

Revisiting the quality of Health Extension Workers' training: Case study from Amhara Region, Ethiopia

Zufan Abera Damtew¹, Amsalu Shiferaw Moges², Jens Kaasbøll³

Abstract

Background:- Ethiopia has been training community health workers, locally under its program of Health Extension Workers, in Technical and Vocational Education and Training Institutions (TVETI) since 2003.

Objective:- To examine conditions that may affect the quality of health extension workers training in Ethiopia.

Methods:- We conducted a qualitative case study interviewing 32 informants. This approach helped us get insight into the subject from different perspectives. The staffs of two institutions and the Amhara Region Health Bureau, and health extension workers were involved in the study. Data collected were analyzed through an interpretative approach.

Results:- The study showed that the curriculum for the training had not been revised since it was developed. Shortage of teaching facilities and on-the-job training of teachers were also identified as constraints.

Conclusion:- The curriculum should be revised and more time allotted for practicum and improved training facilities are needed for this purpose. Teachers need to continue updating themselves and their skills. Better collaboration between the training institutions and the health system is necessary for enhancing the quality of health extension workers training. [*Ethiop. J. Health Dev.* 2011; 25(3):201-205]

Introduction

In developing countries, thousands of people die each day from conditions such as the epidemics of HIV/AIDS, malaria and tuberculosis. Besides, shortage of human resource for health creates significant challenges. The inadequacy in the number of health workers is exacerbated by their mal-distribution that left those most in need (the poor and marginalized groups as well as those living in rural areas) (1). Ethiopia is one of the developing countries affected by such situations. To address the mismatch, the government of Ethiopia launched its health extension program as part of an accelerated primary health care expansion to the needy as of 2003 by deploying two salaried female Health Extension Workers (HEWs) at health posts in each *kebele* (village) of the country (2, 3). The HEWs had to complete a one-year course of instruction and field training or apprenticeship. The training takes place at Technical Vocational, Education and Training Institutions (TVETIs) after completion of the general education up to the tenth grade. At the TVETIs, HEWs take various supportive, basic and main courses during their training. The training curriculum was designed based on 70% practical and 30% of theoretical sessions (2).

At the beginning, there were about 38 TVETIs all over the country, of which 7 were located in Amhara Region. As most rural *kebeles* are covered with HEWs, currently the number of HEWs training schools is reduced: for example, there are only three in the Amhara Region. The objective of the training is to produce skilled health workers, for example, who are assigned at the community or health post level to provide essential health services and document community health information in their respective *kebeles* (2, 4, 5).

A quantitative study using survey questionnaires on the HEWs training program in Ethiopia was conducted in 2007 (6). The focus of this study was the facilities of the TVETIs, such as class rooms, libraries, and ICT, which were found to be inadequate. The selection criteria for trainees were judged as flawed. The researchers also found that the number of trainers and benefits given to them differed across the regions. It was also noted that the trainers' future and employment prospective were ambiguous.

In order to find other possible issues and changes in the program put into effect since 2007 (6), we resorted to an open ended qualitative study as the purpose of the study was to describe crucial issues influencing the quality of training of HEWs. Hence the study examined HEWs' training curriculum, management of HEWs' training institutions and on-the-job training issues of the trainers.

Methods

The study followed a qualitative case study approach and interpretative methods that allowed us to understand the subject better. The interpretative tradition focuses on the subjective experience of those who are involved in the activities without any preconceived categories (7, 8). Walsham (1995) discussed that interpretive perspectives help understand the phenomena under study through the meanings and interpretations that people assign to them (9).

For the study, we included two out of three HEW training schools in the Amhara region located at Bahir Dar and Gondar. Data were also gathered from the Amhara Region Health Bureau and community (health post)

¹E-mail:- zufanad@ifi.uio.no;

²Department of Informatics, Amhara Regional Health Bureau, E-mail amsalushif@yahoo.com;

³University of Oslo, Norway, E-mail jensj@ifi.uio.no

between January and February 2010. The empirical data presented in this paper were collected by the first and second researchers. The first one had been working in the health care system of Ethiopia at different positions. Interviews and document analyses were used to obtain information. We conducted interviews with 12 HEW teachers, four people in charge of the training program at Bahir Dar and Gondar TVETIs, 10 HEWs and six members of the Amhara Region Health Bureau, who are responsible for the health extension program. Semi-structured interviews were used to enable interviewees to elucidate their answers. We also analyzed different documents, including the HEWs' curriculum, which helped us become familiar with the background information and subjects covered in the HEWs training.

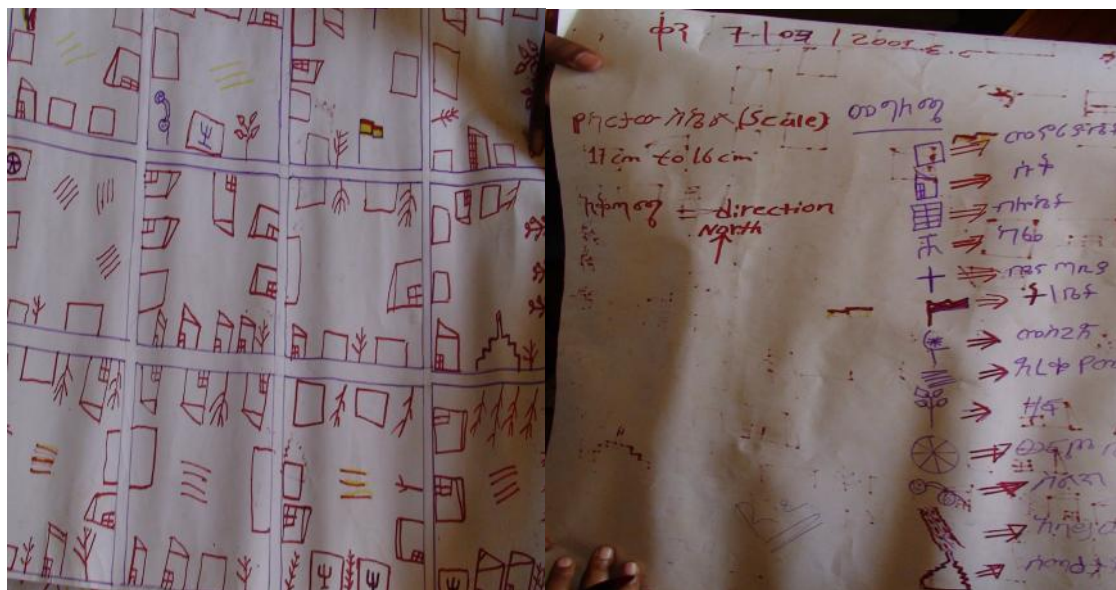
A research diary was maintained throughout to document memos from discussions and interview notes. We did not do any audio or video recording since our experience showed that health workers were not comfortable with being recorded. Data were analyzed iteratively using the concepts from relevant literature. Seidler describes qualitative data analyses as a process of noticing, collecting, thinking about interesting things in the material. However, this process is not linear and can

rather be described as iterative, because it is a cycle that keeps repeating (10). For example, while thinking about things, the researcher also starts noticing new things in the data. Subsequently, it is possible to collect and think about these new things. In principle, the process is an infinite spiral. When reviewing the data, the issues mentioned by the informants gradually converged into three topics, which will be presented in the next section.

Findings

Curriculum Development and Revision

The Health Extension Program curriculum has 16 packages categorized into four major components: personal and environmental hygiene, family health, disease prevention and control, and documentation of community health information. There are also other supportive and basic courses. As interviewed HEWs mentioned, all the subjects are crucial for their work. For this study, we will use the community documentation as an example of how competence obtained during training influences the practical work of the HEWs. During training, HEWs for example, learn how to sketch maps manually and how to collect and analyze health data (see Figure 1).



Picture 1. Hand drawn map with its legend made by HEWs trainees in Bahir Dar TVETI, photo taken in Feb/2010

The study participants mentioned the relevance of the documentation course as thus: “Community documentation helped us when we collected the baseline data of our community in two ways: for data capturing and communicating with households.” A HEW from the vicinity of Zeguda Health Post (Amhara Region).

When asked whether the data collection formats at TVETIs demonstration rooms coincided with the formats they were using at the working areas, one HEW replied: “The formats we had at school did not coincide with what we are working with now. It would have been good

if the formats that we learnt at school matched the recording and reporting formats that we are using now.”

As the study focused to look at HMIS at community and health post levels, documentation and reporting formats across visited health posts were found to be not uniform. In some cases the HEWs had developed formats themselves to collect and document community health information.

Interviewed HEWs also appreciated the importance of the three other major subjects (Environmental health,

Family Health and Disease prevention) for their work since those subjects coincide are similar to what is in the health extension program packages. For example, one of their major tasks is to improve maternal and child health care. A health extension worker interviewed at Meshenti Health Post (a rural vicinity) said:

“Immunization and family planning are the main services where we strive to increase the coverage, and these are among the main tasks for our performance evaluation.”

However, there are some gaps related to the curriculum. For example, as the teachers pointed out, the time allotted for theoretical sessions is not sufficient to cover all the topics incorporated in the course syllabus. This may require revision of each course in order to reduce the timing imbalance. Teachers also mentioned that they sometimes were obliged to use the practical session to teach theoretical lessons. The health education course is also overlooked or included as only a supportive course in the curriculum. However, as teachers stated, this is a very important subject for the work of HEWs since their main job is offering health information to the community.

The trainers also stated that the curriculum gives crude hour for each course, for example 180 hours for family health. There is no clear time allotted for each specific topic in the course that may create variance in the teaching process at the different schools. The interviewed teachers mentioned that they request for revision of the curriculum every year and, yet it was not amended as of February 2010.

Resources and Facilities

HEWs training centers are under the TVETIs, which are governed by the Regional Technical Vocational Education and Training Agency, whereas trainees are selected and deployed to their work places by the regional health bureau. TVETIs normally do have many teaching activities: for example Bahir Dar TVETI runs 36 training programs in addition to the HEW's training. HEW teachers and TVETI for example, the staff members mentioned a weak link between the health bureau and TVETIs in managing and supervising the HEWs training program. For instance, the number of trainees enrolled for a given year may not be predetermined and made known to the TVETIs in advance for early preparation:

“This year, the health bureau didn't inform us about the number of HEWs to be trained on time, they just sent trainees. But, the Agency hadn't plan for HEW training. We are, therefore, using the money allocated by the College for the training purpose.” A respondent from Bahir Dar TVETI.

All interviewed teachers complained about the inadequacy of the budget, teaching materials, stationary, and demonstration equipment and rooms for demonstration of practical procedures. Although much time was allocated for practical sessions, there were no

adequate demonstration materials and training facilities for practical courses. One interviewed teacher at the Gondar TVETI said:

“I demonstrate delivery management technique to trainees using a doll, but there were no registration forms to show what information they need to record ...”

Similarly, eight out of 10 interviewed HEWs also mentioned that they did not manage or assist delivery and did not see how to register the required information during their training time. Shortage of transport service and nearby well-equipped health facilities were also stated as obstacles for the practical sessions. People responsible for TVETI also admitted the problems associated with HEW training facilities and they mentioned that they share their scarce resources among all the training programs.

The curriculum and media of instruction are in English, but the teachers use both English and Amharic while teaching, and often data collection during their field work and communication is in Amharic: *“The language is a barrier. I prepared exam questions in English, but some students answered in Amharic. It had been good if the media of instruction would have been Amharic”* a teacher from Bahir Dar TVETI.

In-service Trainings for Teachers

All interviewed teachers complained that they were not participating in the trainings organized by the health bureau and others not in on-the-job training organized for them. Concerning this issue, one of the HEW teachers said:

“We are teaching grass root level health workers, so we need to be acquainted with the new science and developments in technology. Then we can show our students what is going on but we didn't get this chance.”

Some teachers stated that they received important training, albeit not adequate. However, others mentioned that they didn't get any type of training since they were recruited as HEW teachers. For example, a teacher from Gondar TVETI said:

“I worked for the Past 5 years as instructor of HEWs, but I didn't take any training throughout. Health science is changing and growing through time, but we are far from that.”

Teachers considered themselves to be neglected and not invited for trainings organized by the Ministry of Health or Ministry of Education. Some of them were not even clear about whom they are accountable to. They mentioned that TVETIs sometimes do not allow them to go for training, even when other organizations invite them.

The regional health bureau officials also agreed on the need of training for HEW teachers in the health issues.

They mentioned that the issue was discussed many times, though the problem is not yet solved. The concerned official or Health managers;

“HEW teachers are not usually invited to the refresher trainings organized by the regional health bureau and zonal health departments. We wrote letters to different sections about the importance of inviting HEW teachers for training. However, the problem persists” health extension package officer at regional health bureau.

The head of planning, monitoring and Evaluation admitted:

“I agree with the idea that trainers of health workers and HEWs need to be familiar with new ways of doing things. We give HMIS training to all health workers in all zones. Then HEWs’ teachers can participate in this training in their respective zones.”

Responsible people at TVETIs also concur that HEW teachers are not getting training. They mentioned that the schools have their own time schedule for teaching. Hence, they confirmed that they allow teachers to go for training if they can cover their classes within the allotted time.

Teachers mentioned that they were not clear about their future career. Managers of the visited TVETIs also admitted this problem: *“We wrote a letter to the health bureau about the career of HEW teachers, but there was not been any response yet.”* Respondents from the Bahir Dar TVETI said:

“HEW teachers are not getting the required benefits. The agency pushes them to the health bureau and the vice versa holds true for the health bureau” Head of Gondar TVETI.

A teacher from the Bahir Dar TVETI put the matter this way:

“When we asked the health offices, they say that you are the staff of TVETI, and we didn’t get good response from TVETI.....We are so neglected and most of us are here until we get another option.”

The attrition rate of teachers is high especially in the Gondar TVETI, and in the present year, there are only 4 teachers for 200 students. Professional mismatch of teachers is another problem, which is more significant in the Gondar TVETI, where there is only one teacher with a clinical background.

Discussion

A curriculum which assists students entering and succeeding in their work is vital for a training to be successful (11). The curriculum developed for HEWs is designed to produce skillful workers (2) and it includes

the most important subjects as main courses. But no revision has taken place after it was developed in 2003. Bruner suggested that the fundamental ideas included in the educational curriculum should be revised through time (12). The program is relatively new, while the curriculum and teaching materials have been developed on the basis of a limited experience from the pilot projects and inputs such as experiences from Pakistan’s Lady Health Workers Program and Ghanaian’s Community Health Planning Services (2). Thus regular revision of the curriculum is indispensable for it to be practically relevant and effective.

The curriculum revision should also consider the time allotted for theoretical and practical sessions. Teaching theoretical lessons instead of the practical sessions may overburden students and reduce the time allotted for practical training which in turn may result in limited exposure to appropriate and up to date skills development. Hence, there is a need to revisit each topic in a given course and include only the vital ones that can be covered in a given timeframe.

TVETIs in general suffer from a scarcity of teaching facilities such as classrooms, demonstration materials and libraries (6). TVETIs have many training programs and they are sharing their scarce resources for all programs. Hence, classrooms, demonstration rooms and libraries, need to be equipped with relevant teaching aids, appropriate reference materials, revised and updated job aids and formats. This may require the collaborative effort of TVETIs, health bureaus and other stakeholders. In general, very few trainees would be able to transform what they learn in schools to their work, if they only have theoretical classes at school (13). Practical sessions are essential for the trainees to develop their skills. This calls for complete demonstration rooms and including more practical sessions.

Since the training is given at TVETIs and students are recruited by the regional health bureaus, there is no clear responsibility in relation to managing the HEWs training program. As mentioned by heads of TVETIs, this creates problems specifically related to teachers’ incentives and on-the-job training. The findings of this study showed that training needs of HEW teachers in Amhara Region were unfulfilled. Trainers have to explain concepts and demonstrate new ways of working to their trainees (14). However, HEW teachers in the Amhara Region did not get invited to relevant health trainings. Trainers need all kinds of skills: communication, counseling, technical, team work, and analyzing competencies. They have to be articulate, empathetic, professional, knowledgeable, and trustworthy (14). Hence on-the-job training is very crucial for teachers.

Interviewed teachers also mentioned that they did not get sufficient response for their inquiries, neither from the health bureau nor from the TVETIs, and that they were not clear about their benefits and their future career. The previous study of HEWs training also identified

uncertainty about the future of teachers as one of the most critical problems of the program (6). This may result in role ambiguity, job dissatisfaction and high attrition (15). Experienced teachers are vital for the teaching program, thus remedying the problems may motivate HEW teachers to work for a long time.

In a nutshell, the health extension program is considered as a truly community-based approach to primary health care delivery (3, 4) and the main pillars for its implementation are HEWs. This implies that due attention is required by the TVETIs, their collaborating institutions, as well as other stakeholders, for working to overcome the problems being encountered in the training process.

Although this research is conducted in one region, the lessons gained may be important for other HEW training schools in Ethiopia, and for other countries that have similar working and training setups.

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