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Stakeholder Preferences for an Integrated National Community Health Worker Program

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 national CHW program, it is important to explore how best to standardize, harmonize, and scale-up a sustainable community-based health care program throughout the country. In this process, it is critical to understand different stakeholder views regarding the design of the program. Results concerning stakeholder preferences and priorities can inform a clear strategy to build Tanzania's capacity to develop, administer, finance, and govern a sustainable community health program.

Methodology

To guide this strategy, the team leading the Community Health Worker Learning Agenda Project undertook a discrete choice experiment—a market research technique that allows researchers to compare characteristics between different program options.

The team conducted interviews and focus group discussions to collect potential programmatic preferences or attributes from three key stakeholder groups, including existing CHWs,* governing authorities such as government officials and health facility supervisors,** and community members. The team then evaluated six attributes against a set of 18 program characteristics. They asked study participants to select the most and least desirable characteristics from different scenarios. See Figure 1 for illustrations of some scenarios posed to stakeholders.

Figure 1: Example Illustrations of CHW Program Characteristics

Have a minimum of Form 4 education
Wawe na kiwango cha elimu kisichopungua kidato cha nne

Provide services to address a single health issue, such as infant diarrheal disease
Kutoa huduma inayolenga maswala ya afya ya aina moja, mfano ugonjwa wa kuhara kwa watoto wachanga.

Provide services at a regular place in the village/ streets
Kutoa huduma za afya kwenye kituo maalum kijijini/ mtaani

Receive non-monetary incentives provided by the community (e.g. Food)
Kupokea marupurupu yasiyo ya pesa kutoka kwa jamii (mf. chakula).

Attend monthly gathering led by the village health committee to assess CHW's performance
Kuhudhuria mkutano mara moja kila mwezi unaoitishwa na kamati ya afya ya kijiji kutathmini utendaji wa kazi ya muhudumu wa afya ngazi ya jamii

Be selected by the village health committee to receive a CHW scholarship provided by a donor (e.g. NGO).
Watachaguliwa na kamati ya afya ya kijiji kupata mafunzo ya kuwa watoa huduma ya afya ngazi ya jamii na mafunzo hayo yatafadhiliwa (mf. taasisi zisizo za kiserikali).

* Community-level health providers were defined as "all lay workers (volunteers or paid) who are providing services such as health education, family planning, health promotion, and any health-related programs at the community-level" [CHW Task Force definition].

** Governing authorities are individuals who are engaged in decision-making, technical, or administrative dimensions of community-level health service provision.

Key Findings

Table 1 provides stakeholder preferences on each CHW program characteristic and an overall ranking per attribute. Rankings indicate which characteristic was most important to the three groups of stakeholders. Results indicated an overall alignment of preferences on the key CHW characteristics among the three stakeholder groups—CHWs, governing authorities, and community members.

Table 1: Stakeholder Preferences were assessed across 18 Characteristics of CHW Programs

ATTRIBUTES	CHW PROGRAM CHARACTERISTIC DESCRIPTION	MORE DESIRABLE			NEUTRAL			LESS DESIRABLE			RANK
		HW	*GA*	*CM*	*HW*	*GA*	*CM*	*HW*	*GA*	*CM*	
Eligibility	Live in the community where they serve	●				●	●				2
	Have a minimum of Form 4 education							●	●	●	3
	Be acceptable to the community where they serve		●	●							1
Services	Provide services to address a single health issue, such as infant diarrheal disease							●	●	●	3
	Provide services to address a group of health issues, such as infant diarrheal disease and family planning	●	●	●							2
	Provide services to address health issues of the whole family	●	●	●							1
Service venue	Provide services at clients' homes	●	●	●							1
	Provide services at the CHW's household							●	●	●	3
	Provide services at a regular place in the village/streets	●	●	●							2
Incentives	Receive non-monetary incentives provided by the community (e.g. food)							●	●	●	3
	Receive payment by the private sector (NGOs, insurance schemes, etc.)				●	●	●				2
	Receive a salary that will be set and paid by the government for CHWs	●	●	●							1
Supervision	Meet with the village or ward government officials once a month to assess CHW performance				●	●	●				2
	Meet with the health facility supervisor once a month to assess CHW performance				●	●	●				1
	Attend a monthly gathering led by the village health committee to assess CHW performance				●	●	●				3
Selection and Training	Apply for training to become CHWs; trainees will pay for their own training				●				●	●	3
	Be selected by the village government to receive a CHW scholarship provided by a donor (e.g. NGO)		●	●	●						2
	Be selected by the village government to receive bonded CHW scholarship provided by the government		●	●	●						1

HW = (Community) Health Worker; GA = Governing Authority; CM: Community Member

All three groups generally preferred that CHWs should:

1. **Live in and be acceptable to communities** they serve.
   - Stakeholders felt these programmatic characteristics were more important than requiring a form four level of education.
   - Stakeholders preferred that CHWs be selected at the community level.

2. **Provide comprehensive health services** rather than focus on a single health issue, and provide services at the clients' household or a public area.
   - The results support a move by the Ministry of Health and Social Welfare to expand the expertise of CHWs to include more comprehensive health services and continue to endorse service delivery in clients' homes or in public areas.

3. **Receive a government salary** rather than operating on in-kind incentives or an allowance.
   - The results strongly support that CHWs receive a fixed and recurring wage.

4. Governing authorities and community members preferred to have the **village governance select community health providers.**
   - Respondents also preferred that CHWs should be provided with government-bonded scholarships.

Recommendations

Observed preference among stakeholders on important characteristics of the CHW program provide clear guidance to the MoHSW and CHW Task Force on preferred programmatic features that should be considered in the design of the national CHW program.

Based on this study's findings, we recommend that the Ministry of Health and Social Welfare consider the following:

1. Community governing structures should be tasked with selecting prospective community-based health workers.

2. Prospective community-based health workers working under the national program should be trained on a comprehensive package of health services.

3. Community-based health workers who will be trained under the national program should be paid a fixed and recurring wage.

4. The Ministry should establish a clear accountability system that includes supervision at both the health facility level and local governing structures.

Notes

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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