KNOWLEDGE BRIEF | September 2015

Mapping Tanzania's Community Health Worker Programs

Community Health Worker Learning Agenda Project

Health worker shortages present a major hurdle to delivering primary health care in Tanzania. Nationally, there are fewer than 5 skilled health workers per 10,000 people, but in rural areas, there are as few as 2-3 workers per 10,000 people.[1]

Community health workers (CHWs) are considered essential for improving population health by increasing access to primary health care, particularly in resource-poor rural communities.[2,3] As the Government of Tanzania seeks to implement a nationally integrated CHW cadre, it is important to understand what CHW programs presently exist to gauge the level of infrastructure in place. To help policy makers develop this CHW cadre, Tanzania's national CHW Task Force identified the need for more detailed information on the scope of CHW programs, including the number and type of community health workers engaged nationwide. This policy brief provides a landscape of CHW programs in Tanzania.

Methodology

The Community Health Workers Learning Agenda Project team undertook a mapping of CHW programs from June to November 2014. Semi-structured surveys were developed in consultation with the CHW Task Force, and interviews were guided by snowball sampling techniques. Respondents included the government, development partners, and non-governmental organizations. The appendix to this brief provides a list of stakeholders surveyed. Inclusion criteria included CHW programs that were currently active at the time of the survey, and those programs which had ended by December 2012.

Key Findings

1. About **41,000 CHWs** are employed across Tanzania. This estimate is based on a survey of 44 CHW programs studied **(see appendix for a list of all programs).**

2. CHWs are not evenly distributed across all regions.
   - The three regions where the most CHWs were engaged were: Rukwa (n=6090), Mwanza (n=4165), Simiyu (n=3541); the three regions with the fewest CHWs were: Kigoma (n=296), Ruvuma (n=256), and Katavi (n=15).
   - Similarly, Rukwa had the highest number of CHWs per capita and Katavi had the lowest* (see Figure 1).

3. Most Community Health Workers were classified as such with others known as care providers or peer educators.
   - CHWs are classified by a variety of nomenclature and tasked with different functions. The majority of CHWs are either classified as Community Health Workers (n=13,764) or as other types of community health volunteers that include:
     - Community-Based Care Service Providers/ Home-Based Care Providers (n=7407)
     - Peer Educators (n=4982)
     - Para-Social Care Providers (n=3720)
     - Community-Based Distributor Agents (n=90)

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* Population estimates were taken from UN Data 2015 (4).

Figure 1: Distribution of community health workers per 10,000 population by region

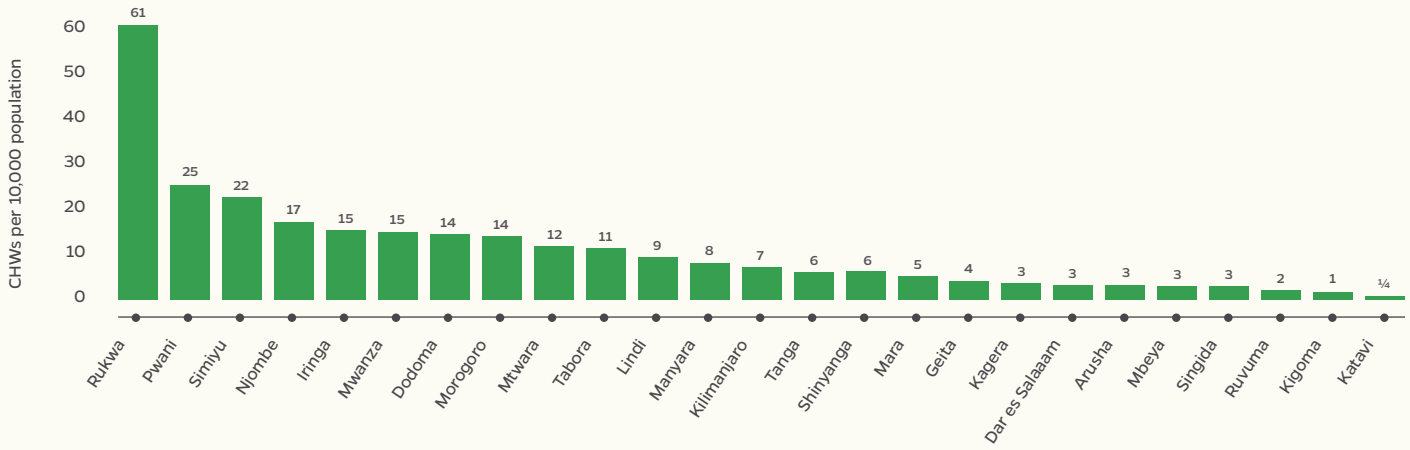
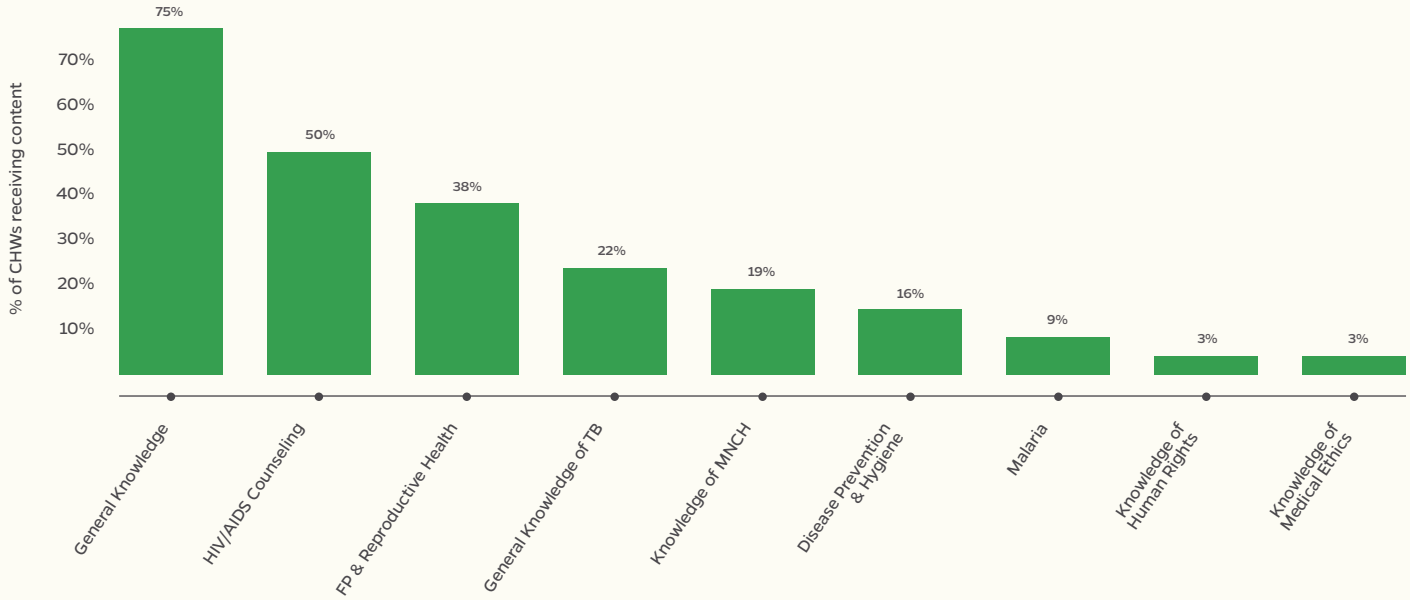


Figure 2: Percentage of community health workers with knowledge of specific health service areas



4. **Three-quarters of all community-based volunteers had basic knowledge in health promotion, and 1 out of 2 had knowledge of HIV/AIDS.**
   - Although each program trains its volunteers on different curriculum, many CHWs also have knowledge of reproductive health (40%) and TB (22%) (Figure 2).

5. **Most CHWs work on a voluntary basis.**
   - Only 3 programs of the 44 surveyed indicated that they pay their CHWs a salary, which ranged from 30,000-300,000TSH/ month.
   - Some volunteers receive monetary allowances and incentives.
     - 19 programs reported providing CHWs with transport incentives such as a bicycle allowance.
     - 15 programs also offered a moderate monetary allowance ranging from 10,000–30,000TSH/month.
     - Other incentives typically included stipends for further training.

6. **Training offered to CHWs varies widely.**
   - 13 programs offered trainings for one week or less (2-3 days).
   - 14 programs offered trainings between 8 days to 2 weeks.
   - 9 programs offered training for 3 weeks.
   - 1 program offered training for 9 months.
   - Nearly all programs indicated that refresher trainings were included, which ranged from 3 months to 2 years after initial training.

7. **Approximately one-forth of CHWs have at least form four level education, a requirement for being on the government's payroll.**

Recommendations

Based on the study's findings, we propose a series of recommendations to facilitate the implementation of the national CHW cadre.

We recommend that the Ministry of Health and Social Welfare work with partners to implement the following strategies for its integrated national program:

1. **For recruitment and training of the national CHW cadre, focus on regions with a lower number of CHWs per capita.**

2. **Recruit existing CHWs with at least form four level education into the national CHW cadre.**

3. **Create a remuneration plan for existing CHWs currently working under a voluntary structure.**

4. **Work towards standardizing the duration of training for CHWs.**

5. **Engage in research that seeks to understand implementation considerations associated with training and deployment of the national CHW cadre.**

Appendix

The following donors support CHW-related initiatives in Tanzania:

American Red Cross
Bristol Myers Squibb Foundation
Canadian High Commission (The)
Canadian Department of Foreign Affairs (DFATD)
Canadian Department of Foreign Affairs (DFATD)
Comic Relief UK
Department of Foreign Affairs, Trade, and Development (DFATD)
Elton John UK
French Agency for Development Private Funds
Global Fund to Fight AIDS, TB, and Malaria
International Center for AIDS Care and Treatment Programs (ICAP)/ Columbia University through CDC
Irish AID
Japanese International Cooperation Agency (JICA)
Johns Hopkins University through USAID
Johnson and Johnson
Lung and Heart Patient Organization
Norwegian Heart and Lung Patients Foundation (LHL International)
U.S. Agency for International Development (USAID) through PEPFAR
Sokoine University (APOPO)
UNICEF
World Health Organization (WHO)

Researchers surveyed the following NGOs, which are each running CHW programs in Tanzania:

Africare
Africare/Counsenuth
Aga Khan
American International Health Alliance (AIHA)
AMREF
AXIOS Foundation
Baylor
Care Tanzania
Concern Worldwide
Deloitte
Elizabeth Glaser Pediatric AIDS Foundation
Family Health International 360
Helen Keller International
Ifakara Health Institute
Jhpiego
JOICFP
Management and Development for Health (MDH)
Medicine DuMonde
Mkikute
Mkuta
PASADA
PATH
Pathfinder
Plan International
Population Services International
Tanzania Capacity and Communication Program (TCCP)
Tanzanian American Red Cross
Tanzanian Red Cross Society
Tanzanian Health Promotion and Support
T-MARC
UMATI
University Research Centre
World Lung Foundation
World Vision

Government offices supporting CHW programs:

National AIDS Control Program
National Malaria Program
National TB and Leprosy Program

Background to the Community Health Worker Learning Agenda Project

The Ministry of Health and Social Welfare has been committed to the design and implementation of a nationally integrated CHW cadre since 2012. Beginning in 2013, Muhimbili University of Health and Allied Sciences and Johns Hopkins Bloomberg School of Public Health have been collaborating with the Ministry to provide research support in the scale-up of Tanzania's integrated CHW program. The product of this collaboration has been the CHW Learning Agenda Project, which has included mapping CHW programs and eliciting stakeholder views on the development, structure, and design of the program.

For more information, visit http://chw-lap.muhas.ac.tz

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[1] World Health Organization, Global Health Data Repository, United Republic of Tanzania, 2012.
[2] Joseph F. Naimoli DEF, Estelle E. Quain, and Emily L. Roseman. Community and Formal Health System Support for Enhanced Community Health Worker Performance Washington D.C.; 2012 December Report.
[3] Manzi F, Armstrong Schellenberg JA, Hutton G, Wyss K, Mbuya C, Shirima K, Mshinda H, Tanner M, Schellenberg D. Human resources for health care delivery in Tanzania: a multifacted problem. *Human Resources for Health*. 2012. 10:3.
[4] UN Data Accessed at: data.un.org.