

Community health volunteers as mediators of accessible health systems: The case of Ethiopian Health Development Army

Garumma Feyissa
@garummatolu

Mirkuzie Woldie, **Garumma Feyissa**, Tesfamichael Alaro, Bitiya Admasu, Kirstin Mitchell, Susannah Mayhew, Martin McKee, Dina Balabanova

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Introduction

- Ethiopia faces a critical shortage of skilled health workers
 - has sought to compensate by mobilising community health workers.
- In 2004, the **Health Extension Program (HEP)**
 - construction of health posts throughout the rural parts
 - salaried health cadres (health extension workers (HEWs) (Kok et al., 2015; FMOH, 2004)



Introduction...

- Since 2011 HEWs are charged with recruiting “**model families**”
- ‘a family that implemented all HEP relevant to its household’ (FMoH, 2013; Maes et al, 2015a)
- The women of these “model families” are shaping the **Women Development Army (WDA)** (Maes et al. 2015a)



Introduction...

- Women development army (WDA) is a group of women organized based on settlement or social proximity
 - to teach and learn from one another and
 - take practical actions for the betterment of individual, family and community health.



Introduction...

- The establishment of WDA was aimed at:
 - **Empowering women** and increasing their **participation** in development and health (Maes et al, 2015a; Maes et al, 2015b).
- WDA is regarded as the key vehicle that would help Ethiopia achieve its ambitious HSDP targets.



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Objectives

- To explore the role of the Health Development Army in primary healthcare
- To identify the conditions under which their **potential to improve access to care** can be maximised.



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Methods

Study setting:

- Three districts of Jimma Zone, Oromia Regional State
 - Selected purposively based on their category of **performance** in implementing **WDA program**
 - Seka Chekorsa Best performing district
 - Tiro Afeta Medium performing district
 - Omo Nada Least performing district
- Focal persons at FMOH, RHB,ZHB



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Data collection methods

- Ethical clearance from IRB of JU, LSHTM and Oromia Regional Health bureau
- In-depth interviews
- Focus group discussions (FGDs)
- Desk review
 - Policy documents
 - Web search for articles on WDA and HEP
 - Website search (FMOH)
- Video-diary method



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Female and male FGD: picture taken with consent



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Preliminary results



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Emerging themes

1. Governance of WDA

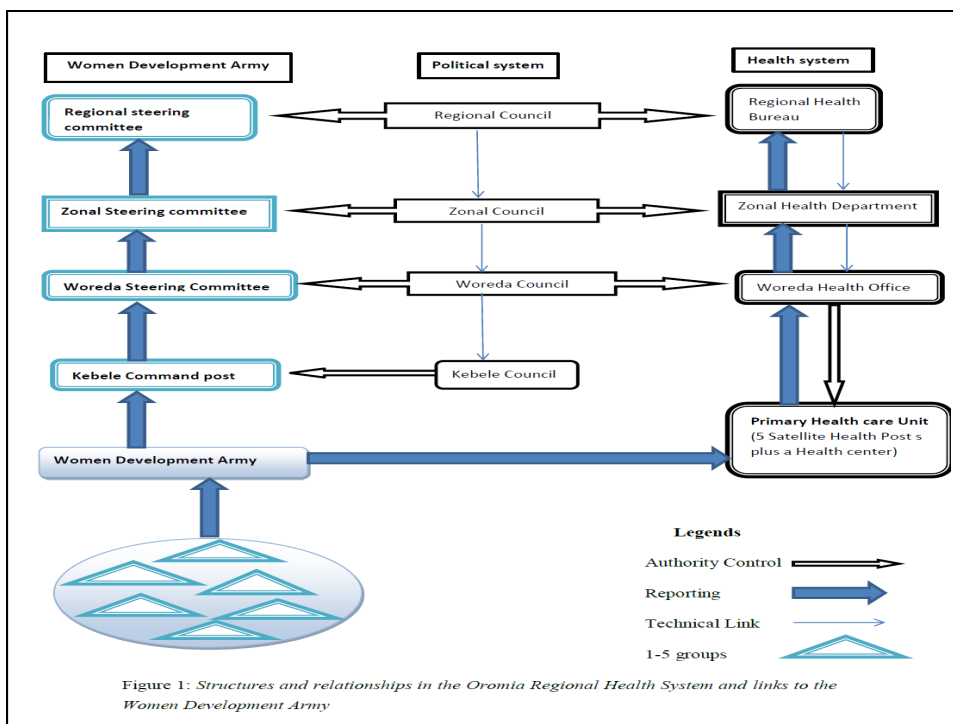
- Structure and system around WDA
- Leadership and management of WDA
- Actors

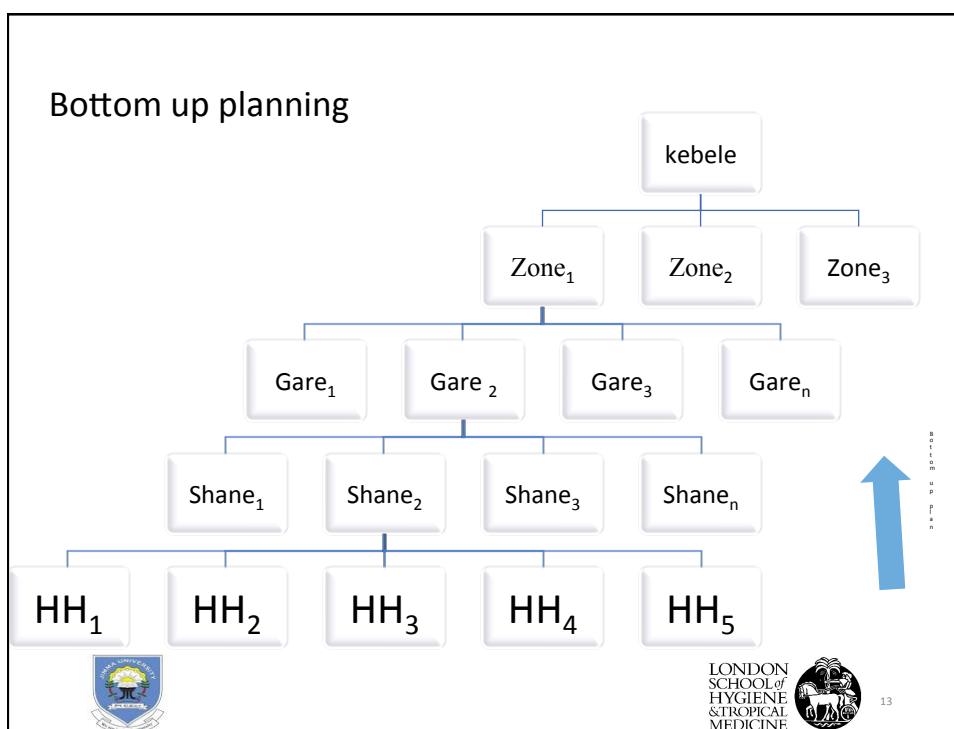
2. Operation of WDA

- Planning, implementation and evaluation of WDA activities
- Activities and Contributions of WDA

3. Challenges and gaps in the implementation of WDA

4. Future outlook of WDA





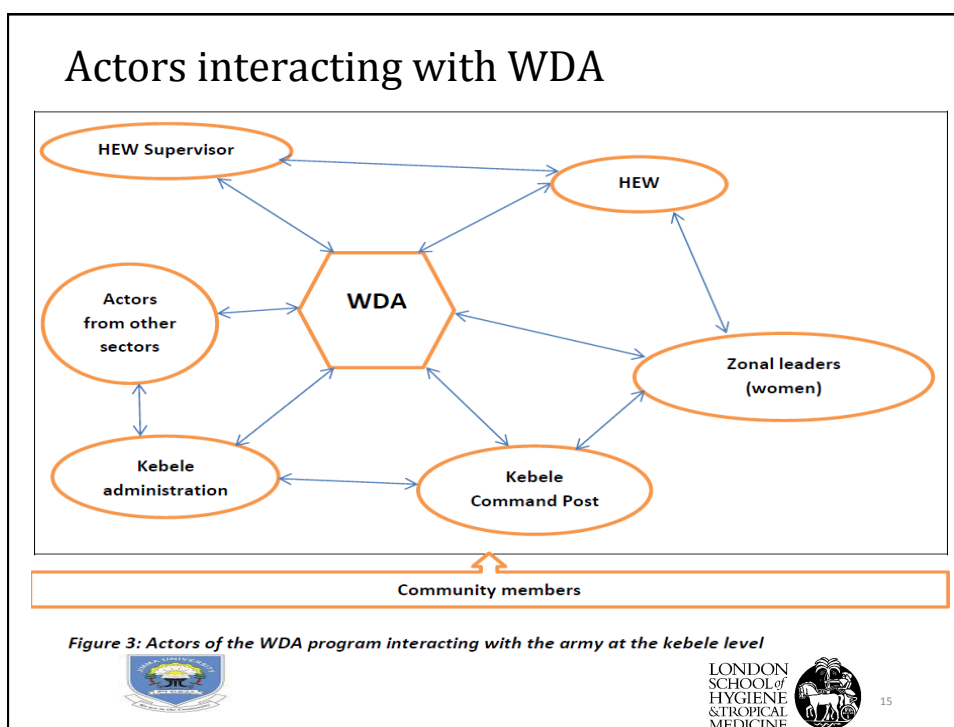
Opportunity for bottom up planning

- Ideally the arrangement was supposed to encourage **bottom up planning**.

“Each household is expected to have its own plan on health, on agriculture, on education, on peace keeping and the like. Then the exercise books collected from individual households constitute plans Shane, Gare, Zonal level plans then the three zonal plans will become kebele level plan. Then the plan will be disintegrated into quarters and monthly plans”

...IDI, manager of kebele





Contributions of WDAs to PHC

1. Sharing the burden of HEWs

“Previously we were two HEWs. We were visiting each household. This was difficult to us, because the houses were too many and far from one another.

After we have these WDA leaders, some of our tasks have been covered by them.” ...IDI, HEW Seka district



Contributions...

2. Mobilizing resources

- The WDA leaders mobilize these resources from each household both in cash and kind.
- **Financial** contributions are collected from each household.
Eg, **“One birr for one mother”** is an initiative of mobilizing the community to contribute money to purchase stretchers, ambulances and other community assets.



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Contributions...

• Material contributions

- **Ingredients** to be used by women in **MWAs**, such as **cereals, coffee** and other materials are being collected from the community in advance by WDA leaders.
- So, when a mother is in the health centre, she will have foods such as **porridge** and **coffee ceremonies**.



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Contributions ...

3. Acting as gateways for different health activities

The WDAs work with HEWs on activities such as:

- **Accompanying** HEWs during house to house visit,
- **Announcing community** events such as meetings

“I have worked in the distribution of drugs for onchocerciasis as a representative of my WDA”

...P8, WDA leader FGD Seka district



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Contributions...

4. Fighting harmful traditional practices

“...I met a woman who performs female circumcision on her way to the house of the family who invited her to circumcise their daughter.

Then I said, ‘Please, go back to your home directly!’. Then, the women cancelled her plan for circumcision and went back directly to her home.”

...P6, WDA FGD participant, Seka district



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Contributions...

5. Beneficiaries of their activities

As an effort to continue to be leaders and role models, the WDA leaders try their best to improve their health activities starting from their own households.

“Ever since my wife has become a [WDA] leader, we have improved the health and sanitation of our household. This is because, if you do not do for yourself no one will accept you when you teach them.”Male FGD, Omo Nada district.



Challenges and gaps

1. **Lack of assertiveness and self confidence** among some WDA leaders

“Some WDA leaders still do not have self confidence to take the leadership roles. It is very important to change their attitudes and to build their leadership and self assertiveness skills through trainings.”

.....Omo Nada DSC and supervisor



Challenges...

2. The WDA are **busy with household and farming activities**

“Once I was invited to attend a meeting at Nada, district. It takes about half an hour from my home to Nada. I left my children while they were still in bed. My children were forced to eat cold foods as I was not at home with them.” ...FGD WDA leaders Omo Nada



Challenges and gaps

3. In rare cases, **opposition** from family members and husbands of some WDA
4. **In few cases, lack of trust** from the community
5. Some are illiterate
6. Some are less motivated



Gaps from government structures

1. Low level of **commitment** and low level of skills and experience on the part of the management in implementing WDA
 2. **Weak supervision** at districts and kebele level
 3. **Unsatisfactory collaboration** among sector offices having important roles in implementing WDA
- Overlapping tasks



The way forward

1. **Supportive structured, regular supervision and close monitoring** of the WDA at all levels
2. **Meeting times and places:**
 - to select meeting times that is convenient for WDA leaders.
 - health messages can be taken to where they are instead of calling them to a central place.



The way forward...

3. Empowering women:

Some WDA leaders face difficulty in getting permission from husbands and family members to attend meetings.

- a training that focuses on women's rights.
 - both for men and women so that they know their rights and responsibilities
- Legal support for women



The way forward...

4. Guidelines and protocols

Currently, guidelines and protocols exist.

However, some WDA leaders have not accessed these guidelines and protocols.

- ✓ Introducing the WDA leaders to these guidelines and protocols.



The way forward...

5. Training

- Participants recommended for a rigorous training for WDA leaders by the kebele, district managers and HEWs.
- officials in the federal and regional offices indicated that there is a plan even to **upgrade WDA leaders to HEWs.**



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The way forward...

6. Strengthen collaboration among sector offices

(agriculture, education, water, women affairs, social protection etc)

- Clearly defining the roles of development partners



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Conclusions

- The WDA leaders are acting as service **providers** and **intermediaries** between the community and the health system to improve **access to PHC**.
- **More benefits can be gained through**
 - Strengthening regular supervisions
 - Introducing guidelines and protocols
 - Strengthening collaboration among sectors



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Thank you!



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