

# Transparency and Engagement of Community Leaders leading to a Successful Implementation of a Community Health Worker (CHW) Program in Rural Tanzania



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## Background

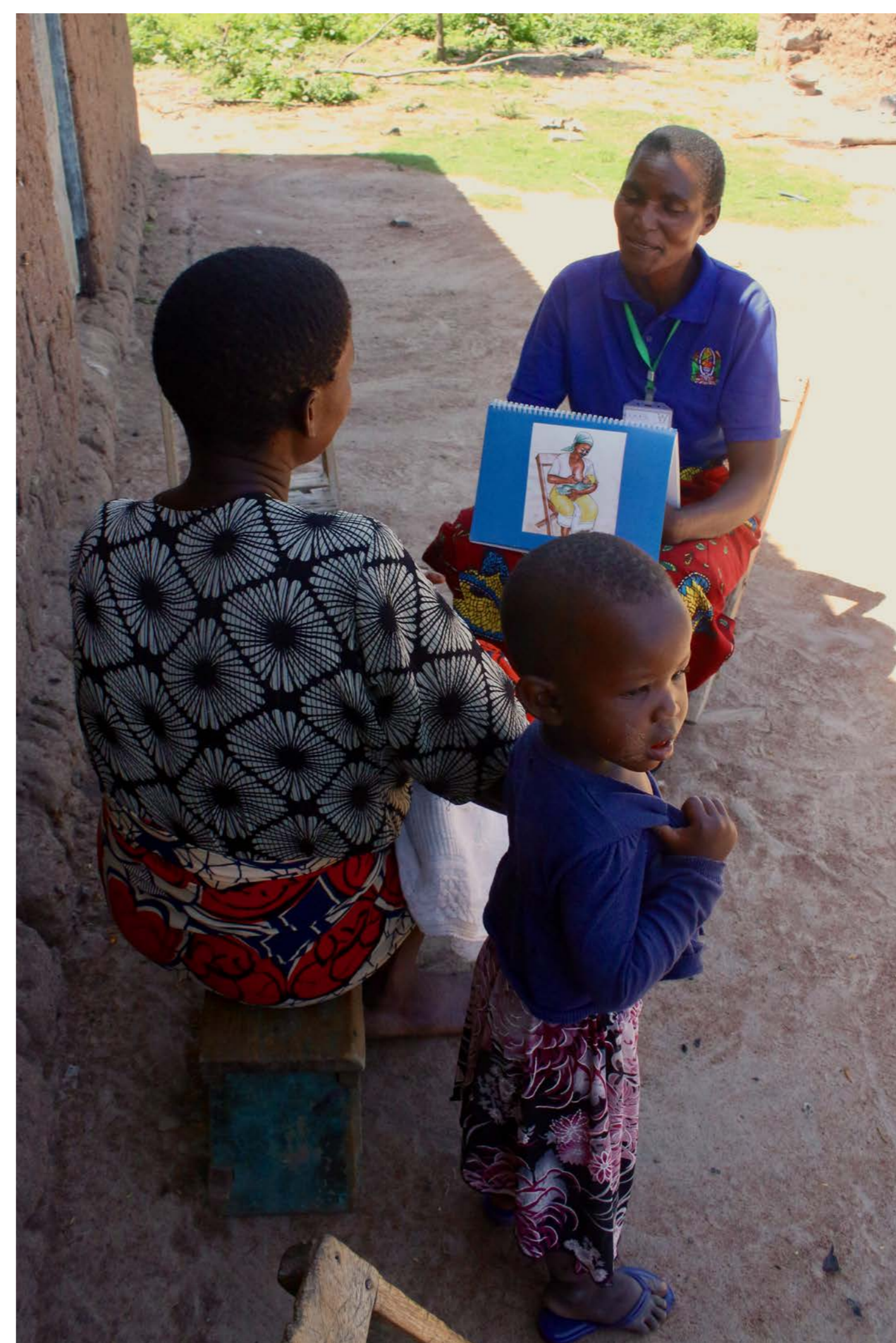
- Community health worker (CHW) programs are an integral component in Tanzania's health system to improve access to maternal, newborn and child health (MNCH) services for underserved rural communities, especially for women.
- Many CHW programs have short-lived success, and activities may not last beyond external funding for incentives.
- Projects often fail to fully engage community leaders in CHW program processes such as community orientation, selecting, training and deploying CHWs.

## Objective

Enhance the transparency and engagement of community governance structures in CHW programming in two Misungwi and Kwimba districts of Mwanza Region, Tanzania to improve MNCH outcomes.

## Methods

- 754 volunteer (unpaid) CHWs (391 M, 363 F) were trained and deployed in Misungwi District with a catchment of about 35-60 households.
- Community leaders were fully engaged in planning CHW selection, training, and reporting.
- Council Health Management Team (CHMT) held monthly meetings with leaders to reflect on challenges with CHW program implementation and develop action plans.
- The project collected detailed quantitative information on CHW process and outcomes to provide evidence on best practices.
- Qualitative data about the effectiveness and impact of the program was collected using focus group discussions and key informant interviews with community leaders, health system staff and leadership, and CHWs.



## Results (Continued)

### Increased accountability:

- CHWs demonstrate accountability by sending a copy of their monthly activity reports to community leaders. 68% of CHWs (513 / 754) are members of the 27 Ward Development Committees in Misungwi District, where they report their performance.

### High retention rate:

- After 20 months of deployment, 92% of CHWs are still active and retained in their positions. Active is defined as attending monthly meetings and submitting monthly reports on their activities.

### Conflict resolution:

- When community leaders are engaged and aware of their role in CHW programming, they are able to support the CHW, solve conflicts among CHWs, between CHWs and communities, and address other implementation challenges within their jurisdictions.

### Increase in ANC visits:

- One key task of the CHW is to make household visits to educate pregnant women about healthy pregnancy and motivate them to attend antenatal care (ANC) at a facility.

ANC	2017	2018	% Change
First visit	18,782	21,984	+17%
First visit <12 weeks	3,201	7,903	+146%
4+ visits	6,477	12,286	+90%
%4+ visits	34%	56%	+22%

Figure 1: ANC visit data collected by the project and districts

- ANC visits <12 week of pregnancy and more 4+ are increasing correlated with the deployment of CHWs across the district (Figure 1)

"...when we write monthly reports, we submit one copy here [to our supervisor at the health facility] and another one to the village chairman. But also we conducted census and submit the general results here in the facility and another copy to the village chairman ... therefore MnM project has linked us with village chairman and [we] were able to identify challenges in the village and the chairman knows that in those households there is a newborn, or in that household there is a pregnant mother, so it is like that."

[CHW Focus Group, April 2019]

## Conclusion

Consistent community leaders' engagement in planning, appropriate selection, confirmation, training and deployment of the CHW program leads to enhanced retention and effectiveness of volunteer CHWs – this in turn results in sustainable implementation of community-based maternal and child health programs delivered by CHWs.

## Acknowledgements

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## Results

### Increased CHW program ownership:

- 65% of community leaders at village level (73 of 113 villages) hold regular meetings with CHWs.
- Because of the voluntary community work that CHWs do, 54% of communities (61 out of 113 villages) have come to agreement that CHWs will not be asked to contribute additional labour.