



A QUALITATIVE ASSESSMENT OF HEALTH EXTENSION WORKERS' LINKAGES WITH COMMUNITY AND HEALTH SYSTEM: OPPORTUNITIES FOR STRENGTHENING COMMUNITY-BASED HEALTH SYSTEMS IN ETHIOPIA

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INTRODUCTION

Health Extension Workers (HEWs) in Ethiopia have a unique position, connecting the community to the health system. Qualitative research was conducted in Ethiopia to understand linkages between HEWs, the community and health system, in order to inform policy on optimizing HEW performance, specifically in maternal health.

BACKGROUND

Working in between community and health system provides HEWs with a unique intermediate position with potential to improve access to health care for different groups, also in rural and hard to reach areas. However, this position could also present a burden on HEWs: they are supposed to be supported by and are accountable to both sides. In addition, both health professionals and community could have divergent expectations regarding the role and tasks of HEWs.

METHODS

The study was conducted in six woredas (districts) of Sidama zone of the South Nation Nationalities and Peoples Region of Ethiopia. We conducted:

Focus Group Discussions (FGDs)	6 with HEWs 6 with women in the community 2 with men in the community
Semi-structured interviews	12 with HEWs 12 with mothers 6 with Traditional Birth Attendants
Key informant interviews	14 with people working in administration, health service delivery and supervision of HEWs

FGDs and interviews were recorded, transcribed, translated, coded and thematically analysed.

RESULTS

HEWs are usually work in their home communities, this enables a natural link between them and the community. From the community side this was shown by trust and respect for the HEW; while from the HEW there is a willingness to contribute to their community.
“...they are our mothers as well, and we are serving our own community. Their children are our children, and the community is my community.” (HEW)

Other important linkages were related to referral, supervision, reporting, monitoring, training and support. The Health Development Army (HDA), a community-based structure supporting HEWs, identified pregnant women and supported HEWs in conducting their health education tasks.
“We used to go home to home, but it was difficult for us to cover the whole community. We didn't have enough time to counsel a family and get them convinced. After the introduction of one to five networking (a structure within the HDA), this problem got solved. The leader of the one to five network discusses with her members and informs us of any mothers to get services from our health post.” (HEW)

HEWs referred high-risk cases to a health facility, with generally appropriate responses, although procedures were not standardized and a referral tracking and feedback mechanism was absent. Client costs related to referral led to clients not following HEWs' advice.

Supervisory structures of HEWs recently changed, leading to lack of clarity regarding roles in some settings. Supervision was found to be irregular, partly because of transportation constraints, and focused on record checking and little on problem solving and learning.

“In the past there were supervisors (from the woreda level). Now this is replaced by a command post system (group of health professionals from health centre); however, the system is not well strengthened. They come to the health post one day per week just to collect reports. Except this they don't give support to us.” (HEW)

Involvement of the HDA in HEWs' activities was not well established and functional everywhere. Health professionals, administrators, HEWs and community members occasionally met in special meetings to monitor HEW performance and programme needs.
“Sometimes the community with the kebele (smallest administrative unit) administration gather and evaluate our performance. At that time not only health but also the activities of other sectors will be evaluated. The kebele officials and the community give a witness about their satisfaction.” (HEW)

Several respondents reported HEWs' involvement in other sectors and political matters, which was reported to disturb their regular work and lead to high workload.

Facilitators and barriers related to HEWs' linkages with community and health system as reported by the respondents are summarized in the table below:

	Community linkages	Health system linkages
Facilitators	<p>“Natural link”</p> <p>Support in conducting tasks (mostly of kebele administration, HDA, TBAs, religious leaders and elders, pregnant women forums)</p> <p>Reporting and referrals via HDA</p> <p>Community monitoring</p>	<p>Referral system in place (often oral)</p> <p>Supervision system in place</p> <p>Regular reporting via command post</p> <p>Support in conducting tasks from health professionals</p>
Barriers	<p>Lack of communication between HEW and TBA</p> <p>Lack of interest in health of kebele administration</p> <p>High expectations from community on deliveries in health post</p>	<p>Referral system: improper handling of referral cases in the health centre; clients costs related to referral; lack of feedback to HEW after referral</p> <p>Supervision: fault finding nature; unclear roles and lack of training of supervisors; lack of feedback after supervision; lack of skills supervisors</p> <p>Continuous training: lack of refresher trainings and practicals; un-clarity on selection for and upgrading after training</p> <p>Different expectations of health system and other sectors on HEWs' tasks</p>

Linkages are further presented in the figure:



DISCUSSION AND CONCLUSION

HEWs' intermediary position between the community and health system gives them the ability to link both sides with each other, which could improve accessibility to health services. The systems and structures identified in this study (such as the HDA to the community side and supervision to the health systems side) are important to facilitate linkages between HEWs and the community and health system. The functionality of these systems and structures could thus influence HEWs' performance. When not optimal, they could result in high workload, demotivation or under performance. In our study, HEWs seemed to feel more connected with and supported by the community than the health system.

Clearly defined roles and responsibilities at all levels and standardized referral, supervision, accountability, monitoring and support systems combined with clear communication mechanisms could facilitate HEWs in maximizing the value of their unique position, in order to improve their performance.

KEY MESSAGES

- HEWs' linkages with the community and health system can influence HEWs' motivation and performance
- Policy and practice should facilitate and strengthen these linkages, to maximize the value of HEWs' unique intermediate position and improve community health



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