend and pressuring or warning members who fell short. For the future, respondents in study sites in Amhara and Oromia suggested that *idirs* could have a role in promoting community recognition of vCHWs or arranging celebrations in collaboration with other community institutions.

The church was the other local institution that had some role in supporting vCHWs. In Amhara, priests gave their support by speaking on health issues such as latrine construction, sanitation, and the consequences of early marriage and multiple partners. In Tigray, vCHWs were able to talk about health at the end of mass, but through the support of the kebele rather than the church itself. VCHWs in Tigray also addressed health issues at *mahebers* either themselves or through their priests. Churches in the SNNPR were even more supportive. They encouraged and prayed for the success of vCHWs in addition to allowing them to speak during church meetings.

Respondents in the Tigray and SNNPR felt that the church could have a strong role in dissemination of health messages, following up on vCHWs or promoting them in the community. A female respondent in Laelay Maichew woreda in Tigray said, 'If church leaders tell the community that we will be talking about health during their sermon, people will stay and listen to us which will be encouraging for us.'

In the study sites in Goma *woreda*, Oromia, where the population is Muslim, respondents spoke of how sheiks reinforced their messages on hygiene during Friday prayers. In one site, vCHWs themselves were able to speak at the mosque at this time. VCHWs in one of the study kebeles were also planning to teach about health on Islamic holidays when a lot of people congregate. Sheiks in both study kebeles have also been generally supportive of vCHWs in their work. A 34-year old male respondent explained, 'Our promotion of hand washing after the use of latrines has won us the appreciation of the sheiks because it is in agreement with Islam. This has encouraged us.'

In addition to the traditional institutions described above, vCHWs can gain access to and acceptance of youth and women through their respective associations established by the government. This is important because it is mostly men who are represented in *idir* and *kebele* meetings. The findings of this study indicate that the role of youth and women's associations in supporting vCHWs has been limited so far, possibly because of their relatively short existence and the priority they give to other issues. It was only the respondents in SNNPR that reported the provision of some support by youth associations such as providing them with moral support and allowing them to talk about health issues at weekly soccer games. They also felt that such associations could play a future role in encouraging vCHWs.

Women's associations in the study sites in Goma *woreda*, Oromia, supported vCHWs by encouraging them and allowing them to talk to gatherings of women about health. In SNNPR, although the women's associations were said not to be very supportive, a 25 year old female respondents pointed out that 'In some meetings held for women, we teach them to wash their clothes, to keep their hygiene and to space their births.' Women's associations in Amhara and Tigray apparently have not provided much support to vCHWs either. These associations could have a useful future role in reaching women and following up on vCHWs however, as indicated by the comments of respondents in Tigray and SNNPR.

There were other community groups that provided some support to vCHWs and their work. A youth club in one of the Amhara sites prepared parents' day in which dramas and poems addressed HIV/AIDS issues and HTPs. Schools were a source of support in the same region in that teachers gave moral support to vCHWs and promoted latrine construction, while students often encouraged their parents to accept health messages from vCHWs. NGOs in SNNPR trained, provided megaphones to and organized events with vCHWs.

Although it is a government body, respondents in all study sites gave a lot of weight to the kebele administration in successfully anchoring vCHWs and their work in the community. Kebele leaders were

known to pressure or even force community members to implement health practices recommended by vCHWs such as immunization, latrine construction and drainage of ditches. In Goma woreda, Oromia, they instructed *idirs* to facilitate implementing such practices in addition to supporting and following up on the work of vCHWs. In the same woreda, vCHWs were allowed to speak about health in kebele meetings, while the kebele in Laelay Maichew woreda, Tigray, arranged for vCHWs to give health talks after mass at church. It was the kebele leadership that followed up on their work and replaced drop-outs in Dejen woreda, Amhara.

The kebele could have a strong role in promoting health messages in the future as well, according to respondents in Amhara, Tigray and SNNPR. They also stressed that the kebele administration could significantly enhance their community acceptance and motivation by introducing and recognizing them and their work in front of the community. A male vCHW in Dejen woreda, Amhara, underlined this by saying:

> 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, 4 children, 7th grade.

It would be helpful if the kebele leaders are aware of health issues according to a 47 year old female respondent in Laelay Maichew woreda in Tigray, who said, 'The community trusts the kebele administration which has a lot of credibility. If the administrators are informed about health and they transmit the messages to the community, our work would be successful.'

The potentially important support of woreda officials was also stressed by respondents in Tigray and Oromia. This included their role in ensuring the support of the kebele administration, religious leaders and women's associations, and providing encouragement and follow-up to vCHWs.

CONCLUSION

One of the planned initiatives in the L10K project is to develop and utilize non-financial incentives to motivate vCHWs and sustain volunteerism among them leading to improved health of households and communities. This study has attempted to inform this process by examining the motivations of vCHWs including those identified in the project's NFI framework, the factors that condition their motivations, and the efficacy of NFIs proposed by the project and others.

The study found that aspects of the recruitment, training and work of vCHWs were conducive to motivating them but could be strengthened further. Their recruitment on the basis of nomination and election is likely to enhance their recognition and acceptability in the community but has not always been accompanied by sufficient orientation of the community regarding their voluntary role and work. While the training of vCHWs was informative and motivating, its impact can be strengthened by ongoing instruction and mentoring.

Community acceptance for vCHWs and their own attitudes to their work is generally positive. Nevertheless, continual efforts to enhance recognition and understanding of their voluntary work in the community are needed to maintain their morale. Their work was also found to be very 'doable' and expectations from them quite clear. The teaching materials and the support provided to them by HEWs in the form of monthly meetings and work visits can be further strengthened however.

The motivations of vCHWs, in terms of their reasons for being involved in their work and the benefits they expected, were strongly characterized by their desire to promote health in their community including themselves and their families. Steps taken to enhance their efficacy in this regard will therefore have a positive impact on their motivation levels. Volunteers were also strongly motivated by the responsibility and acceptance they received from the community, as well as the recognition, respect, credibility and political status they have gained. Conversely, they were sometimes discouraged by misunderstanding of their voluntary role on the part of the community. VCHWs can therefore be further motivated by promoting community understanding and recognition of their work. Their aspirations for learning and employment opportunities can also be considered in relation to ways of sustaining volunteerism.

The study provides support for the effectiveness of NFIs proposed by the L10K project and others incentives such as the attainment of better health outcomes, feedback from the community, provision of instruction materials and stationary, and infrastructural support. The efficacy of such NFIs arises from their conformity with the motivations of vCHWs discussed above which have to do with their interest in promoting health, attaining social recognition and status, and advancing themselves in terms of knowledge and employment.

The study has also shown that potential community anchors such as *idirs*, churches and mosques have had some role in supporting and motivating vCHWs although it has been limited or variable. This has been more so in the case of youth and women's associations. However, the findings indicate that such local institutions have significant potential as community anchors if steps are taken to involve them and strengthen their capacity. Similar efforts should be directed at kebele administrative bodies in order to take advantage of their substantial local authority to support vCHWs.

RECOMMENDATIONS

The study has indicated that efforts to strengthen motivation levels and sustain volunteerism among vCHWs are likely to be successful if they meet their desire for effectiveness in promoting health practices and status, community acceptance and recognition, and support from local professionals and institutions. The following steps are therefore suggested as ways in which such efforts can be strengthened.

1. 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.

2. 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.

3. Assess and strengthen teaching materials to address diverse aspects of community health.

4. Give special consideration to vCHWs and their certificates for current and future opportunities for personal advancement at the *kebele* or *woreda* level.

5. Implement NFIs proposed by the L10K project and others suggested by this study. Evaluate their effectiveness in improving motivation and performance of vCHWs.

6. 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. They can do so by promoting vCHWs and recognizing their work; providing morale support to vCHWs; promoting better health practices and providing a forum for vCHWs; facilitating and following up on the implementation of health practices promoted by vCHWs.

JSI Research & Training Institute, Inc.

The Last Ten Kilometers Project
JSI Research & Training Institute, Inc.
PO Box 13898
Addis Ababa, Ethiopia
Phone: +251 11 662 0066
Tel: +251-11-6620066
Fax: +251-11-6630919