

## Close-to-community health care service providers in Ethiopia

“Cultural beliefs and practices affect Health Extension Workers’ performance and the community’s use of health services.”



### KEY MESSAGES

The study examined factors that can enhance or hinder HEWs’ performance in a community setting in Ethiopia. It found that:

- Community culture and beliefs – such as low perception of risk during childbirth and the influence of elderly women - can influence HEWs’ performance and the community’s use of health services.
- Intervention design factors such as incentives, workload, career advancement, educational opportunity, referral, and supervision can affect HEWs’ motivation and performance.
- The coordination and collaboration of HEWs with the HDA and traditional birth attendants (TBAs) can improve their performance and extend health services to the community.
- Collaboration and coordination of programmes among and between non-governmental organizations can improve HEWs’ performance and the delivery of health services to the community.



## INTRODUCTION

In 2004, the Government of Ethiopia introduced a Health Extension Programme (HEP) to provide good quality health promotion, prevention and some basic curative services and to ensure universal access to healthcare. Health Extension Workers (HEWs) are the main cadre of close-to-community (CTC) providers in Ethiopia, and are supported by a 'Health Development Army' (HDA) which incorporates nearly all households. The HEP pays special attention to mothers and children, targeting them at the household level. Ethiopia has high maternal mortality and low utilization of maternal health services, particularly institutional delivery.

This research brief presents information from the first phase of REACHOUT (see page 2), which identifies factors that influence the performance of CTC providers and services. The results will inform the implementation of two improvement cycles to test interventions to improve HEWs' performance and communities' uptake of maternal health services.

## ABOUT COMMUNITY HEALTH WORKERS

In the 1970s, countries invested in Community Health Workers (CHWs) who received basic training and were often volunteers. Programmes involving CHWs went into decline due in part to political instability, economic policies and difficulties in financing. However, there is renewed interest in strengthening community-level services, using a variety of CTC providers.

## ABOUT REACHOUT

REACHOUT (Reaching out and linking in: health systems and close-to-community services) is a five-year multi-country project consortium. It aims to maximize the equity, effectiveness and efficiency of CTC services in rural areas and urban slums in six countries - Bangladesh, Ethiopia, Indonesia, Kenya, Malawi and Mozambique - with support from its European partners in the Netherlands and UK.

A CTC provider is a health worker who carries out health promotion, prevention and curative services and who is the first point of contact for the community.

A CTC provider can be based in the community or in a primary facility with a minimum level of para-professional training (two to three years). The performance of CTC providers can be influenced by broad factors such as community and political contexts, health systems (financial model, logistics and supplies) and the design of interventions, such as incentives and supervision. The main focus of REACHOUT concerns formal community health workers, but their interaction with other less formal CTC providers such as expert patient volunteers, informal private practitioners, lay counselors and health promoters is also important.

REACHOUT consists of three phases: conducting a context analysis through desk review and qualitative studies to identify factors that influence the performance of CTC providers and CTC services; implementing two improvement cycles to test interventions for improving CTC performance.

As part of REACHOUT, a context study was conducted in Sidama Zone, Ethiopia in 2013. The study aimed to:

- Identify evidence for interventions which have an impact on the ability of HEWs to deliver effective, efficient and equitable maternal health care.
- Map the different types of CTC providers.
- Assess the structures and policies of the health system for strengths and weaknesses of the HEP and management of HEWs.
- Identify and assess contextual factors that facilitate or form barriers to the performance of HEWs on maternal health services.
- Synthesize evidence in order to inform future HEP interventions and identify knowledge gaps about HEW services.





## SYNTHESIS OF LEARNING

### METHODS

The methods for the context analysis were a desk review and qualitative study. The information for the desk review was primarily drawn from policy documents and published and grey literature. The qualitative study included focus group discussions and in-depth interviews with a range of participants: HEWs, health centre heads, delivery case team leaders, Kebele administrators, TBAs, programme coordinators, mothers and community leaders.

The study was conducted in six Woredas of Sidama Zone, selected on the basis of resource availability, infrastructure, accessibility, and HEP performance. Sidama Zone is one of the zones where skilled delivery and post-natal care coverage is very low in the Southern region of Ethiopia. Woreda field supervisors and health office staff supported the selection of participants.

### MAIN FINDINGS

The desk review examined the effectiveness of HEWs, and found that the HEP has improved access, coverage and use of family planning, antenatal care (ANC) and immunization services. There were also promising results about the prevention and control of communicable diseases such as HIV, TB and malaria. The evidence on institutional delivery and post-natal care was limited.

The qualitative study examined factors affecting the performance of HEWs in relation to maternal health service provision. It found that cultural beliefs and practices affected both HEWs' performance and community use of health services. Some key influences included the tradition to bury the placenta at home, the desire to have many children, the advice of relatives

and elderly women, unwillingness to be examined by unfamiliar health workers, religious beliefs, and a low perception of risk during childbirth. The costs to the patient for maternal health services and the lack of infrastructure also affected HEWs' performance and the use of services.

Several intervention design factors affected the HEWs' performance including:

- **A perceived mismatch between the workload and the HEWs' salary (which is lower than that of other government employees).**
- **Limited education or work transfer opportunities.**
- **Constraints regarding referrals, such as the absence of referral forms and lack of feedback.**
- **Inconsistency, fault-finding and inadequate feedback which compromised supervision.**

The study also found that HEWs lack specialist knowledge and skills on delivery. TBAs and HDA members support ANC, referral of pregnant women, PNC and community mobilization. Mobile phones were used for patient referral, to send reports, request logistics and coordinate tuberculosis-related work. Also, many non-governmental organizations work on capacity building, providing logistics and supplies, motivating HEWs and volunteers, supporting the referral system and conducting supervision.

### ANALYSIS OF THE FINDINGS

Evidence from the desk study suggested that mobilizing and involving the community improves the use of maternal health services and HEWs' performance.

Clinical mentoring and performance review meetings with HEWs improved their performance in community case management of childhood illnesses. The HEWs performed well when community volunteers provided them with support.

Findings from the qualitative study suggest that strengthening the link and collaboration of the HEWs with the HDA and the TBAs could increase access to maternal health services and improve HEWs' performance.

The HEP is designed to provide health promotion, prevention and selected curative services based on Ethiopia's decentralized health policy. The desk study found that the HEP has implementation guidelines, which clearly articulate roles, responsibility, accountability and implementation, even though it has certain drawbacks in these areas.

Our qualitative research demonstrated that the tasks of HEWs provision of ANC and family planning are implemented well, however the desk review suggests that they made minimal contributions to institutional delivery and PNC. Poor performance of HEWs is linked to a lack of adequate knowledge and skills, and an absence of important logistics, supplies and infrastructure at health posts according to our research.

HEWs' performance and the use of maternal services are also related to community factors including culture, privacy and confidentiality, religious beliefs, a lack of knowledge and awareness and a low perceived risk among expectant mothers. Targeted awareness creation, community mobilization and addressing HEWs' links and communication with the community could improve HEWs' performance and service delivery.



Client' costs at hospitals and the absence of important logistics, supplies and infrastructure were found to hinder HEWs' performance. Providing maternal services free of charge at hospitals and equipping the health posts could improve their performance.

Financial and non-financial incentives, workload, referral and supervision systems, use of mobile technology, HEWs' relationships with the HDA and TBAs, and coordination of programmes were found to have an effect on motivation and performance according to our qualitative study.

## RECOMMENDATIONS FOR IMPROVING INTERVENTIONS

To improve HEWs' performance, close attention must be paid to issues relating to supervision, referral and HEWs' competencies. The REACHOUT quality improvement intervention will focus on areas in which it is feasible to intervene including:

- **Improve HEWs' skills and competencies on community mobilization, communication with the community, and facilitation of behavior change through HDA leaders' meetings and pregnant women's forums.**
- **Strengthen links between the HEWs, the HDA and TBAs.**
- **Provide capacity building training to HEWs, HEWs' supervisors, Woreda field supervisors, and HEP coordinators about supervision, ANC and referral with the aim of establishing a system of problem solving and regular supportive supervision at all levels.**
- **Introduce mobile technology to assist identification, follow-up, and referral of pregnant women.**
- **Work with stakeholders on building capacity, supervision, referral and ensuring the availability of logistics and supplies.**

## FULL PAPER

Zerihun A., Admassu M., Tulloch O., Kok M. and GemechuDatiko D. (2014) Context analysis: Close-to-community providers in Ethiopia, REACHOUT Consortium  
<http://reachoutconsortium.org/media/1828/>

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