

# Analysis of Stakeholder Views on the Establishment of a National Community Health Worker Cadre

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.<sup>1</sup>**

Community health workers (CHWs) are considered essential for improving population health by increasing access to primary health care, particularly in resource-poor rural communities.<sup>2,3</sup> As the Government of Tanzania seeks to implement a nationally integrated CHW cadre under the National Community Based Health Program, it is important to understand and weigh diverse stakeholder views. Many groups in Tanzania have a stake in a wide set of CHW programs with different programmatic features. Therefore, it is important understand how the government can effectively engage a diverse group

of stakeholders in dialogue that facilitates effective and sustainable implementation.<sup>4</sup> This policy brief provides a summary of stakeholder views on the establishment of a national CHW cadre and recommendations for constructive stakeholder engagement.

## Methodology

The Community Health Worker Learning Agenda Project team conducted a qualitative analysis of stakeholder views from June to August 2014. The team developed tools for in-depth qualitative interviews in collaboration with the National CHW Task Force and administered them via purposive sampling techniques. They interviewed twelve respondents including members from non-governmental, donor, and public organizations. Using the Task Force's definition as a guide, stakeholders included in this study were classified as those with the responsibility to produce, manage, regulate, or evaluate programs that engage CHWs.

“To me the key challenge for the government is to sustain adequate resources to create and ensure [the] quality of this cadre. This will become a huge cadre [as] there will probably be more CHWs than nurses or clinicians. So, you need to put a strong human resource mechanism in place to ensure quality in terms of their attendance and performance appraisal. [...] Training is one thing, but then deployment at the districts is another.” (MEMBER, NGO)

“All these [stakeholders] need to be at the dissemination of this policy and educated about this policy so that they understand and support its implementation.” (MEMBER, NGO)

## Key Findings

### 1. Stakeholders sought greater involvement with the policy development process to support the implementation of the national CHW cadre.

- Some key stakeholders involved in running or funding CHW programs felt that they had been left out of the policy-making process and sought a greater awareness of the vision and specific policy plans of the Ministry of Health and Social Welfare with regard to a national CHW cadre.

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\* It was advised by the CHW Task Force that additional interviews be postponed until the Community-Based Health Program policy guideline was disseminated.

## 2. Formalizing the CHW cadre will help the Ministry of Health and Social Welfare monitor outreach and address challenges.

- Many respondents viewed the establishment of the National Community Based Health Program policy as an important measure for institutionalizing the CHW cadre within the Tanzanian health system. Stakeholders said that the new program should help the Ministry monitor and track CHW community outreach and address challenges.
- Many respondents emphasized the relevance and importance of utilizing existing CHWs on the ground, including experienced volunteers without form four level education.
- Many respondents also conveyed the importance of standardizing practice among CHWs and clarifying the scope of their role, especially because most CHWs work under NGOs.
- Stakeholders stated that a harmonized program could lead to greater sharing of CHW knowledge, experiences, and resources.

## 3. Sustainable financing and retention of CHWs are among potential challenges.

- Stakeholders emphasized that sustainable financing to support the CHW program could present a challenge moving forward.
- Other challenges they cited included retaining, motivating, training, and supervising the national CHWs.

## Recommendations

Based on respondents' views, 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 should:**

1. Increase avenues for greater stakeholder engagement by coordinating with donors and other stakeholders in policy development and implementation.
2. Launch and update a website on national CHW policy developments.
3. Ensure the participation of different partners in an effort to stimulate a plan for transitioning existing trained CHWs into the formalized national cadre.
4. Work with donors and development partners to operationalize the training and deployment of CHWs.

## 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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<sup>1</sup> World Health Organization, Global Health Data Repository, United Republic of Tanzania, 2012.  
<sup>2</sup> 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.

<sup>3</sup> 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 multifaceted problem. *Human Resources for Health*. 2012. 10:3.

<sup>4</sup> Varvasovszky Z, Brugha R. (2000) A stakeholder analysis. *Health Policy Plan*. 15(338).