Expectations and satisfaction of urban health extension workers regarding their service delivery environment

Damen Haile Mariam[1], Berhan Tassew[1], Adiam Nega[1], Demeke Assefa[1], Dawit Siraw[1], Yibeltal Tebekaw[2], Hibret Alemu[2], Mesfin Addisie[1]

Abstract

Background: The Urban Health Extension Program (UHEP) – an innovative Ethiopian government plan to ensure health service equity by creating demand for essential health services through the provision of appropriate health information at a household level – is one of the three approaches of the national Health Extension Program (HEP). As health extension workers (HEWs) are the backbone of the program, the present study was designed to assess their expectations and satisfaction regarding their service delivery environment.

Methodology: The study for this assessment involved in-depth interviews that included urban health extension professionals (UHE-ps), supervisors of UHE-ps, as well as village health committee members and health service managers and supervising health workers in 76 selected urban health extension facilities within the five major regions (Amhara; Harari; Oromia; Southern Nations, Nationalities, and Peoples' (SNNP); and Tigray), as well as the two city administrations of Addis Ababa and Dire Dawa.

Findings: Most UHE-ps seem to be less motivated in their jobs and consider it as only temporary. A lack of training opportunities and absence of a clear career structure, non-uniformity of payment and being engaged in administrative routines that are not directly related to health services are among the reasons mentioned for dissatisfaction by UHE-ps. On the other hand, there are also some who are satisfied with their work and who feel that they are making changes to the health status of their communities.

Conclusions: The findings of the study show that there are UHE-ps who are satisfied in their professional activities and consider themselves as contributing to changes in the health status of their communities. However, most of the UHE-ps are said to be less motivated in the jobs, and seem to consider their roles as temporary (until they get a better job). Many complain about the lack of training opportunities, absence of a clear career structure, and having to engage in non-professional activities. To address UHE-ps' lack of motivation, it is recommended that the government should propose a clear career structure for them and implement a uniform payment structure across the country. [*Ethiop. J. Health Dev.* 2020; 34(Special issue 2):70-75]

Key words: Expectations & Satisfaction; Urban Health Extension Program; Urban Health Extension Professionals.

Background

The Health Extension Program (HEP) was initiated in 2003 in Ethiopia as part of the Health Sector Development Program, by expanding physical health infrastructure and training and deploying a cadre of female health extension workers (HEWs) (1). The HEP was initially developed to be implemented in rural areas, since the country's population is predominantly (85%) rural. Subsequently, the Urban Health Extension Program (UHEP) was implemented in a way that fits the urban setting (2). The Urban Health Extension Program (UHEP) is expected to be provided through 15 packages. The services are grouped into four main themes: hygiene and environmental sanitation; family health care; prevention and control of communicable and non-communicable diseases; and injury prevention, control, first aid, referral and linkages. The HEP has been implemented in households, schools and youth centers across a range of socioeconomic, cultural, and environmental contexts (3).

The Ethiopian government has recently launched a national quality strategy (4), and more recently programs have been started to address urban health problems. There is a need to understand HEWs' perceptions of their working environment and their levels of satisfaction with their roles so that they can contribute to the overall quality of the UHEP services. Therefore, this study aimed to assess their expectations and satisfaction regarding their service delivery environment.

Methodology

The study area included the 13 cities and towns where the Strengthening Ethiopia's Urban Health Program (SEUHP) is being implemented (Table 1).

Table 1: **Selected cities/sub-cities and towns in the SEUHP**

Region/ Administration	Addis Ababa	Amhara	Dire Dawa	Harari	Oromia	SNNP	Tigray
Cities/ sub-cities	Yeka	Bahir Dar	Dire Dawa	Harar	Adama	Durame	Adigrat
		Gondar			Asela	Hawassa	Mekelle
		DebreBerhan			Jimma		

For the qualitative assessment, in-depth interviews (IDIs) were conducted with the UHE-ps and UHE-p supervisors, as well as with village health committee members and health service managers. A total of 76 IDIs (9 with FMOH and RHB officials, 24 with health center and *woreda* officials, 1 with sub-city official, 1 with kebele official, 14 with UHE-p supervisors, and 27 with UHE-ps) were conducted, as shown in Table 2.

[1] School of Public Health, Addis Ababa University.
[2] John Snow Incorporated (JSI) Ethiopia- Urban Health Program.

Table 2: **Number and type of IDI respondents by region/city administration and sub-city, 2017**

IDI respondent	Region/city administration– sub-city													
	Addis Ababa	Amhara			Dire Dawa	Harari	Oromia			SNNP		Tigray		Total
	Y	BD	DB	G			Ad	As	J	Du	Ha	Adi	Me	
FMOH official	2													**2**
RHB official	1	1			1	1	1				1		1	**7**
Woreda official		1	1	1	1	1				1	1	1	1	**9**
Sub-city RHB official	1													**1**
Health center official	1	1	1	1	1	1	1	2	2	1	1	1	1	**15**
Kebele official							1							**1**
UHE-p supervisor	2	1	1	1	1	1	1	1	1	1	1	1	1	**14**
UHE-p	3	2	2	2	2	2	2	2	2	2	2	2	2	**27**
Total	10	6	5	5	6	6	6	5	5	5	6	5	6	**76**

Y = Yeka; BD = Bahir Dar; DB = Debre Berhan; G = Gondar; Ad = Adama; Asela; J = Jimma; Du = Durame; Ha = Hawassa; Adi = Adigrat; Me = Mekelle

Analysis of qualitative data was made using a thematic content analysis technique. All transcribed data were imported to qualitative software (MAXQDA 12) and analysis was conducted through categorization in themes (personnel conceptions, expectations and satisfaction). The categories were also reviewed to ascertain whether some of them could be merged or if some needed to be sub-categorized. The categories or themes were then used as bases for structuring the presentation of the qualitative results, and the themes are presented as sections and relevant sub-sections, with quotes used to demonstrate and/or support findings.

Results

According to the results of the IDIs, the UHE-ps in general are lack motivation to perform their jobs. Officials in regional health bureaus and health centers in Amhara Region stated that UHE-ps have negative attitudes towards the program and their duties. The UHE-ps also said that health workers in health centers either have no idea about the program or have negative attitudes towards it. As a result, some of the health workers consider UHE-ps as inferior. For instance, one respondent said:

> *"… health workers from the health centers refer to the UHE-ps as persons paid without doing any work…"*Health center head, Amhara Region

Most of the UHE-ps interviewed in Amhara consider their jobs as temporary (until they get a better job). In addition, most of the UHE-ps seem to prefer to be assigned to clinical activities rather than work in health promotion and preventive tasks:

> *"I have served seven years, which is too much for me. Hereafter, I will only work for one year and do not want to stay longer as I have got my degree and want to join the health center if I get the chance…"*UHE-p, Bahir Dar

According to the regional health bureau and *woreda* health center officials, this is partly due to the prejudice against preventive health services and also because of the process of changing the behavior of communities through health education:

> *"They usually do clinical work, which is easy. But there are challenges when you go to the community. So, based on these challenges, health extension workers have negative attitudes towards the program and they think that the community will not be changed…"*Amhara RHB official

Nevertheless, there were also UHE-ps who said they are satisfied working in their roles. For most of them, the changes and improvements they see in the behavior and health conditions of the community are due to the UHEP:

> *"The Urban Health Extension Program needs[has/means] many ups and downs… The energy you expend does not match the salary you earn…Frankly speaking, I will be glad to continue as an urban health extension professional but I do not want to continue like this if things cannot be improved. Since health extension is working on preventing many things, I like the program…"*UHE-p, Debre Berhan

Similarly, in SNNP, UHE-ps stated that they are satisfied by their work due to the fact that they are treated by the community like other health workers:

> *"…indeed, I am happy because I am counted as one of the staff members of the health center, but in other places, UHE-ps are*

*considered as outsiders. The community accepts your activities when they accept you. I think most of the community members have accepted my work…"*UHE-p, Durame

In Tigray, most of the UHE-ps seem to be less satisfied with their work, and most of them do not have the intention to continue in their roles. Most of them would prefer to work in health facilities and in clinical-related jobs. Among the few who said they are satisfied with their work, possible factors that contribute to their satisfaction include observing the fulfillment of the needs of those who are poor and disadvantaged in the community, as well as positive developments within society in general. Regarding possible factors for dissatisfaction among UHE-ps, most of the informants mentioned the lack of training opportunities, absence of clear career structure, lack of incentives, and lack of opportunities for transfer:

*"…a nurse working at a health center at an ANC department gets refresher training every time…But health extension professionals work in the community with no motivation schemes…"*UHE-p, Mekelle

Issues of logistics and location of office space were also mentioned as other reasons for dissatisfaction by UHE-ps. For instance, in Amhara Region, the duty stations of the UHE-ps are located in *kebele* offices. The UHE-ps are also answerable to the *kebele* administration. Many of the informants propose for change of the location of the duty station out of *kebele* offices:

*"Perhaps if the Health Extension Program has its own office, the community may have a positive image of the program. For example, if you tell somebody that I came from the sub-city or from the police station, there is a difference. People consider extension workers as part of the bureaucracy, since they are in the same office…"*UHE-p, Gondar

Respondents from Oromia also agree that duty stations within *kebeles* are not convenient:

*"The place of work [office] of health extension professionals is not convenient to give health services with privacy for the clients. For instance, it is not convenient to provide HIV counseling, or discuss adolescent reproductive health, due to privacy issues…"*Oromia RHB official

SNNP respondents even complain that the UHE-ps end up being abused when they are stationed in *kebele* offices. One UHE-p stated that:

*"…they instruct us to collect revenue, though collecting revenue is not part of our job description… we question why we perform such duties, but political influences are there… kebele leaders say, since UHE-ps are part of the kebele, they should contribute to every activity in the kebele…"*UHE-p, Durame

Furthermore, *woreda* and *kebele* representatives mentioned that repetitive meetings of evaluation were among the major sources of dissatisfaction for the UHE-ps. A few UHE-ps also added that they are subject to mistreatment by regional and *woreda* health offices, including double standards in relation to payment (i.e., UHE-ps are paid less than other health workers, even when they have the same level of training). One *woreda* coordinator echoed this view:

"…the salary of urban health extension professionals is lower than those of rural health extension workers. The rural health extension workers get more than 4,000 birr per month; but the urban ones, even if they are Level 4 diploma nurses, do not earn more than 2,000 birr monthly. They are not happy with salary…"Woreda health coordinator, Mekelle

In SNNP, UHE-ps and health center officials also mentioned double standards in the treatment of UHE-ps versus other health workers as a source of dissatisfaction. The head of a health center provided an example of other health professionals getting weekend overtime payment while the UHE-ps, who spend their day with the same health workers, are not paid anything. In addition, even though both are nurses, the other health workers get an increment in their salary every two years, while the UHE-ps do not get such increments.

All respondents in Oromia agreed about the lack of training opportunities and the absence of a clear career structure as factors for dissatisfaction. On what has been done to address these, respondents from the RHB mentioned a lack of clear direction at the federal level as a major challenge in doing so, and in terms of addressing the satisfaction levels of UHE-ps:

*"We are in confusion because there is no clear direction at the Ministry of Health and regional health bureaus. Due to the absence of clear direction, most of health extension professionals learn different disciplines. For instance, even though they are originally clinical nurses, now they learn pharmacy, environmental health, accounting, and sociology…"*Oromia RHB official

Some UHE-ps in SNNPR also said that a lack of refresher training has negatively affected their careers. They said they repeatedly fail certificate of competency (COC) exams, partly due to the fact that they do not get the necessary training to help them compete with other health workers. This claim was also supported by regional health bureau officials at Hawassa:

"…these are diploma nurses who have got three months training to be UHE-ps. After training they fail to recall clinical practices since their job is to render health promotion and prevention services… Because COC exams only contain clinical examination, most

*of them fail on these exams…"*SNNP RHB official

Another factor for dissatisfaction among UHE-ps mentioned by those from SNNPR is the fact that every official seems to have the right to give them orders. They say they are sometimes confused in identifying to whom they are officially accountable, as everybody gives them orders:

> *"…we do not know to whom we are responsible… I mean kebele administrators direct us, sub-city officials direct us, health center and offices direct us. Anybody who wants to give directions and leadership comes and leads us… Because of this some health extension workers have left the program…"*UHE-p, Hawassa

A *woreda* official at Durame also agreed with this statement. He said everybody from different sectors of the government is acting as if they area boss of UHE-ps, and that discourages them and they should have clear accountability.

In terms of addressing some of the dissatisfactions by the UHE-ps, a *woreda* health official in Hawassa suggested the need for ensuring transfer opportunities to health centers:

> *"…they should get transfers if they want to, since they are nurses…"Woreda* health office, Hawassa

Some UHE-ps in Harari raised the lack of uniformity in salary across different regions as one source of dissatisfaction in their work.

The other double standard mentioned is the salary they get, compared to UHE-ps in other regional states. One of them described why she does not like her job:

> *"I am not happy because our salary is not good enough, like other areas including Dire Dawa, Addis Ababa, and others…"*UHE-p, Dire Dawa

A lack of further training opportunities was also mentioned as a major factor for dissatisfaction among UHE-ps in Addis Ababa. Officials in the health bureau also confirmed the existence of this gap:

> *"This issue is the major challenge as well as the factor for the UHE-ps to be unhappy…Since the launching of the program, there is no educational opportunity for the health workers. There were some promises from the FMOH…, but so far there is nothing…"*Addis Ababa RHB official

Some officials at Addis Ababa RHB suggested what needs to be done to address these satisfaction issues. They listed solutions such as:

1) Some sub-cities should give chances to UHE-ps to upgrade their careers if they produce educational credentials
2) The FMOH should provide guidance and direction on the career structure of these workers
3) UHE-ps should get career reclassification every two years, as is the case for other civil servants
4) The government should, as much as possible, implement what it promises

Officials at the FMOH mention budgetary constraints as one of the reasons for not being able to address the dissatisfaction of UHE-ps. They say the program has resulted in an extra burden on the budget of the country. In addition, they mention the lack of uniformity among regions and sub-cities with regard to career structure of these cadres as another reason leading to dissatisfaction.

Some UHE-ps in Amhara Region mentioned that there are some program components that are difficult to be implemented among certain communities. For instance, community members cannot afford to have systems to meet personal hygiene requirements (such as facilities for showers, as well as having simple water containers that can serve such a purpose).Similarly, a respondent in Harari Region stated that some components of the program seem less applicable to the community, and that it is difficult for the poor to meet the standards of the quality of the latrines:

> *"…they make the latrine without pit due to scarcity [of land/space]…"*Health center head, Harari

Among the challenges in the delivery of the program mentioned by respondents from SNNPR include the fact that it is difficult for unmarried mothers to utilize adolescent and reproductive health (RH)services (including institutional delivery) because of fear of stigma:

> *"Sometimes it is difficult for unmarried pregnant youth to come to the health center for ANC services…These ladies also do not want to give birth at health facilities due to social taboos…"*UHE-p, Hawassa

The travel distance to health facilities and the lack of transport are also mentioned as a challenge in accessing delivery services in certain neighborhoods around Hawassa:

> *"…people fail to give birth at health centers because of absence of transportation services, and location of health center are not good for public transport…"*UHE-p, Hawassa

Almost all informants agree that most community members have a good attitude towards the program, as well as towards program personnel. However, in some communities, there is a tendency among community members to associate the program with political activities within *kebeles*. For instance, in Amhara Region, respondents say that there are many community members who suspect that the program or program components and/or the program personnel have something to do with the government or party

politics. Developments in national-level politics are also said to contribute to this. One UHE supervisor in Amhara said:

> *"…related to politics, especially after the last public protest, it is very difficult to have "one to five"[*] and development team meetings. As I observed, there is a tendency of associating health extension activities with politics…"*UHE supervisor, Gondar

Similarly, in Addis Ababa, resistance and negative attitudes towards the program emanate when the community assumes the program has an implicit political mission. According to sub-city officials, the community members suspect UHE-ps as having other secret missions related to tax collection or inspecting issues of land grabbing.

There are also instances where the community expects too much from the UHE-ps due to the misconception of their roles:

> *"The community also expects health extension workers to do everything. For example, the community expects them to collect waste and clean the environment…"*UHE-p, Debre Berhan

In some cases, there is also a tendency in the community to underestimate the knowledge and skill of UHE-ps and not consider them as health professionals. There is even resistance to utilize the services for this and other reasons:

> *"…they undermine the extension workers. Besides, they think that the program does not bring any change, and they rather consider it as a waste of time…"*UHE-p, Bahir Dar

The other reason for resistance is due to competing interests with subsistence livelihood activities. On the other hand, there are also many who are educated and well-off who resist and refuse to utilize the program. There are even health professionals who resist being visited by UHE-ps and refuse to allow their children to be vaccinated. The reasons mentioned for the refusal by the literate is because they feel they need no health education.

Discussion

One of the items that is considered important for health workers is the presence of conducive working space. Most of the UHE-ps work in *kebele* offices, and such an arrangement does not seem to be convenient for their work. This seems to have resulted in the stigmatization of their function by mistakenly associating it with administrative and political issues within the *kebele*. Some of these issues are also identified in an earlier assessment (5). On the other hand, arrangements for HEWs to get stationed in remote and isolated areas have also been shown to have a negative effect on the quality of work and motivation of HEWs (6).

In addition, most of the UHE-ps report being dissatisfied with their jobs, and do not see a very good future in their profession. This is also corroborated by most of the findings in that thesecadres of workers are neither given refresher training on a regular basis nor shown the presence of a clear professional ladder and career structure. Insufficient earnings and slow professional career growth were among the de-motivating factors frequently mentioned by HEWs in an earlier qualitative study conducted in two selected rural districts in Oromia and SNNPR (7).Another qualitative study by Kok *et al.* in six districts in Sidama Zone of SNNPR also highlighted the fact that HEWs' expectations regarding training and career advancement were not met, and hampered relationships between HEWs and the health sector (8).

Most the UHE-ps are said to be less motivated to the job, and seem to consider their jobs as a temporary one (until they get a better job). Even those who want to stay in the profession seem to prefer to work in clinical-related activities. In addition to lack of training opportunity and absence of clear career structure, being engaged in administrative routines that are not directly related to health services are also among the reasons mentioned for dissatisfaction by UHE-ps. Earlier studies have also reported aspirations by HEWs for upgrading themselves to higher categories in the health profession (6). Of course, there are also those who are satisfied with their work and who feel that they are making changes to the health status of their communities. Coupled with dissatisfaction of the UHE-ps about their career prospects, the overall program structure and process seem to lack consistency across regions.

Furthermore, there seem to be tendencies among the community members to associate the program with the political activities of *kebeles.* There are also instances where the community is expecting too much from the UHE-ps due to a misconception about their roles, while in some other instances, there is a tendency to undermine the knowledge and skill of UHE-ps and to not consider them as health professionals. Other studies have also reported health extension workers citing instances of community members rejecting their health messages (7).

Conclusions

It is high time that the government devised a clear career structure for UHE-ps, and implemented a uniform payment structure across the regions. Issues that can lead UHE-ps to be mistakenly identified as politicians or administrative workers should also be addressed.

[*] "one-to-five' is a kebele level political arrangement whereby every five people are organized as a cell, and the leader of that cell is again linked with higher level cells.

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