FACTORS ASSOCIATED WITH PERFORMANCE OF COMMUNITY HEALTH WORKERS ON HIV/AIDS PROGRAMS IN TANZANIA: A CASE STUDY OF NJOMBE TOWN COUNCIL

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CERTIFICATION

The undersigned certifies that he has read and here by recommends for acceptance by the Open University of Tanzania a research entitled: *"**Factors Associated with Performance of Community Health Workers on HIV/AIDS Programs in Tanzania: A Case Study of Njombe Town Council"*** in partial fulfillment of the requirements for the Degree of Master Arts in Monitoring and Evaluation (MAME) of the Open University of Tanzania.

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Dr. Hamidu Shungu

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Date

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DECLARATION

I, **Heri Eksavery Mpunza,** do hereby declare to the senate of the Open University of Tanzania, that this is my own original work and that to the best of my understanding it has not been presented before, anywhere for any purpose or for a degree or similar award at any other university.

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Signature

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Date

DEDICATION

To my late mother Merina Joseph Msowoya, my wife Nancy and my children Maureen, Ethan and Janelle for their enormous support, patience, encouragement, understanding, and unconditional love during my study.

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ABSTRACT

This study submits the analytical findings on the factors associated with performance of community health workers on HIV/AIDS programs in Tanzania: A Case Study of Njombe Town Council. The aim of the study is to assess the impacts of Community Health Worker. The specific objectives of the study were: To identify roles of Community health workers on HIV/AIDS programs; to determine health system factors that manipulate the performance of CHWs and to identify challenges faced by CHWs in their works. In the study both open ended and close ended Questionnaires, were used to gather most important information from a sample size of 100 Respondents. The Respondents were obtained from 4 wards of Ramadhani, Mjimwema, Uwemba and Kifanya. This study has tried to show the impacts of the CHWs on the performance of HIV/AIDS programs. The study has proved a significance role played by CHWs by providing reliable services to the communities. Despite the existence of the CHWs in the community, the study still suggests that health systems should provide favorable environments for the CHWs. The research suggests that, motivations, trainings, incentives, supervision and working conditions encourages CHWs to perform their duties effectively. Finally, the study recommends a continued partnership between the government and a private sector in resource mobilization. The study has proved that this is the good way to bring health services to the communities as the government and the NGOs share the resources.

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LIST OF ABBREVIATIONS

ADPs	Area Development Program
AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical Research Foundation
CHWs	Community health workers
CHEWs	Community Health Extension Workers
CBHP	Community-Based Health Program
DRC	Democratic Republic of Congo
HBS	Households Budget survey
HIV	Human Immune deficiency Virus
IPT	Intermittent preventive treatment
LCT	Life Course Theory
MDGs	Millennium Development Goal
MNCH	Maternal, newborn, and child health
MoHCDGEC	Ministry of Health, community Development, Gender, Elderly and Children
NBS	National Bureau of Statistics
NGOs	Non Governmental Organizations
PHC	Primary Health Care
PLHIV	People living with HIV
PrEP	Pre exposure prophylaxis
SDGs	Sustainable Development Goals
USAID	United States Agency for International Development

THIS	Tanzania HIV&AIDS Impact Survey
TCRA	Tanzania Communication Regulatory Authority
TC	Town Council
THMIS	Tanzania HIV/AIDS and Malaria Indicator survey
TBAs	Traditional Birth Attendants
UNICEF	United Nations Children's Fund
VHCs	Village Health Committees
VMMC	Voluntary medical male circumcision
VHWs	Village health workers
VLS	Viral load suppression
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

According to Jerome and Ivers (2010) a community health worker is a man or woman who live within the community and understand people and culture, are respected and trusted by his or her community, and is elected by the community to be the first point of contact for many of the health services issues. In 2007 According to Mwai *at el* (2013), argued that the roles and activities of CHWs are extremely diverse throughout their history, within and across countries and across programmes. While in some cases CHWs perform a wide range of different tasks that can be preventive, curative and/or developmental, in other cases CHWs are appointed for very specific interventions.

CHWs implement several duties in HIV programmes, such as mobilizing and providing referrals to community members for Male and Infants Circumcision, influencing community members for HIV testing and counseling services and linking community to the CTCs. CHWs have been shown to improve uptake of HIV services and treatment adherence in diverse settings (Franke *et al.* 2012; Wouters*et al.* 2012). CHW program effectiveness depends on an enabling work environment for CHWs, including workload, supportive supervision, supplies and equipment and respect from community members (Jaskiewicz and Tulenko 2012), as well as locally supportive social norms and health policies (Kok*et al*. 2015).

In Tanzania viewpoint, DHS reports (2015/2016) shows approximately three - fourths of Tanzania's population live in rural areas (70%) and are facing health labor force

disaster. According to WHO (2017) there were 0.3% Medical doctors and 4.4% Enrolled nurses and Nurse midwives for every 10,000 people who are living in a rustic area of Tanzania. Jerome, *at el* (2010), made supportive arguments that shortage of health care workers at all levels, poor transportation system, poor infrastructure, long distances between health centers, inefficient distribution of medical supplies, and limited/shortage of allocated funds within the health sector continue to generate challenges for Tanzanian health system. Furthermore, according Tanzania HIV Impact Survey (THIS2016/2017) which included HIV testing of survey Respondents were estimated that annual incidence of HIV among adults' ages 15 to 64 years in Tanzania is 0.29 percent (0.40% among females and 0.17 % among males). This match to approximately 81,000 new cases of HIV annually among adults' ages 15 to 64 years in Tanzania. Prevalence of HIV among adults' ages 15 to 64 years in Tanzania is 5.0 % (6.5 % among females and 3.5 % among males). This corresponds to approximately 1.4 million people living with HIV (PLHIV) ages 15 to 64 years in Tanzania.

Prevalence of viral load suppression (VLS) among HIV-positive adult's ages 15 to 64 years in Tanzania is 52.0 % (57.5 % among females and 41.2 % among males). CHWs programming in Tanzania was launched in 2008 under the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) as the aim to archive one among several Millennium Development Goal (MDGs) of better and quality health for every citizen but more intention to children and pregnant mother (WOLRD VISION, 2017). The Jhpiego Tanzania under USAID funding has become a big partner in the plan implementation of the use of CHWs in their programs like Voluntary medical male Circumcision project (VMMC) and Early Infants male

Circumcision (EIMC) Project in regions of Tabora, Iringa, Singida, Morogoro and Njombe respectively, also To the SAUTI za watanzania Project in the same mentioned regions. The organization supports CHWs by monetary incentives in the facilities; CHWs are recruited by the village leaders and get interviewed by the Jhpiego staffs and finally are trained for 05 and then contracted for a duration of six months.

1.2 Statement of the Problem

In the epoch of Sustainable Development Goals (SDGs) and universal health coverage, scarcity of fully trained health care providers is a main challenge facing the health sector all over the globe. In Tanzania nurses and midwives make up 27% of the health workforce compared to about 50 % in the rest of Africa, and only 1.7% is doctors compared with 9.7% in the rest of Africa (WHO 2017). In countries like Tanzania, which is severely affected by HIV/AIDS, shortages of health workers present a major obstacle to scaling up HIV/AIDS services. Implementing a task shifting approach for the use of community health workers (CHWs) represents one strategy for rapid expansion of the health workforce.

Tanzania identify Community Health Workers (CHWs) as an essential and talented resource to support and enable the provision of health care (including HIV/AIDS services) in settings which are resource-constrained and facing an sensitive shortage of health workforce. CHWs are generally promoted as highly cost-effective and immediately available (MoHCDGEC, 2018). In recent times most of the HIV/AIDS initiatives also opted for Tanzania's newest policy focusing on community health, the Community-Based Health Program (CBHP), that was introduced in 2014, centers on CHWs.

As the available official health facilities and Staffs in the Njombe Town council (52 Dispensaries, 08 Health Centers and 02 Hospitals) are not sufficient to serve the continually growing population of Njombe town Council, primary rural health centers were established to harmonize the existing official health infrastructure. These centers are managed by Village Community Health Workers (VCHWs) assisted by Traditional Birth Attendants (TBAs) under supervision of Village Health Committees (VHCs). The council had only 94 Village Health Workers and 94 Village Health Committees. (Njombe TC socio-economic profile, 2019). Therefore this study aimed at focusing on assessment of the impacts attributed by CHWs on HIV/AIDS programs that are implemented in Njombe town council societies.

1.3 Research Objectives

1.3.1 Main Objective

The main objective of the study is to identify factors associated with performance of community health workers on HIV/AIDS programs in Tanzania: A Case Study of Njombe Town Council.

1.3.2 Specific Objectives

(i) To identify roles of Community health workers on HIV/AIDS programs

(ii) To determine Community factors that influence the performance of CHWs

(iii) To identify challenges faced by CHWs in their works

1.3.4 Research Questions

(i) What are the roles of CHWs on the impacts of HIV/AIDS programs?

(ii) How the Community factors do influences the performance of CHWs?

(iii) What challenges faced by CHWs in their works?

1.4 Justification of the Study

Since 1980s' after first case noted of HIV Tanzania, only micro-factor (behavioral, mother-to-child transmission, circumcision status) was given more attention with left behind other Macro-factor like number of Volunteer community health worker, number of programs that supports CHWs, Community perceptions on CHWs and Number of Health facilities that had assigned CHWs.

This can be seen in the MoHCDGEC report of May 2017 and micro-factor measure for HIV had lead to reduce HIV prevalence only by 6% from 14% to 8% in year 2007 to 2017. How about Macro-factors? Hence, there is necessity to understand the impact of macro-factor such as number of community health worker on archiving various HIV/AIDS programs like biomedical intervention programs, behavior intervention programs and structural intervention programs.

1.5 Significance of the Study

The study is conducted with different importance to different groups as explained below:

1.5.1 To the Government

The results of this study was enable government departments to realize the impacts, strength, weaknesses and opportunities of the Community health workers on HIV/AIDS programs in Njombe TC that is used as a study area to generalize the impact.

Through the gaps and challenges that were identified in the study, policy makers were open-minded on the overall situation of the implementation of the programs. The findings were making it easy for the policy makers to oversee the challenges and gaps in introduction and implementation of other programs in the study area.

1.5.2 To Njombe Town Council Society

The study is important for Njombe societies as the direct beneficiaries as it was give a picture of what the community is generally getting at present as well as in the future. Through the identified challenges, a recommendation for changes was help successful implementation as well as sustainability of the programs.

1.5.3 To Open University of Tanzania

This study was increase knowledge base in the University's' library to be used as reference for other studies that was conducted with similar objectives or related to this study anyhow.

1.6 Limitations of the Study

I anticipated the absence of the updated data on HIV/AIDS on most of the facilities due to the use of paper based systems and Government bureaucracy, some Service providers and Clients/ Patients was limit data availability due to confidentialities, Also due to financial and time constraints the study was not reach all 13.

1.7 Scope of the Study

The study focal point was getting the first hand understanding about the factors associated with performance of community health workers on HIV/AIDS programs

that are being implemented in Njombe TC, selection of the study area was based on the rate of HIV/AIDS prevalence, Also Njombe town council had about 90% of the wards that are situated in Rural areas where there are difficulties in accessing Health services.

1.8 Organization of the Study

This report contains Five Chapters of which each chapter corresponds to each other as described as follows

Chapter 2: This section provides relevant literatures related to this study. It discusses basic definitions, theoretical framework on the factors associated with performance of community health workers on HIV/AIDS programs. Life Course Theory (LCT) and Self-Determination Theory (SDT) discussed giving full understanding based on other related studies, which have used the model relevance to this study.

Chapter 3: This section described the information about the methodology; it encompasses the research area, research design and target population, sample size, sampling techniques and procedures, data collection methods, and data analysis and process.

Chapter 4: This chapter presents and discusses findings of the study conducted in four wards of Njombe Town Council. The presentation is organized according to the research objectives and emerging issues. The chapter is organized starting with Demographic characteristics of respondents; The Roles of CHWs on HIV/AIDS programs; The Influence of the community Systems to the Performance of CHWs; and the Challenges faced by CHWs in the studied area.

Chapter 5: This section presents discussion on the conclusion made by the researcher on the subject matter and also recommendations made so as to suggest the possible measures for the favorable conditions of the CHWs performances on HIV/AIDS programs in Tanzania.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section provides relevant literatures related to this study. It discusses basic definitions, theoretical framework on the factors associated with performance of community health workers on HIV/AIDS programs. Life Course Theory (LCT) and Self-Determination Theory (SDT) discussed giving full understanding based on other related studies, which have used the model relevance to this study.

2.2 Conceptual Definition

2.2.1 Community Health Workers (CHWs) Overviews

The term Community Health Worker (CHW) is an umbrella nomenclature used to describe lay persons who have been trained in some way to carry out functions related to health care delivery (e.g. health care or / and education) and are a resident of a specific community (Maupin 2015).

Community health workers also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy. (American Public Health Association, 2008).

Community health workers go by many titles, depending on where they work, who they work for and what they do. Common titles include health coach, community health advisor, family advocate, health educator, liaison, promoter, outreach worker, peer counselor, patient navigator, health interpreter and public health aide.

The role of the community health worker started as a societal position, appointed by and responsible to the community's members. Advocates and activists dedicated their time and talents to ensuring that local people received the health information, resources and health care services they needed.

The success of their efforts has caused many government agencies, nonprofit organizations, faith-based groups and health care providers to create Supported positions for Community health workers to help reduce, and in some cases eliminate, the persistent disparities in health care and health outcomes in underprivileged communities. The Government and organizations benefit by gaining access to information about health care needs in these communities, which they can use to improve the design of health services.

2.2.2 HIV/AIDS

HIV *(human immunodeficiency virus)* is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases. It is spread by contact with certain bodily fluids of a person with HIV, most commonly during unprotected sex (sex without a condom or HIV medicine to prevent or treat HIV), or through sharing injection drug equipment.

First identified in 1981, HIV is the cause of one of humanity's deadliest and most persistent epidemics. If left untreated, HIV can lead to the disease AIDS *(acquired immunodeficiency syndrome).* The human body can't get rid of HIV and no effective HIV cure exists. So, once you have HIV, you have it for life.

However, by taking HIV medicine (called antiretroviral therapy or ART), people with HIV can live long and healthy lives and prevent transmitting HIV to their sexual partners. In addition, there are effective methods to prevent getting HIV through sex or drug use, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

2.2.3 HIV/AIDS Prevalence

The HIV/AIDS prevalence rate in selected populations refers to the percentage of people tested in each group who were found to be infected with HIV. OR Is a Percentage of people living with HIV. Prevalence measures the frequency of existing disease in a defined population at a specific time. HIV/AIDS Prevalence is measured by General population surveys with HIV-testing, sample surveys with HIV-testing in key populations, surveillance systems among key populations and key population sub national estimates, HIV prevalence can also be modeled using the Spectrum software, Survey schedule; Spectrum model estimates is updated every year. (WHO 2015).

2.3 Theoretical (Review)

2.3.1 Life Course Theory

This is a theory which clarifies health and disease patterns particularly health disparities across populations and over time which focusing on differences in health patterns one disease or condition at a time. Life Course Theory points to broad social, economic and environmental factors as underlying causes of persistent inequalities in health for a wide range of diseases and conditions across population groups. The basic issues addressed in this Theory for the community health worker and HIV prevalence is about the community health worker influence the HIV prevalence and wellbeing of

community, this theory relevant in studying the role of Community health workers in different HIV programs in all regions of Tanzania. However Community health workers are the part of the community and since the mission of Life Course Theory includes improving and protecting the health of the population, eliminating health disparities and promoting health equity across population groups and building healthy communities.

2.3.2 Self-Determination Theory (SDT)

Self-Determination theory, tells that People are centrally concerned with motivation, how to move themselves or others to act. Everywhere, parents, Doctors, Nurses, teachers, coaches, and manager's struggle with how to motivate those that they mentor, and individuals struggle to find energy, mobilize effort and persist at the tasks of life and work. People are often moved by external factors such as reward systems, grades, evaluations, or the opinions they fear others might have of them. Yet, just as frequently, people are motivated from within, by interests, curiosity, care or abiding values. These intrinsic motivations are not necessarily externally rewarded or supported, but nonetheless they can sustain passions, creativity, and sustained efforts. The interplay between the extrinsic forces acting on persons and the intrinsic motives and needs inherent in human nature is the territory of Self-Determination Theory.

Self-Determination Theory (SDT) represents a broad framework for the study of human motivation and personality. SDT articulates a meta-theory for framing motivational studies, a formal theory that defines intrinsic and varied extrinsic sources of motivation, and a description of the respective roles of intrinsic and types of extrinsic motivation in cognitive and social development and in individual differences.

Perhaps more importantly, SDT propositions also focus on how social and cultural factors facilitate or undermine people's sense of volition and initiative, in addition to their well-being and the quality of their performance. Conditions supporting the individual's experience of autonomy, competence, and relatedness are argued to foster the most volitional and high quality forms of motivation and engagement for activities, including enhanced performance, persistence, and creativity. In addition, SDT proposes that the degree to which any of these three psychological needs is unsupported or thwarted within a social context will have a robust detrimental impact on wellness in that setting.

Therefore this study is governed by Life course Theory and Self-Determination Theory (SDT), because the Life course theory provides an opportunity to truck the impact on social (community health worker), economic and environment also as to improve the health and well-being of Tanzanian communities, And the Self-Determination Theory (SDT) provides an opportunity to asses the power of Motivations and engagements to CHWs in the study area

2.4 Empirical Literature Review

Assessments of Impact of the Community Health Worker on HIV Programs have been the area of focus to many studies. The common macro-factors are like regional education level, geographical location of region, regional income level, accessibility of media and religious belief level.

2.4.1 Health System Determinants Associated with Performance of CHW

All components of the health care system play an important role in the performance of health care services. The elements of the health care system and health care related

factors including its culture and environment may have an impact on service delivery (Shah, *et al*., 2007). The healthcare industry has recently devoted large sums of money to investments in health decision support systems and improvements in health information technology. The aim of the recent surge of investments in health information technology is to improve the efficiency of clinical and public health practices as well as the cost-effective management and performance of CHW. Reports and records-keeping are often highlighted for establishing a good monitoring system (Jerden, Hillervik, Hansson, Flacking, &Weinehall, 2006).

Nevertheless only a few studies have brought out the importance of building healthy "interrelationships" and "trust" among health professionals in building an effective feedback and referral systems in place (Bhattacharyya *et al*., 2001). For example, a study in South Africa describes the relationships between professional nurses and CHWs and how one viewed the other as a "threat" in their career (Doherty & Coetzee, 2005). Studies for example in Columbia have also shown that "feedbacks are more significant in the overall motivation and performance of CHWs (Doherty & Coetzee, 2005). The critical issues that still remain in this respect are which mode of feedback mechanism work and how CHWs do and CHEWs utilize the feedback report (Arole, 2007). Timely and accurate information form the basis for management to plan and for service providers to take appropriate action.

However, very little is known about how health workers particularly CHWs value investments in health information technology and its impact on performances of CHW (Mensah & Aikins, 2007**)**. The extent to which economic resource base and political commitment factors should be taken into account is contingent on local conditions

including the economic and socio-political factors. The role of economic resource base and political commitment was largely determining the amount of attention CHWS receive in the design and implementation of CHW schemes (Haines and Lagarde, 2007). The relationship between resources and healthcare is widely documented in high-income country settings but has rarely been empirically investigated in low-income countries (Bakeera*et al.,* 2009). The health care provider depends on an efficient combination of financial & human resources, supplies, and delivering of services in a timely fashion. Their role of governance and specifically efficiency are paramount in health care service delivery (Lewis and Haukoos, 2006). Availability of drugs and cost of travel may influence performances of CHWs, however few studies have assessed the impact of availability and accessibility of drugs by community health workers (Haine and Lagarde, 2007).

Duration, content, organization and approaches to training of CHWs vary dramatically across programmes. In countries such as India CHWs are trained for about 3 months, while in other countries such as Brazil they are trained for about 6 to 8 months at the beginning of their career (Campos et al., 2004; Leslie, 1985). The training of CHWs has been a key and major activity in most of the health programmes in Tanzania based on the CHWs manual. The CHWs manual advocates for a three phases training with each phase lasting twelve days (MoHCDGEC, 2007).

CHWs have been trained even before the Alma Ata conference; however we are still not clear on fundamental issues such as duration of the training, content of the training, the trainers, the training venue and the role the community plays in the training. It is not peculiar that in one programme, CHWs are trained for two weeks,

and in another for up to six months (Kasej*et al.,* 2003). The empirical analysis of the contents and approach of various training programs and their influence on performance of CHWs remains minimal (Prasad & Muraleedharan, 2007). For CHWs to be effective they need the support of the trained community health extension worker whose main roles include training and continued support to the CHWs according to the felt needs of the community. Human resource is one of the most important components of determining the performance of public health programs and deliverables (WHO, 2006).

However, there is limited research on the quantitative links between health workers and service coverage rates (Kruk et al., 2009). There is contradictory evidence on the contributions of different categories of health workers and the role of health workers relative to other health system inputs in increasing the delivery of essential services, particularly in developing countries (Kruk et al. 2009). This research examined the relationship between community health workers' concentrations and delivery rates of level one health services**.** Changing people's behavior takes time and cannot be achieved by one or two visits in a year nor is it possible to change a person's attitude and behavior in a 20-minute visit (Orrell and Wilson 2003).

Therefore, to give meaning to the CHW's role as motivator there is need to evaluate the relative importance of the number of visits and frequency (Kruk et al. 2009). Successful delivery of health service is critically dependent on the provider and the client establishing a robust relationship (Orrell and Wilson 2003). Wide differences in social status between practitioner and patient may also inhibit health service delivery. Few comprehensive studies have been completed to analyze the relationship between

patient-provider relationship and performance (Turin, 2010). The distance covered by CHW to offer health services and the availability of transport options can have a significant impact on appropriate and timely delivery of health services (Furuta and Salway, 2006). Despite general acknowledgements of its importance, time and distance covered by a CHW is hardly considered in studies (Kabir 2007, Gage and Guirlene 2006). Experience across countries varies with two critical commonalities that is the optimal population size that a CHW could cover and the optimal range of services that a CHW could deliver (Prasad & Muraleedharan, 2007). Countries like Sri Lanka a CHW covers as low as 10 households offering a set of MCH related services (UNICEF, 2004) On the other hand, there are countries such as India, where a CHW covers about 1000 households (UNICEF, 2004).

2.4.2 Community Factors Influencing the Delivery of Health Service by CHWs

A number of community social patterns affect the performance of services (Addai, 2000). Provider's decisions regarding health care services are strongly influenced by the practice of others in the community (Stephenson et al., 2005). The power hierarchy at home plays a central role in determining utilization of health services (Duong, *et al*. 2005).

However, few studies have looked at how family support and provider's position within the household, influence performance of CHWs (Furuta and Salway, 2006). There are several pathways including population characteristics, contextual factors and living circumstance through which a community could influence the performances of a CHW (WHO, 2006). The role of community factors on decision to deliver and utilize health care services have been largely ignored (Cheboi, 2011) Incorporating the role of

community in the analysis of performances of CHW was provide an opportunity to highlight health risks associated with particular social structures and community ecologies which then may explain how community development, attitudes, norms, and availability of health service influence health seeking behavior (Stephenson *et al*., 2005). The widely publicized views of politicians, religious groups and family opinion leaders on the use of health services play an important role in skepticism towards delivery and reception of services (Frank, 2009). Cultural and leader's opinion is particularly important in the demand for or against health services particularly community based ones.

A study in Pakistan, for example, found that resistance by a husband and cultural unacceptability of a health service were more important determinants than fears of further worsening of disease status (Sathar, 2001). Lifestyle is a motivator to the delivery of health service and few studies have looked at the effect of community lifestyle at performance of health care services (Shah, *et al*., 2007). Healthy communication is a dynamic process that at some point in time has a status that may or may not be appropriate for specific population groups it is meant to inform. The state of health communication for a given population is a function of several tiers of structure and process.

This includes government policy, health care directives, health care structure and process, and the ethnic social realities of a multicultural society The relationship between these many variables has been inadequately studied yet represents an important component of a national healthcare infrastructure and strategic plan that aims to bring quality and equality to the health of all populations (Calderón et al

2007). The issue of personal safety and security is a prerequisite for the initiation, as well as the continuation of the delivery of health care therefore there is a need to assess its role in the performance of CHWs (Sibhatu, *et al* 2008). It is widely acknowledged and emphasized that the success of CHW programmes hinges on regular and reliable support, provision of transport, drug supplies, equipment and supervision. The use of traditional medicines and traditional doctors is not included in health care delivery data in Tanzania (Turin, 2010).

The level of training of provider has a big influence over delivery of service (Brabin*et al*, 2009) however; studies on training of the workforce are inconclusive (lindelow, *et al*., 2004). However a survey conducted in three health centers in Kampala showed no effect on malaria guidelines and treatment after training of health workers (Nankwanga and Gorette, 2008). General knowledge of the dangers, consequences of ill health, shapes personal perception on promotion of any type of health services and would be benefits (Kabir, 2007) hence need to examine the role of various forms of knowledge in delivery of health care services. Evaluating and making the best use of information on good and bad health sector providers requires some measure of sophistication in the target group however, there are limited studies on the role of community health workers in delivery of health services (Deventer and Radebe, 2009). Attitudes towards medication, illness and healthcare service provider may interfere with delivery of health care (Deventer and Radebe, 2009**)**.

The tendency of patients to doubt or question advice offered by medical practitioners may also contribute to performances of CHWs. Stigma towards certain conditions has effects on performances of CHWs (Turin, 2010). Cultural background is an important

factor in the delivery of health care services, especially in Africa. Many cultural or social factors may impede the performance of CHWs. The cultural perspective on the performance of CHWs suggests that medical need is determined not only by the presence of physical disease but also by the cultural perception of illness (Addai, 2000).

In communities where women are not expected to mix freely, particularly with men, performance of CHWs by opposite sex may be impeded. Few studies have looked at beliefs and attitudes directly (Gabrysch and Campbell, 2009). Job satisfaction, influenced by institutional factors, such as financial considerations, working conditions, management capacity and styles, professional advancement and safety at work is a major determinant of health service delivery in general (WHO, 2006). There are few studies on the influence of satisfaction on performance of CHWs (Simkhada*et al.* 2007). CHWs do not exist in a vacuum. They are part of and are influenced by the larger cultural and political environment in which they work.

2.4.3 Performance and Effectiveness of CHWs

Effective community health services require well thought out theoretical and practical training modules and programmes. Most activities for CHWs take place in the community with periods of practice at various facilities up to the sub-district level (Karabi, *et al* 2001). However studies have shown contrasting results on the performance of community health services and community health workers (CHWs) (HENNET, 2010). For instance in Democratic Republic of Congo (DRC), CHWs were found to be effective in administering timely and effective treatment of presumptive malaria attacks (Kidane and Murrow, 2000). On the other hand, large centrally

managed CHWs programmes have failed, whilst true community-based ones work well (Friedman, 2004). In Tanzania the experience of NGOs is also quite varied in this respect (Prasad and Muraleedharan 2007).

On the other hand monetary incentives often bring a host of problems because the money may not be enough, may not be paid regularly, or may stop altogether. Lack of uniform monetary incentives may cause problems among CHWs. However, there are some success stories of programs paying CHWs (Karabi, *et al*., 2001). Many programs have used in-kind incentives effectively. Non-monetary incentives are critical to the success of any CHW program. The critical question is those would incentives in material or in kind per se influence CHWs' performance? (Prasad and Muraleedharan (2007). CHWs need to feel that they are a part of the health system through supportive supervision and appropriate training (Karabi, *et al*., 2001). Relatively small things, such as an identification badge, can provide a sense of pride in their work and increased status in their communities. In the end, the performance of a CHW comes down to his or her relationship with the community and social complexity of the communities they serve.

Different CHWs was need different types of incentives, depending on other job opportunities available, experience, the economic situation of the community and other factors. Both the performance of CHWs as change agents and the feasibility of implementing and sustaining large-scale CHW programs have been called into question (Karabi, *et al*., 2001). High attrition rates cause several problems. Frequent turnover of CHWs means a lack of continuity in the relationships established among a CHW, community, and health system. Considerable investment is made in each CHW,

and program costs for identifying, screening, selecting, and training the CHW rise with high attrition rates. When CHWs leave their posts, the opportunity is lost to build on their experience and further develop their skills over time through refresher training. The very performance of CHW work usually depends on retentiveness. Interaction with other CHWs can be a critical motivator for people who often work with little supervision or tangible evidence of their performance (Karabi, *et al*., 2001).

2.5 Summary of Research Gap

From the reviewed literature there is no conclusive neat wrap up of the roles played by CHWs. Rather, a complex set of factors affects CHW motivation and attrition, and how these factors play out varies considerably from place to place. There are a limited number of studies evaluating demographic characteristics of the level one health service provider such as age but not by cohorts, gender and marital status. However several studies have examined the role of education status, residents; source of income; knowledge of the health provider and attitude and practice but these studies were limited to quantitative research and non on qualitative research design.

On health system factors, there are so much literature on cost of financing but not on community based health care financing; quality of services; governance; accessibility and availability of drugs and supplies however the findings are inconclusive and inconsistent. Studies on the role of supervision and technical support, monitoring and evaluation; communication and leadership; patient- provider relationship; area covered by community health worker are limited. The question of how CHWs support HIV/AIDS Programs to reduce rate of Prevalence requires additional investigation.

2.6 Conceptual Framework

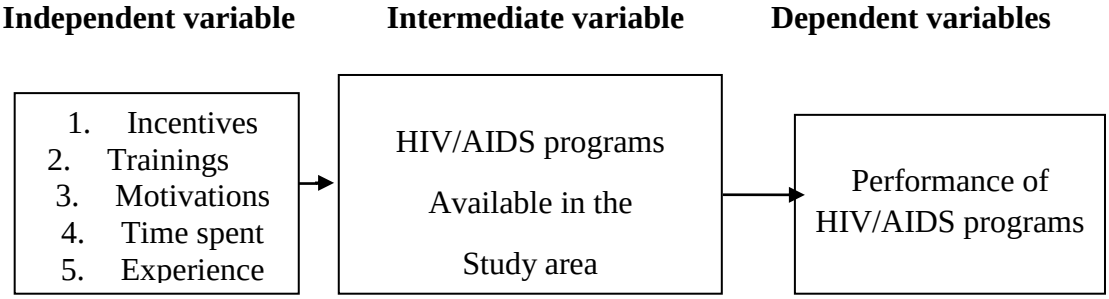

Figure 2.1: Conceptual Framework

Source: Researcher 2020

The Figure 2.1 presents different variables that were used in the study to show their relationships. It presents independent variable that is, Incentives, Trainings, Motivations, Time spent, Experience that are offered by the Government or HIV/AIDS Programs available in the council (Intermediate Variables) so as to provides favorable conditions for CHWs to alter HIV/AIDS prevalence in the study area (dependent Variable).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Description of the Study Area

The study was conducted in Njombe town council. Njombe TC is located at Latitude: -9, 3333 (919’59.988″S) and Longitude: 34, 7667 (3446’0.120″E). It has two divisions, namely Njombe Urban and Igominyi, it has 13 wards and 44 villages and 28 streets. Njombe Town Council is divided into, an urban and a rural area. The urban area is about 10 percent and the rural area is about 90 per cent of the total area of 3,212 km². Njombe Town Council borders, Ludewa District and Ruvuma Region in the south; in the east it borders Ruvuma Region; in the west it borders Makete District and Njombe District Council, while in the north it borders Wangingo’mbe district and Makambako Town council.

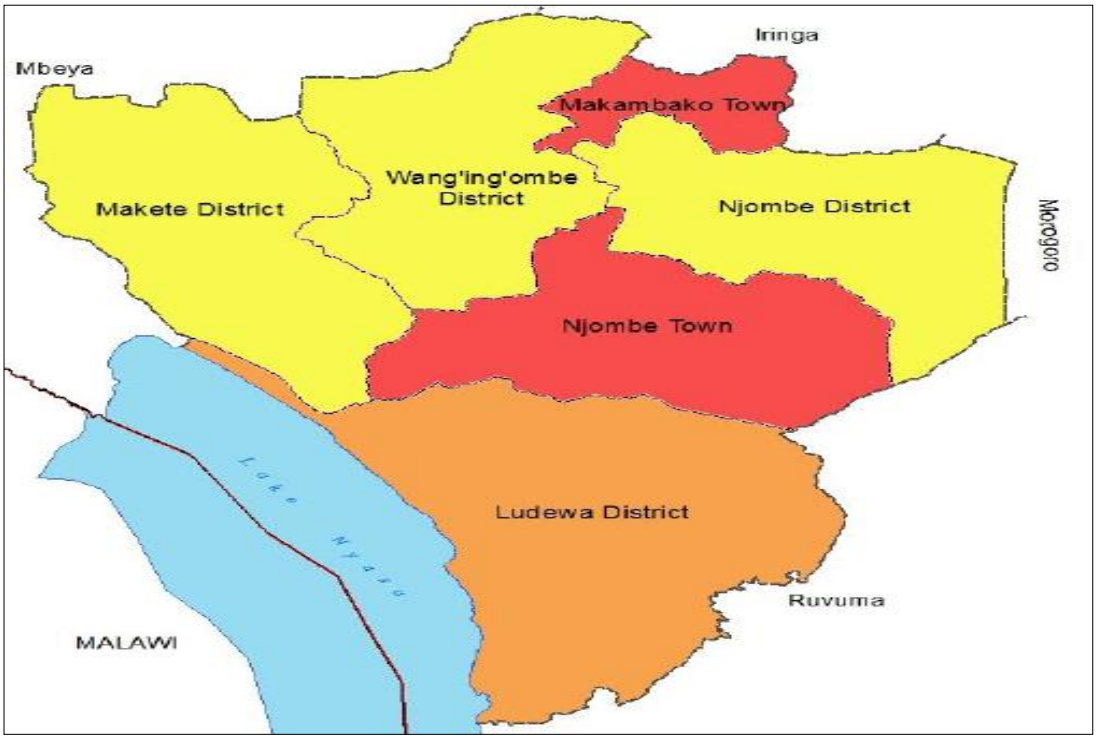

Figure 3.1: Map of Njombe Region Showing Administrative Councils

3.2 Research Design

Research design is the conceptual structure within which research is conducted; it constitutes the blueprint for the collection, measurement and analysis of data. As such the design includes an outline of what the researcher did from writing the hypothesis and its operational implications to the final analysis of data (Aigon, 2001).

According to Kothari (2004) a research design is "the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure". It is the conceptual structure within which research is conducted; it constitutes the blue print for collection, measurement and analysis of data.

This proposed study adopted an explanatory research design (non-experimental research design). Explanatory design seeks to establish causal relationship between variables. The emphasis of explanatory study is to study situation or a problem in order to explain the relationships between variables (Saunders, *et al.,* 2009). The choice of this design is based on the fact that the study aims to determine the relationship between number of Volunteer community health worker and HIV prevalence level of a given regions.

3.3 Target Population and Sample Size

3.3.1 Target Population

Cohen (2000) shows that population is a group from which the researcher expects to get useful information and draw conclusions for the study. The target population was people of Njombe town council, Njombe Town Council is located in the Southern

Highlands of Tanzania in the Njombe Region, and was established in July 2007 under the Local Government Act no. 8 of 1982. The population of Njombe town council has been changing now and then due to various economic activities being conducted in the urban areas. The Council population is estimated to be 130,223 of whom 69,111 are males and 61,112 are females, as per 2012 National Population and Housing Census.

3.3.2 Sample Size

Herman, (2018, p.77), defined sample size as a number of participants or elements that have been selected from targeted population for a study. The researcher must determine the size of the sample that was providing sufficient data to answer the research question.

Sampling frame consists of a list of items from which the sample is to be drawn (Kothari, 2004:153). Sample size was not predetermined in qualitative research which uses case strategy. In qualitative research the sample size are obtained when a saturation point is reached. The point when no more participants are recommended for the study or when no new information is given by additional interviewees. The sample size in my study was determined after going to the field. Therefore this study used a sample of 100 respondents who was basically the volunteers and community health workers working with the health related programs particularly HIV/AIDS programs in Njombe Town Council.

3.4 Sampling Techniques and Procedures

Simple random sampling is the most basic of the probability sampling methods. It gives all participants or elements an independent chance of being included in the

sample. It is the most common technique used to get cross-section information of variables within a specific area of interest (Smith & Kagee, 2006). Using simple random sampling, four wards out of 13 Wards of Njombe Town council, were selected. The selected wards included Ramadhani, Mjimwema, Uwemba and Kifanya.

3.4.1 Purposive Sampling Technique

Purposive sampling technique was used in the study. This referred to judgmental sampling. It is the technique of selecting elements of a sample to be studied in which the researchers select elements purposefully because they possess important information for the study. The researcher uses his/her judgment to decide which participants of the population should be included in the sample (Herman, 2018, p.90). The researcher was use this sampling procedure to identify the categories of the participants which was obtained from CHWs, Facility Incharges. The participants to be involved in the study were identified by facilities/ NGOs providing curative and preventive services for HIV/AIDS in the study area. The researcher selected this procedure by believing that some participants are most fit for the purpose of the study compared to other people.

3.4.2 Snowball Sampling

Snowball Sampling is among of non- probability sampling procedures. The procedure of snowball was used particularly when there is small population size. Snowball sampling begins with single or few people or participants or cases and then gradually increases the size as new contacts are mentioned by the people you started with (Herman, 2018, p.91). This procedure was applicable to the CHWs who are actively in the health facilities. The researcher asked the initial participant to identify another

participant who also met the criteria of the study. This procedure is useful because people who participate in the study live in the same community and it was easy to identify those people with more knowledge and experiences about the factors associated with the performance of CHWs. This snowball sampling was a time saving procedure.

3.5 Data Collection

For the purpose of this research, and in order to accomplish the objectives, Data was collected and are used both primary and secondary data. Primary data source of information in this study was collected through interviews, focus group discussions and observation to the targeted selected participants in Njombe town council. And secondary information or data literature survey was conducted in different libraries on the subject matter. Sources include books, journal, reports papers and internet material was studied in order to have a critical overview of the impacts of micro credits on women empowerment.

During the research, a researcher used field notes, audiotapes, photographs and other necessary materials according to the study. But the important thing to the researcher in the field was to observe the ethical issues of research.

3.6 Data Collection Methods

Kothari (2004:95) advises that while deciding about the methods of data collection to be used for the study, the researcher should keep in mind two types of data; namely primary and secondary. In this study data was collected by using interview, document review, focus group discussion and observation.

3.6.1 Interviews

In the study, the open-ended questions guide was used in interview. The researcher used unstructured and semi structured interviews having questions to ask, listen very carefully to the information provided and take notes in order to get oral testimonies from individuals who were the CHWs.

Other questions were arising during the interview session and thus the method was appearing to be informal and conversational, but to be carefully controlled and structured. Interviews were used to collect data from respondents who were not have time to fill in questionnaires but can express themselves verbally. However, under this method, interviewees were including thirty (70) community Health Workers; twenty (20) Government officials and ten (10) key informants.

3.6.2 Documentary Review

The researcher also used the available secondary and tertiary sources such as books, encyclopedia, dictionaries, dissertations, theses and articles from regional and institutional libraries (universities libraries) where he accessed Local government reports on HIV/AIDS and other important documents from MoHCDGEC. But in addition; electronic sources was used for this study.

3.6.2.3 Focus Group Discussion

This study formed four focus group discussions, where by a group of three to five CHWs was picked from each ward for discussions. This was conversant on the factors associated with the performance of CHWs. The method that researcher used purposive

method to get the participants, because the researcher intended to have samples depending on their knowledge and experience about the problem.

3.7 Data Analysis and Processing

The researcher must organize what he is or she has seen, heard and read and try to make sense of it in order to create explanations, develop theories or pose new question (Dolnad et al, 2010, p.481). Once the questionnaire or other measuring instruments have been administered, the mass of raw data collected must be systematically organised in a manner that facilitates analysis (Mugenda and Mugenda, 1999:115).

In this study, deductive approach was used to manage the data because the study is guided by the theory. The information which obtained from interviews, documentary review, and focus group discussion were critically analyzed through the use of Statistical Package for Social Sciences (SPSS) to compute percentages, tabulation and cross-tabulation of responses. Also Narrative analysis was used; this is a form of qualitative analysis in which the analyst focuses on how participants impose order on the flow of experience in their lives and thus make sense of events and actions in which they have participated. Also it seeks to put together the big picture about experiences, as the participants understand them.

3.8 Ethical Consideration

Research ethics always guide researcher to proper and acceptable ways in which permission from the recognized bodies as well as confidentiality should be maintained. According Dolnad et al, (2010, p.581) described that all social researchers share a number of ethical concerns. He argues that the research designs and

procedures that fail to meet standards by not treating subjects with respects are likely to cause misleading results, which are not conclusive and sometimes be found biased. The researcher because is dealing with human being participants, based to the ethical code of conduct that include the following, the researcher indicated fully his identity, background, the aims and also the procedures of this research was fully explained.

Therefore, to protect the participants' rights and to avoid causing them any harm, researchers assured that the collected data are strictly confidential and anonymous. Also, participants were informed that their participation in the interview is entirely voluntary, and that they are free to withdraw at the time. The ethical research issues that considered in my study include the following below;

Research clearance; before going to the field, I obtained a research Clearance letter from the Open University of Tanzania, which introduced me to the District Administrative Secretary (DAS) who assigned the Town Medical Officer to provide me a letter of introduction to the Health facilities of Muungano Health Centre, Uwemba Health Centre, Njombe town Health Centre and Njombe town Hospital. With these documents I was ready to go to the field and commence data collection.

Informed consent, after reaching the research field, the researcher introduced him to the participants informing them about the purpose of the study. As this study was seeking opinions and experiences from interviewees, the researcher informed the participants to be free to decide to participate or not. The researcher also assured the participants that they are free to respond or not, to some questions. This topic is very sensitive and can pose number of challenges, which require special attention. So as a

researcher be assured with the participants protection from physical and psychological harm, discomfort or danger that may arise due to research procedure.

Anonymity; The participants were assured that all sections are carried out confidentially and there was no need to introduce themselves by their names and the information that they are providing are confidential only for the purpose of this study. Confidentiality is very important for the study since Performance of CHWs is among of the sensitive issue in health sector of Tanzania, that's why government and other stakeholders pay attention on this issue. The researcher was able to soften participant's emotions by using good communication skills to persuade them to provide responses on their own free will.

Lastly; as the researcher consulted a number of scholars work and was acknowledge all the scholarly works that was consulted in my work.

CHAPTER FOUR

RESULTS PRESENTATION AND DISCUSSIONS

4.1 Chapter Overview

This chapter presents and discusses findings of the study conducted in four wards of Njombe Town Council. The presentation is organized according to the research objectives and emerging issues. The chapter is organized starting with Demographic characteristics of respondents; The Roles of CHWs on HIV/AIDS programs; The Influence of the community Systems to the Performance of CHWs; and the Challenges faced by CHWs in the studied area.

4.2 Demographic Characteristics of the Respondents

In this study, the demographic characteristics of the respondents included age, sex, educational background of the respondents and respondents' type of occupation. Basically, the respondents in this study were the CHWs and other personnel who work in the health related programs and services. These variables were checked by the researcher in relation to the study problem and see if the respondents were relevant to give relevant answers to the study problem.

4.2.1 Age of the Respondents

Age is an important demographic variable and is primary basis of demographic classification in vital statistics, censuses and surveys (URT, 2005). The selected sample in this study comprises of 100 respondents from the study area. The findings in Table 4.1 show that age of the respondents were put into set group of 10 intervals. The results show that majority (38%) were at the age group of 28 – 37 years, followed by

those of the age group 18 – 27 that comprised of 33% of the respondents, 48 – 57 years comprised of 11% while 38 – 47 years comprised of 10%. The minority (8%) of the respondents were those at 58 years and above.

The findings implied that most of the respondents interviewed were matured enough to provide relevant information related to the study problems especially CHWs and HIV/AIDS in the study area. The findings are supported by Doblhammer *et al*., (2009) who found that, it is natural phenomenon that the older individuals are the more likely to possess much of information of different aspects of life.

Table 4.1: Age of Respondents

Age group	Frequency	Percent
18 – 27	33	33
28 – 37	38	38
38 – 47	10	10
48 – 57	11	11
58 and above	8	8
Total	**100**	**100**

Source: Research 2020

4.2.2 Sex of the Respondents

Table 4.1 shows the distribution of the respondents interviewed by sex. It was found that the number of female was slight higher as compared with male. Most (55%) of the respondents interviewed were female and 45% of the respondents were male (Table 1). The results indicated that availability of more number of female respondents in this study may be attributed by the fact that most of the CHWs and health volunteers are women, and basically they are the ones most affected by health challenges as compared to their male counterparts. In accomplishment of this role, more often female are easy found around their household. The findings of the study are similar to

what reported by Brodolin (2011), who in his study found that traditional model has made women the more responsible people for taking part in most health and social responsibilities.

Table 4.2: Sex of the Respondents

Sex	Frequency	Percent
Male	45	55
Female	55	55
Total	**100**	**100**

Source: Research 2020

4.2.3 Educational Level of the Respondents

Education is always valued as the means of liberation from ignorance and enables one to perform effectively different activities (Phillipo, 2008). The education attainment of an individual can have strong effect related to the perceived impact of the CHWs on the performance of HIV/AIDS programs in the community. The findings in Table 4.3 show that majority (33%) of the respondents had attained a post-secondary education, 32% had a secondary level, 27% had a primary education and only 8% had not attained any level of education. The findings show that most of the respondents had attained a post-secondary education that included higher education.

The study indicated that, apart from CHW training, most of the respondents had already attended formal education that included basic education. However, the results revealed that there are CHWs that had not attended formal level of education but they are working as CHWs. This has an implication on the performance of the programs as it may affect the performance of the program services especially when it involves recording of the results and reports. According to Banks (2015), having wide

knowledge of the matter of discussion gives more confidence to participate in discussions.

Table 4.3: Education Level of Respondents

Education level	Frequency	Percent
None	8	8
Primary education	27	27
Secondary education	32	32
Post-secondary education	33	33
Total	**100**	**100**

Source: Research 2020

4.2.4 Marital status of the Respondents

The findings in Table 4.4 show that 47% of the respondents were married, 42% had never been married, 11% had separated from their partners and none was widowed.

Table 4.4: Marital Status of the Respondents

Status	Frequency	Percent
Married	47	47
Never married	42	42
Separated	11	11
Widowed	0	0
Total	**100**	**100**

Source: Research 2020

4.2.5 Main Source of Income of the Respondents

The study assessed whether the CHWs had Main sources of income other than the CHWs work. The results in Table 4.5 show that 42% of the interviewed respondents were farmers and CHWs, 35% were small businesses and CHWs, 12% were employed and CHWs and 11 depended only on CHW works. According to the results more than

80% of the interviewed respondents were engaged had other sources of income other than CHW. Normally, CHWs is a volunteering responsibility with low allowances. A CHW was needed to have a sustainable source of income that was help to sustain him/her and help him/her meet his living needs. Depending only on CHW works, which mostly have specific time, may affect the performance of the program as a CHW might not reach the targets.

Table 4.5: Main Source of Income Respondents

Status	Frequency	Percent
Farming and CHW	42	42
Small business and CHW	35	35
Employed and CHW	12	12
Only CHW	11	11
Total	**100**	**100**

Source: Research 2020

4.3 The Roles of CHWs on the Performance of HIV/AIDS Programs

Performance and sustainability of the HIV/AIDS or any other programs depends on the extent to which the community has been involved in the implementation of the program activities. Community programs, especially health related programs are more effective when the Community Resource Persons (CRPs) who are basically obtained from the community itself and trained accordingly to help the implementation of the program. In this study, the roles that CHWs play in the implementation of the program were assessed with their impact on the performance of HIV/AIDS programs.

4.3.1 Duration in Service as CHW

The duration of how long the CHW has been working for HIV/AIDS related programs was also assessed. Results in Table 4.6 shows that, majority (38%) of the respondents

have been working as CHWs for 3 – 4 years, 33% have been working as CHWs for <6 months, 11% have been working for 6 months, 10% have been working as CHWs for 1 – 2 years and 8% have been CHWs for >5 years. This validates their judgment on the variables required by the research. The results implied that there is a relationship between performance and experience. During the FGD, it was observed that those respondents with at least 3 to 5 years working as CHWs had more information on the matters of discussions as compared to those with fewer years especially those with less than 6 months of working.

Table 4.6: Duration of Service as CHW

Duration	**Frequency**	**Percent**
< 6 months	33	33
6 months	11	11
1 – 2 years	10	10
3 – 4 years	38	38
> 5 years	8	8
Total	**10**	**100**

Source; Research 2020

4.3.2 CHWs' Awareness on the Program Purpose

The findings revealed that majority of the respondents (99%) were aware of the main purpose of the project, while 1% was not aware (Table 4.7). the respondents were asked a simple question that stated; *"Do you understand the purpose and goal of the project you are working for.* It was revealed by the study that it is important for the purpose of the program to be clear and understood by both, the community and those working in the program itself. This helps in performing of each party's duties.

When asked to provide a brief understanding of the project, majority of the respondents explained that the HIV/AIDS programs they work for are specifically dedicated to provide necessary health care services to people living with HIV (PLHIV) in the program area. According to the study results, CHWs understood that different organizations are implementing a number of programs in their areas; among these programs are HIV/AIDS programs that intend to provide Home Based Care like the Boresha Afya Program under Deloitte Consultant. By its definition, sustainable development means empowerment of local communities to develop themselves using available resources within non-restricted areas without necessarily seeking extra resources from restricted areas. This also involves making sure that the project goal, objectives and outcomes are understood.

Awareness by majority implies that the project was transparent enough to be well understood by majority of community members and the CHWs. Lacking clear project purpose may affect the performance of the project. This is in agreement with observations made by Gido (2009) who pointed out that it is essential for every member of the project team to clearly understand the purpose of the projects at every stage of the project implementation, so as to work within the intended plans.

Table 4.7: CHWs Awareness of the Program Purpose

Response	**Frequency**	**Percent**
Aware	99	99
Not aware	1	1
Total	**100**	**100**

Source: Research 2020

4.3.3 Factors influenced the CHWs to Take Part in the HIV/AIDS Programs

Study findings (Table 4.8) show that majority of CHWs (48%) were influenced to take part in the HIV/AIDS program they are working for hoping for payments; while 12% of the interviewed CHWs argued that the took part in the program hoping to career advance in the medical field; 19% took part in the program as a result of them living with HIV/AIDS; 4% were seeking for community recognition; 9% were encouraged by the community and 8% felt the need to help the community.

Survival is still revealed as a major goal of individuals in the community. According to the study, regardless of HIV/AIDS programs being the service oriented interventions in the community, still individuals are encouraged to participate with the perception that to some extent they was get paid. This has an impact on the performance of the program because, when the community is highly expecting to get material and financial benefits from the program, when they are not, they normally disengage themselves from the program. The same implies to the CHWs, when they perceive this work as their major source of income, they may not perform effectively when their expectations are not met.

Table 4.8: Factors Influenced CHWs to Take Part in the HIV/AIDS Program

CHWs Response	Frequency	Percent
Hoping for payment	48	48
Career advancement	12	12
Living with HIV	19	19
Community recognition	4	4
Encouraged by the community	9	9
Felt to help the community	8	8
Total	**100**	**100**

Source: Research 2020

4.3.4 Challenges Faced by CHWs in their Works

The results of the study show that financial constraints (87%) was the major challenge faced by CHWs in fulfilling their responsibilities. Other challenges are lack of transport (67%), insufficient supplies (48%), lack of community support (52%) and low supervisors support (36%).

The study shows that financial and transport is the major challenges facing most of the CHWs in the studied areas. This is due to the fact that most of the CHWs as presented in Table 4.5, are either farmers or own small businesses. This means that they are also struggling with income; sometimes they do not have enough finances to support them when fulfilling their program duties. Also, these CHWs have to visit their clients in their homes in villages. Sometimes they have to work a long distance as villages and clients' houses are scattered. Not having transport facilities may lead to them failing to manage visiting all the clients.

Furthermore, finance seems to affect both the organizations implementing the HIV/AIDS programs and the CHWs. In some cases, the organizations have been complaining on budget deficits that sometimes lead to failure to achieve some targets. Research by Ramuhaheli(2010) indicated that the organization experiences various challenges to provide the service to their community. It is recommended that stakeholders including the government must ensure that home based care workers get recognition, credit and support for their valuable contribution. Training for HBC employers and CHWs needs to be extended to expose and add more skills. This was ensured that they are equipped for their tasks. Home based care workers must become registered and paid better salaries by the government.

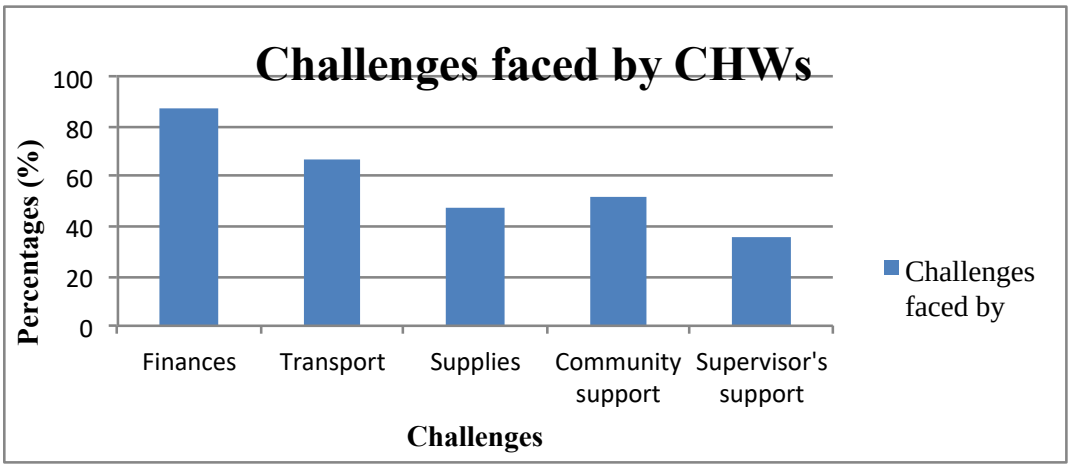

Figure 4.1: Challenges Faced by CHWs

Source: Research 2020

4.3.5 Average Days Spent by CHWs on the Program Activities

Basically, there are no specific average days for the CHWs to spend on providing services to the clients. The average days spent depends on the number of client a CHW has to serve in his/her area the longest days spent by CHWs in the program activities were found to be 11 – 15 days with 54% of the respondents. 15% of the CHWs spent 16 – 20 days, 14% CHWs spent 21 – 25 days and 17% of the CHWs spent 6 – 10 days. None of the CHWs spent 0 – 5 days or 26 – 30 days.

Table 4.9: Average Days Spent by CHWs in the Program Activities

Days spent	Frequency	Percent
0 – 5	0	0
6 – 10	17	17
11 – 15	54	54
16 – 20	15	15
21 – 25	14	14
26 – 30	0	0
Total	**100**	**100**

Source: Research 2020

The results implied that the CHWs do not spend all month days working for the programs. This could be because the program is not their main source of income. Thus they have to divide their days, some to be spent on the program activities and others for their socio-economic activities.

4.4 Community Factors That Influence the Performance of CHWs

Poor performance of service providers leads to inaccessibility of care and inappropriate care, which thus contribute to reduce health outcomes as people are not using services or are mistreated due to harmful practices (Marjolein & Jan Wasem, 2003). The final report of the Joint Learning Initiative clearly outlines the importance of the health systems to support and capacitate the capacities of the health workers in performing services by providing friendly environment and support for the workers to work.

4.4.1 Offered Trainings to Influence CHWs' Performance

The findings show that 100% of the respondents were aware of the existing health trainings provided by the HIV/AIDS programs implementers in strengthening supporting CHWs efforts to fulfill their duties. None of the interviewed respondents claimed to have not attended any training organized by the HIV/AIDS programs they work with. The findings indicated that, CHWs have been receiving different trainings with intending to update their knowledge and improve their performance for effective performance of the program activities. The findings are similar to those of Van Domelen (2007) as reported that workers at the community levels have been supported by their programs with refresher courses that have been provided by the programs implementers.

Special attention needs to be paid to training, as many managers still see this as the best solution to addressing staff performance problems. Professional development is important for staff, but various learning approaches can be applied to learning. Examples include cost-effective methods for on-the-job training and at the workplace through supportive supervision, clinical meetings or peer support and through distance-learning schemes (Marjolein and Jan Wasem, 2003). According to the study, the researcher concludes that trainings are so important to improve the performance of the CHWs and the general performance of the programs.

Table 4.10: Trainings Influencing CHWs' Performance

Response	**Frequency**	**Percent**
Received trainings	100	100
Have not received trainings	0	0
Total	**100**	**100**

Source; Research 2020

4.4.2 Working Conditions Influencing CHWs' Performance

The results in Table 4.11 show that about 65% of the interviewed CHWs were satisfied with the working conditions set by their programs they work for encourage their performance. Furthermore, 28% of the interviewed CHWs were unsatisfied with the working conditions while 7% were not sure whether they were satisfied or not. The results revealed that working conditions have a significance role in ensuring the workers' satisfaction for any work setting. According the results, especially responses from the FGDs suggested that most of the CHWs felt comfortable and satisfied with their works as the working conditions were improved for them.

Good performance by staff is enabled through a supportive working environment. According to Marjolein and Jan Wasem(2003), supportive working environment encompasses more than just having sufficient equipment and supplies. It also includes systems issues, such as decision-making and information-exchange processes, and capacity issues such as workload, support services and infrastructure (Potter and Brough, 2004).

Since CHWs are serving PLHIV, ensured protection mechanisms of HIV/AIDS when performing their duties are very important issue. According to Marjolein and Jan Wasem (2003), lack of protective measures increases fear of infection and limits quality of services due to stress. It is logical to link poor performance to poor working conditions, as the study revealed, in areas where CHWs claimed to have supportive working environments, programs were reported to have convincing performance and results.

Table 4.11: Working Conditions Influencing CHWs' Performance

Response	Frequency	Percent
Satisfied	65	65
Unsatisfied	28	28
Not sure	7	7
Total	**100**	**100**

Source: Research 2020

4.4.3 Motivations Influence CHWs

The results show that 89% of the CHWs would improve their performances than they do currently if their programs motivated them. Other 11% stated they would remain

with the same work performance. The result indicated the importance of motivation as it shows that almost every person wants to be motivated to increase his/her performance levels.

Marjolein and Jan Wasem (2003) reported that demotivation and dissatisfaction with work lead to poor attitudes on the part of HIV services providers towards their work and their patients, not using standard protocols for treatment or behaving rudely towards patients and stigmatizing patients (ibid). Franco*et al.*,(2012) defines motivation as an individual's degree of willingness to exert and maintain an effort towards organizational goals. Various studies show that financial incentives, though important, are not the sole reason, and often not the main reason, for motivation.

Other important motivating factors include recognition, appreciation and opportunities for career advancement (Marjolein and Jan Wasem, 2003). Factors relating to demotivation include high workload, lack of equipment and supplies, and the lack of supervision and training opportunities.

Table 4.12: Motivations Influencing CHWs' Performance

Response	Frequency	Percent
Would increase performance	89	89
Would remain the same	11	11
Total	**100**	**100**

Source: Research 2020

4.4.4 Providing Incentives Packages Influence Performance of CHWs

When asked kinds of incentives that are commonly provided by their supervising programs, CHWs mentioned the following (items were independent); 95% of the

interviewed CHWs mentioned monthly allowances, 11% mentioned stipend, 0% mentioned salaries, 17% mentioned transport allowances, and 87% mentioned air time. This study revealed that monthly allowances and air time are the major incentives provided by the implementing organizations of the HIV/AIDS programs. However, it was also revealed that the incentives are not uniform across HIV/AIDS programs.

The study revealed that different types of financial and non-financial incentives exist. However, with respect to non-financial benefits, the impact on performance in resource-poor settings is not clear and more research is required. More information is available on experience gained with financial incentive packages. Performance-related pay is used by governments in a number of countries.

Financial incentives do change worker practices, but this is due to economic factors rather than professional motivation; therefore they might not be effective when implemented as the only incentive scheme (Martinez, 2016). Furthermore, care should be taken to design financial incentive systems that do not negatively affect the quality of care (ibid). Adjusting financial incentives to reward quality is very difficult in practice. Transparency on financial incentives is required in order to maintain trust.

The implementation of performance-related incentives and the opportunities to enhance performance using non-financial incentives are described in a case study in Zambia (Furth, 2007). According to Martinez (2016), financial incentives alone, to improve providers' performance, are not sufficient to ensure quality of care – other complementary methods are required, such as supportive supervision, an appropriate

regulatory framework and careful monitoring and evaluation. Performance-assessment systems must be in place and implementation must be transparent for all involved (ibid).

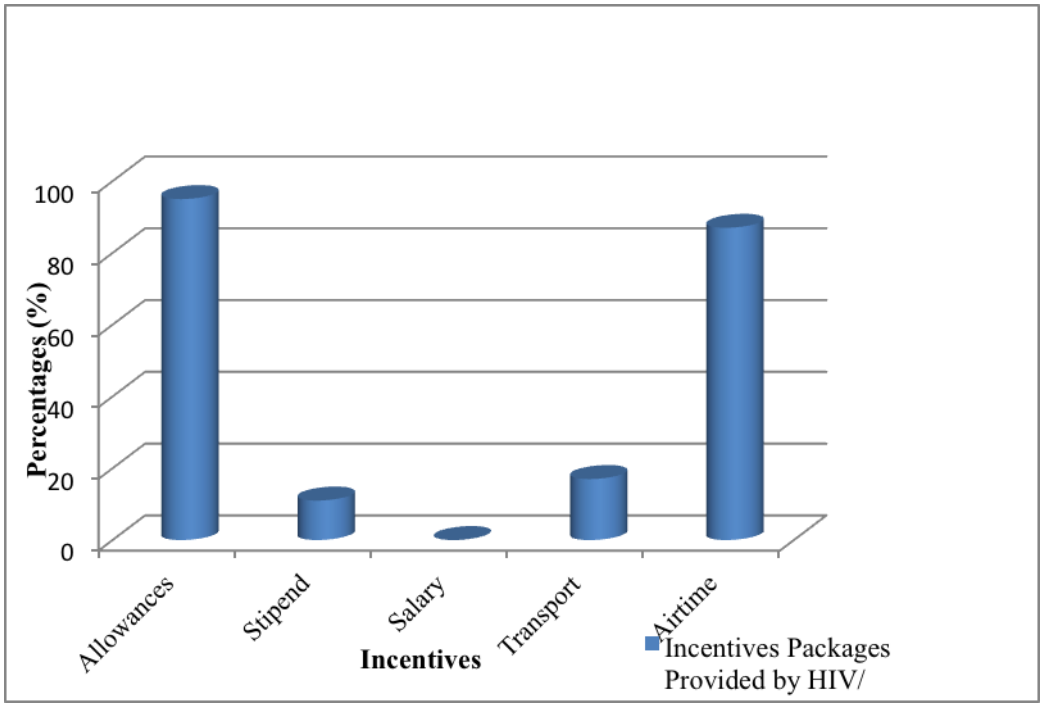

Figure 4.2: Incentives Packages provided by HIV/AIDs to CHWs

Source: Research, 2020

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Overview

Basically the study intended to assess the impact of CHWs on HIV/AIDS programs in the community. The focus of the study was concentrated in Njombe Town Council particularly using four wards of the council that included Ramadhani, Mjimwema, Uwemba and Kifanya.

5.2 Summary

The study used a sample size of 100 CHWs that was drawn from the selected streets of the selected four wards. The researcher studied three dimensions of the CHWs impacts on HIV/AIDS programs starting with the roles of the CHWs on the performance of HIV/AIDS programs, health system factors that influence the performance of CHWs in the communities and lastly determined the number of CHWs in the studied area.

The results revealed that majority (38%) of the respondents were in the age group of 28 -37 years of age. Most of them were females with 55% of the whole sample. The study show that 33% of the respondents had attained a post-secondary level of education, married occupying 47% of the total population and majority (42%) were CHWs while at the same time had farming as their livelihood activities.

Assessing the roles of CHWs on the performance of HIV/AIDS programs, the study assessed the duration that the respondents had been working as CHWs in HIV/AIDS programs. According to the findings, majority (38%) of the respondents had been working as CHWs for 3 to 4 years.

The duration of how long the CHW has been working for HIV/AIDS related programs was also assessed. Results in Table 4.6 below shows that, majority (38%) of the respondents have been. During the FGD with the CHWs and health workers in the health facilities that provide HIV/AIDS services including Counseling and Testing Centers (CTC Clinics), it was revealed that the health workers and CHWs who have been working in the program for at least 2 to 5 years were very experienced and had wider knowledge on the subject matters.

To perform their roles and help the programs achieve their intended goal and objectives, workers should have a clear understanding of the program purpose, activities and outcomes. This study assessed whether the CHWs were aware of the purposes of HIV/AIDS programs they are working for. The study revealed that the CHWs are aware of the program activities as 99% of the respondents claimed to be aware of the programs purposes. The awareness of the programs purpose by many respondents would be due to a series of refresher courses provided by the government authorities and the HIV/AIDS to the CHWs as a strategy to update their knowledge for their responsibilities. CHWs being aware of the program purpose simply mean that they work along the planned activities and hence help the programs achieve their planned objectives.

The findings show that factors that motivated the respondents to work as CHWs in their respective areas included hoping to get paid (48%), hoping for the medical career advancement (12%), because they live with HIV/AIDS (19%), seeking for community recognition (4%), encouraged by the community (9%) and those that felt the need to

help their communities (8%). According to the study, there are factors that influence the individual decisions to take part in the programs in their communities.

According to this study, allowance happened to be a major motivating factor as majority of the interviewed respondents stated that they were motivated by fact that they was get paid the monthly allowances by working in the program. This would have a positive or negative effect, because if they are paid the CHWs was high working morale while when they are not paid; their morale falls and affects the program performance.

The study also assessed the health systems factors that influence the performance of the CHWs, which in turn affects the performance of the HIV/AIDS program. According to the study, the offered trainings to CHWs play an important role on the performance of their duties. All interviewed CHWs (100%) said they have received a series of refresher courses in the programs. Working condition was another factor that motivates the CHWs to work and be satisfied with their works.

The study revealed that 65% of the CHWs were satisfied with the working conditions provided by their respective programs. Motivations if used would help to improve the performance of the CHWs, according to the findings, 89% of the interviewed respondents claimed that they would increase performance if offered a number of motivations. Literatures show that one great factor to motivate workers performance is by providing attractive incentives. This study agrees with the previous literatures as CHWs mentioned that incentives would motivate their working morale and hence lead to high program performance.

Finally, the study determined the number of CHWs in the studied area. According to the results, there still the need to recruit more CHWs in health related services. The study used 100 CHWs, among these, 36 CHWs were typically reporting to the respective HIV/AIDS program, only 4 CHWs typically reported to the government (health facility) and 60 CHWs reported to both the government and HIV/AIDS program. The study revealed that the corporation between the government and the private sectors in providing health related services plays a vital role in ensuring that the availability of service providers in the areas.

5.3 Conclusions

The following conclusions are made from the findings of this study:

(i) This study has tried to show the impacts of the CHWs on the performance of HIV/AIDS programs. The study concludes that, the CHWs plays a significance role in influencing the effective performance of health related programs including HIV and AIDS programs This is because the study revealed that these CHWs, live within the communities, they are fully aware of the community challenges, needs, wants and priorities. Using CHWs, the project has high chances of reaching out to its targeted beneficiaries because CHWs reach to the people even in remote areas where program officials would not reach.

(ii) Despite the existence of the CHWs in the community, the study still suggests that health systems should provide conducive environments for the CHWs. The research suggests that, motivations, trainings, incentives, supervision and working conditions encourages CHWs to perform their duties effectively.

(iii) Lastly, the study concludes that there is still a need to recruit more CHWs to help different health projects and services. The study also revealed that sharing of resources is the best way to serve the community. From the study, it was revealed 60 CHWs that were interviewed are working for both the government and the NGOs that implement HIV/AIDS projects.

5.3 Recommendations

The study recommends the following

(i) CHWs are the important human resources to be used in health services and programs. This research recommends the government and organizations implementing health related programs to continue using the CHWs as they play a significance role in the performance of the programs. The study found that, CHWs live in the community and so they know the community, thus they can work better with the community and help the effective performance of the community.

(ii) The study recommends the use of variety of incentives in health systems as ways to motivate the CHWs and in turn influence the performance of HIV/AIDS programs. The study has mentioned a number of incentives to be used that would motivate the performance of the CHWs. The study also recommends a clear and close supervision of the CHWs so as to help them fulfill their duties as they are required to.

(iii) Finally, the study recommends a continued partnership between the government and a private sector in resource mobilization. The study has proved that this is the good way to bring health services to the communities as the government and the NGOs share the resources.

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APPENDICES

Appendix 1: Questionnaire

RESEARCH QUESTIONNAIRES

Dear respondent,

I am **Heri Mpunza**, a student of the Open University of Tanzania (OUT), pursuing a Master of Arts in Monitoring and Evaluation. As a part of my dissertation which is aimed at **"Assessing the Impacts of Community Health Workers (CHWs) on HIV/AIDS Programs, in Tanzania"**; I request you to fill this questionnaire so as to accomplish this research.

I assure you that, in no circumstance your name will be used in this research and all the information you provide will be kept confidential and will beused only for this research.

Section A: Questionnaire Identification

Ward _____ Village/Street _____

Name of Health Facility Reporting _____

Name of Interviewer _____Sign_____ Date_____

Section B: Background information of the respondents

1. Sex; (a) Male ( ) (b) Female ( )
2. Age of the respondents
   - 18 – 27 ( )
   - 28 – 37 ( )
   - 38 – 47 ( )
   - 48 – 57 ( )

58 and above ( )

3. Respondent's level of education

   None ( )

   Primary education ( )

   Secondary education ( )

   Post Secondary education ( )

4. Respondent's marital status

   Married ( )

   Never married ( )

   Separate ( )

   Widowed ( )

5. Respondent's main occupation

   Farming and CHW ( )

   Small business and CHW ( )

   Employed and CHW ( )

   Only CHW ( )

Section C: The roles of CHWs on the performance of HIV/AIDS programs

6. (a) For how long have you been in service as CHW?

   < 6 months ( )

   6 months ( )

   1 – 2 years ( )

   3 – 4 years ( )

   > 5 years ( )

   (b) Are you aware of the purpose of HIV/AIDS program you are working for as the CHW?

   Yes ( ) No ( )

7. Among the mentioned, what could have influenced you to work as a CHW?

   Hoping for payment ( )

   Living with HIV ( )

Career advancement ( )

Community recognition ( )

Encouraged by the community ( )

Felt to help the community ( )

8. (a) Are there any challenges that you face and affect your work as a CHW?

   Yes ( ) No ( )

   (b) If the answer above is YES, what could be the challenges among the mentioned below?

   Finances ( )

   Transport ( )

   Supplies ( )

   Community support ( )

   Supervisor's support ( )

9. What is the average days you spend attending to the program activities?

   0 – 5 ( )

   6 – 10 ( )

   11 – 15 ( )

   16 – 20 ( )

   21 – 25 ( )

   26 – 30 ( )

Section D: Health system factors that influence the performance of CHWs

10. (a) Have you attended any training as CHW?

    Yes ( ) No ( )

    (b) If the answer above is YES, what kind of trainings have you attended?

    Community advocacy ( )

    Community resource person ( )

    Home based care ( )

    Others; please specify _____

11. How do you perceive the working conditions of the CHWs?

    Satisfied ( )

    Unsatisfied ( )

Not sure ( )

12. Would the motivations influence your performance as a CHW?

Would increase performance ( )

Performance would remain the same ( )

13. What are the incentives packages that you receive as the CHW?

Allowances ( )

Stipend ( )

Salary ( )

Transport ( )

Airtime ( )

Section D: Availability/number of CHWs in the studied area

14. Where do you report your works as the CHW?

MoHCDGEC ( )

NGO/CSO/CBO ( )

Health facility ( )

Town Council ( )

VHCs ( )

Others; please specify _____

15. How many households do you visit per month?

1 – 5 ( )

6 – 10 ( )

11 – 15 ( )

16 – 20 ( )

21 – 25 ( )

Thank you for your time and contribution. Your help is highly appreciated.

****

Appendices 2: Research Clearance Letter

THE OPEN UNIVERSITY OF TANZANIA

DIRECTORATE OF POSTGRADUATE STUDIES

P.O. Box 23409
Dar es Salaam, Tanzania
http://www.openuniversity.ac.tz

Tel: 255-22-2668992/2668445
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E-mail: dpgs@out.ac.tz

REF: PG201702428

16th July, 2020

Director,
Njombe Town Council,
P. O. Box 577,
NJOMBE.

RE: RESEARCH CLEARANCE

The Open University of Tanzania was established by an Act of Parliament No. 17 of 1992, which became operational on the 1st March 1993 by public notice No.55 in the official Gazette. The Act was however replaced by the Open University of Tanzania Charter of 2005, which became operational on 1st January 2007. In line with the Charter, the Open University mission is to generate and apply knowledge through research.

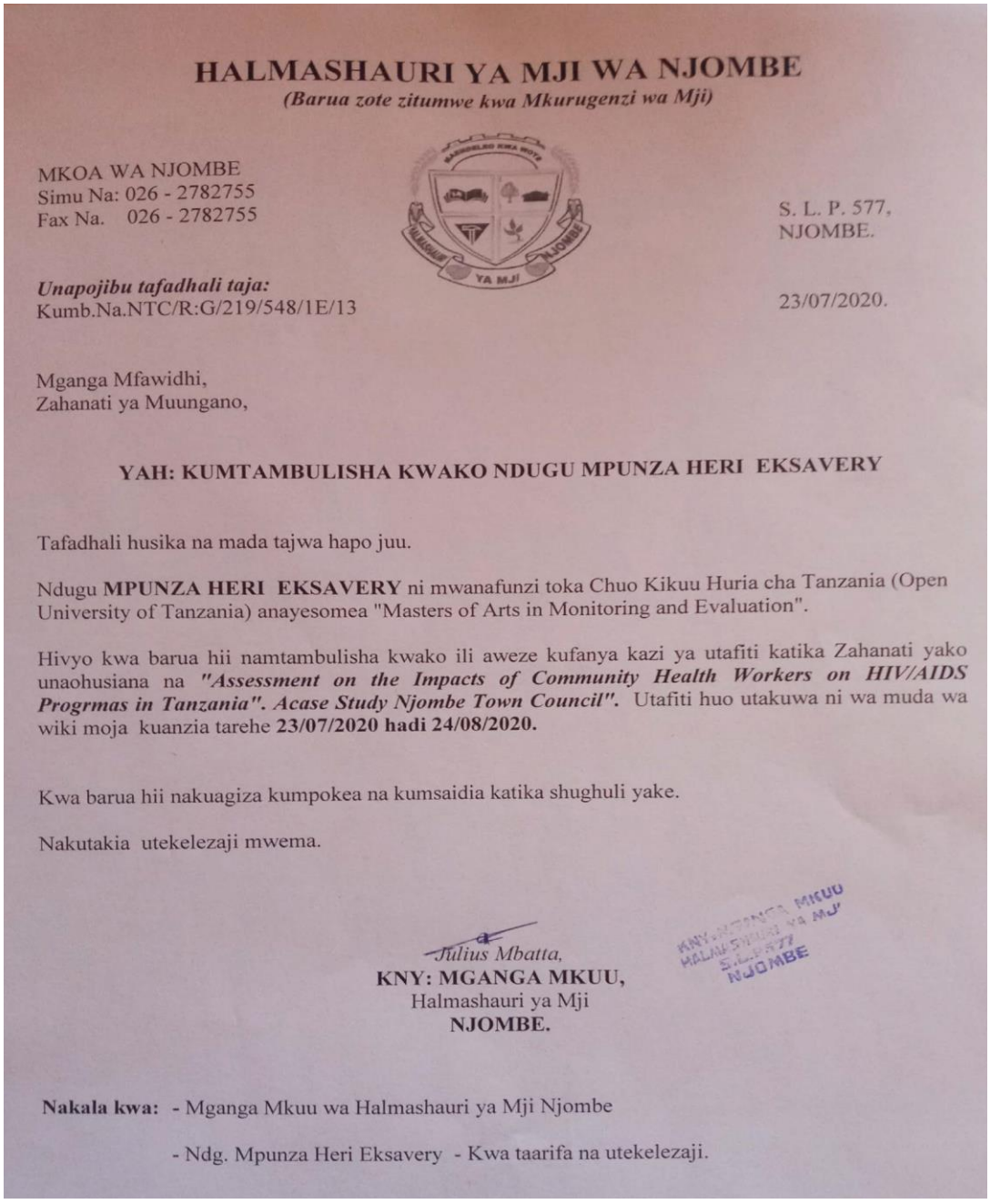
To facilitate and to simplify research process therefore, the act empowers the Vice Chancellor of the Open University of Tanzania to issue research clearance, on behalf of the Government of Tanzania and Tanzania Commission for Science and Technology, to both its staff and students who are doing research in Tanzania. With this brief background, the purpose of this letter is to introduce to you **Mr. Mpunza, Heri Eksavery, Reg. No: PG201702428** pursuing **Masters of Arts in Monitoring and Evaluation.** We here by grant this clearance to conduct a research titled ***"An Assessment on the Impacts of Community Health Workers on HIV/AIDS Programs in Tanzania. A Case Study Njombe Town Council"***. He will collect his data in your council between 20th July to 20th August 2020.

In case you need any further information, kindly do not hesitate to contact the Deputy Vice Chancellor (Academic) of the Open University of Tanzania, P.O. Box 23409, Dar es Salaam. Tel: 022-2-2668820.We lastly, thank you in advance for your assumed cooperation and facilitation of this research academic activity.

Yours Sincerely,

Prof. Hossea Rwegoshora
For: VICE CHANCELLOR
THE OPEN UNIVERSITY OF TANZANIA

Appendices 3: Introduction Letters



HALMASHAURI YA MJI WA NJOMBE

(Barua zote zitumwe kwa Mkurugenzi wa Mji)

MKOA WA NJOMBE
Simu Na: 026 - 2782755
Fax Na. 026 - 2782755

S. L. P. 577,
NJOMBE.

Unapojibu tafadhali taja:
Kumb.Na.NTC/R:G/219/548/1E/13

23/07/2020.

Mganga Mfawidhi,
Zahanati ya Muungano,

YAH: KUMTAMBULISHA KWAKO NDUGU MPUNZA HERI EKSAVERY

Tafadhali husika na mada tajwa hapo juu.

Ndugu **MPUNZA HERI EKSAVERY** ni mwanafunzi toka Chuo Kikuu Huria cha Tanzania (Open University of Tanzania) anayesomea "Masters of Arts in Monitoring and Evaluation".

Hivyo kwa barua hii namtambulisha kwako ili aweze kufanya kazi ya utafiti katika Zahanati yako unaohusiana na ***"Assessment on the Impacts of Community Health Workers on HIV/AIDS Progrmas in Tanzania". Acase Study Njombe Town Council".*** Utafiti huo utakuwa ni wa muda wa wiki moja kuanzia tarehe **23/07/2020 hadi 24/08/2020.**

Kwa barua hii nakuagiza kumpokea na kumsaidia katika shughuli yake.

Nakutakia utekelezaji mwema.

Julius Mbatta,
KNY: MGANGA MKUU,
Halmashauri ya Mji
NJOMBE.

Nakala kwa: - Mganga Mkuu wa Halmashauri ya Mji Njombe

- Ndg. Mpunza Heri Eksavery - Kwa taarifa na utekelezaji.

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Kumb.Na.NTC/R:G/219/548/1E/13

23/07/2020.

Mganga Mfawidhi,
Hospitali ya Mji Njombe,

YAH: KUMTAMBULISHA KWAKO NDUGU MPUNZA HERI EKSAVERY

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Hivyo kwa barua hii namtambulisha kwako ili aweze kufanya kazi ya utafiti katika Hospitali yako unaohusiana na ***"Assessment on the Impacts of Community Health Workers on HIV/AIDS Progrmas in Tanzania". Acase Study Njombe Town Council".*** Utafiti huo utakuwa ni wa muda wa wiki moja kuanzia tarehe **23/07/2020 hadi 24/08/2020.**

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Kumb.Na.NTC/R:G/219/548/1E/13

23/07/2020.

Mganga Mfawidhi,
Kituo cha Afya Njombe Mjini.

YAH: KUMTAMBULISHA KWAKO NDUGU MPUNZA HERI EKSAVERY

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Mganga Mfawidhi,
Kituo cha Afya Uwemba

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Nakala kwa: - Mganga Mkuu wa Halmashauri ya Mji Njombe

- Ndg. Mpunza Heri Eksavery - Kwa taarifa na utekelezaji.