

# Factors influencing motivation of Community Health Workers: The Case of Ethiopia Health Extension Workers: A qualitative study



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The use of community health workers (CHWs) has been identified as a strategy to address the growing shortage of health workers, particularly in low-income countries. In 2004, Ethiopia introduced the health extension program (HEP), comprising a package of basic community health services to improve access to health care. The HEP is run by a cadre of female health extension workers (HEWs) recruited from the community and trained for one year. A perennial

challenge in CHW programs is the question of how to motivate community members to engage in community health work, to remain in the position of being a CHW once trained, and to perform CHWs' work effectively over time. This study explored factors that influence motivation and performance of the HEWs in Ethiopia in order to provide information for the introduction of quality improvement interventions.

## METHODOLOGY

The study was conducted in six districts of Sidama Zone, South Ethiopia, employing an explorative qualitative study design involving 14 focus group discussions (FGDs) and 44 in-depth interview (IDIs) with HEWs, health professionals, HEP managers and community members. The FGD and IDIs were tape recorded and transcribed verbatim into English. Transcripts were imported to a qualitative data management software (Nvivo 10) and coded using a framework developed after reading the transcripts by the researchers. The coded transcripts were analyzed and summarized in narratives for each theme.

## RESULTS

Table 1 presents key factors influencing the motivation of HEWs. The themes are connected to four levels, and having either positive or negative effects on motivation of HEWs.



**Figure 1** HEWs and supervisors engaged in group discussion during a QI improvement training

Level	Factors	Motivator	De-motivator
Individual	Interest to the job/profession	+	
	Feeling of belongingness to one's community	+	
	Appreciating positive results in the community (change in behavior and practice)	+	
	Oneself understanding of performing valuable job/service to the community	+	
Community	Trust of the community in the HEWs	+	
	Community satisfaction	+	
	Recognition and thanks	+	
	Lack/minimal support from village administrators		
	Expectation of curative services that could not be met		
	Support of health development army (HDA)	+	
Organizational/ Health System	Unsupportive/fault finding supervision		-
	Lack of supervisory knowledge and skills of supervisors		-
	Support from district health office	+	
	Rude/unfriendly behavior of health workers during patient referral		-
	Low salary (compared to work load, other equivalent professions and not covering daily expenses)		-
	Workload (many work packages and engaging in extracurricular activities)		-
	Lack of career advancement and educational opportunities		-
	Lack of opportunities to transfer		-
	Favoritism in getting refresher training, educational opportunities and transfer		-
	Inadequate pre-service and in-service training		-
	Lack of logistics, supplies and basic facilities (water and electricity)		-
	Lack of health posts and or unmaintained health posts, small rooms		-
Political/ administrative/ contextual	Little in support provided by political leaders/administrators compared to other sectors		-
	Expectations for engagement of HEWs on political matters/affairs		-
	Difficult topography and large population		-

## CONCLUSION

The motivation of the HEWs was found to be affected by the factors interplaying at individual, community, health system and political/administrative level. The study was carried out with aim of informing the introduction of quality improvement interventions. The interventions included training for the HEWs and their supervisors on three main components: supervision, referral and community engagement with a specific focus on maternal health. The supervision training for HEWs' supervisors included approaches of supervision, types of supervision: individual, group and spot check and introduction of integrated checklist to be used during field supervision. HEWs were trained and provided with meeting

facilitation guides to improve their facilitation skills for the two existing community based structures: the pregnant women forum (PWF) and the health development army (HDA) leaders meeting.

Referral of pregnant women is coordinated among and between the community, health posts and health centers and women requiring referral are sent to the next level with a referral slip, their information documented at newly introduced referral registers (both at the health post and health centre). The interventions are ongoing and expected to bring changed on motivation among the HEWs and hence improve their performance.

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