Health extension workers' relationships with the community and health sector in Ethiopia and maternal health

Female, paid community health workers (CHWs), known as health extension workers (HEWs), were introduced in Ethiopia in 2004 as an integral part of a programme delivering primary health care, including maternal health services. HEWs serve as a bridge between the communities and the health sector. They are supervised by and accountable to health centre professionals, where they refer clients, and are also accountable to the kebele (neighbourhood) administration. Community volunteers, comprising the "health development army" (HDA), connect HEWs to the community and provide support. Since their launch, HEWs have played a major role in extending health service coverage, contributing to an increased uptake of family planning, antenatal care and HIV testing. Nevertheless, their performance in maternal health care is poor and their promotion of skilled delivery low. According to the 2011 Demographic and Health Survey the maternal mortality ratio in Ethiopia remains high: just one in 10 women gives birth with a skilled attendant. As a result, it has been proposed that HEWs' performance in the area of maternal health care should be improved.

Research shows that a number of programme design factors influence CHWs' performance, such as: clearly defined CHW tasks; human resource management (including training, supervision and incentives); quality assurance, resources; and CHWs' links with the community and health sector. Strong relationships with health professionals and supervisors as well as the community are vital for optimum CHW performance. There are gaps in the evidence, however, regarding which factors can facilitate or hinder these relationships. The research consortium, REACHOUT, therefore carried out a qualitative **study** in six woredas (districts) in Sidama zone in southern Ethiopia to enhance understanding of how HEWs' relationships with the community and health sector were shaped, and how they affect HEWs' performance in the provision of maternal health services. 14 focus group discussions with HEWs and community members were held as well as 44 interviews with HEWs, mothers, traditional birth attendants (TBAs), health professionals and kebele administrators. Interviews were transcribed, translated and analysed thematically.

KEY FINDINGS

The study identified a number of programme design elements, particularly relating to support and accountability, that can facilitate or hamper HEWs' relationships with the community and health sector. Trust; communication and dialogue; and expectations influenced the strength of these relationships

HEWS' RELATIONSHIPS WITH THE COMMUNITY

- The fact that HEWs were chosen by the community where they lived helped build the community's trust in them, increased HEWs' self-esteem and fostered dialogue and communication.
- Those HEWs who received support from the *kebele* administration found that it enriched their communication with the community, whereas a lack of support resulted in poor communication and reduced job satisfaction. The HDA was generally seen as supportive of HEWs.
- Some TBAs, especially those in hard-to-reach areas, helped HEWs deliver babies when it was not possible for mothers to reach health facilities in time in spite of a government ban on them assisting delivery. This sparked tensions for HEWs – which could hinder their relationship with the community and TBAs – as they were torn between the community's expectations (for TBA input) and health sector policy.
- HEWs were monitored by the *kebele* administration and HDA leaders. Joint meetings which brought together the community, the *kebele* administration and the *woreda* health office enhanced dialogue.

HEWS' RELATIONSHIPS WITH THE HEALTH SECTOR

"We need encouragement from the woreda officials. We will be encouraged by the appreciation for our good work, but our morale will be affected if our good work is ignored."

(HEW, interview)

- A lack of referral forms and feedback from the health facility impaired HEWs' communication with the health sector. Community expectations regarding payment for care and transport to health centres were sometimes not met, damaging the trust placed by the community in the HEWs.

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- Many HEWs were unhappy with the critical, unsupportive nature of supervision and the disrespectful attitude of some managers, causing poor communication and demotivation.
- HEWs' expectations regarding the quality and regularity of training and subsequent opportunities for promotion were not fulfilled, affecting their relationships with the health sector.
- Monitoring of HEWs' work was sporadic, impeding dialogue with the health sector.
- While support from health centre professionals was welcomed and fostered team building, some HEWs felt overwhelmed by managers' expectations that they extend their scope of work.

LIMITATIONS

This study has a number of limitations. It was part of a larger research project on HEW performance therefore some in-depth questions regarding relationships were not asked. Bias related to selection and reporting can exist, as in all qualitative studies. It is difficult to generalise the key findings. Finally, relationships between HEWs and other community workers were not evaluated.

CONCLUSIONS

As intermediaries between the community and the health sector, HEWs need strong relationships with both in order to perform to the best of their ability. Trust; communication and dialogue; and expectations determined the strength of these relationships, which could affect HEWs' performance, particularly their motivation. Varying expectations held by community and health sector actors could give rise to tensions, heavy workload and demotivation in HEWs: this could be alleviated by clearly defined job descriptions. The HDA presents an opportunity to consolidate HEWs' relationship with the community, given its role in support, monitoring and accountability. TBAs' assistance could, however, be problematic if not in line with government policy, and support from the *kebele* administration should be strengthened. Referral systems - that should link HEWs to the health sector - need improving as current systems jeopardise communities' trust. Providing opportunities for promotion after training is key to maintain HEWs' motivation. Supportive supervision could also heighten HEWs' motivation: managers should be trained in this approach. The number of evaluation meetings which unite HEWs, the community and health sector should be stepped up.

Ultimately, health systems are social institutions. Effective human resource management practices that build trust and foster dialogue are vital to strengthen HEWs' relationships with the health sector. This, in turn, could benefit HEWs' relationships with the community, and improve their performance. Likewise, boosting community support, monitoring and accountability could promote trust and communication between HEWs and the community, enhancing HEWs' performance, and not only in maternal health care.

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