EVALUATION OF COMMUNITY BASED HEALTH PROGRAMME (CBHP) THROUGH DEPLOYMENT OF FORMAL CHWs IN CHEMBA, ITILIMA, AND MISUNGWI DISTRICT COUNCILS

Program Brief: Management and Supervision of CHWS at Sub-National Level

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Introduction

Evidence across multiple low and middle-income countries (LMICs) shows that when CHWs are adequately supervised and supported, they demonstrate optimum performance and keep being motivated (Bhattacharyya, Winch, LeBan, & Tien, 2001; Glenton et al., 2013; Lehmann & David, 2007; Lehmann & Sanders, 2007; Mpembeni et al., 2015). Although supervision is a common theme in CBHP particularly in working with community health workers (CHWs), it remains one of the biggest challenges in community-based care. Supervision is often weak, ineffective and/or under-supported despite its recognized role in ensuring successful community health programs. A recent study from South Africa examining district level practices in the supervision of CHWs demonstrated that despite having policy guidelines acknowledging the need for supportive supervision, the reality on the ground was different. It was documented that the practices of supervision entailed a variety of reporting lines, health facility managers were too busy to supervise CHWs, poor cooperation between facility staff and community structures, and teams expected to supervise CHWs were poorly resourced (Assegaai & Schneider, 2019). This scenario resembles the setup of CBHP in Tanzania, hence the opportunity for the country to learn from the similar experience.

Background

It is indisputably documented that CHWs are instrumental in Primary Health Care (PHC) through delivery of promotive, preventive and some curative health services to communities (Global Health Workforce Alliance, World Health Organization (WHO), 2010; Perry, Zulliger, & Rogers, 2014). For them to effectively play this role however, they require a supportive structure appropriate to the context. The feeling of being unsupported "disempowers" CHWs in carrying out their duties (Kane et al., 2016). Supportive supervision is defined in multiple ways, but some literature associate the concept with three key functions: first, management for ensuring performance; second, education for promoting development; and finally support for responding to needs and problems (Kilminster & Jolly, 2000; Peach & Horner, 2007). Related to these, the new national operational guidelines for Community Based Health Care Services[1] stipulates eight components of an effective supportive supervision for CHWs namely; continuing training, provision of equipment and supplies, individual performance evaluation, motivation, opportunity for advancement, documentation and information management, linkages to health systems, and community involvement. The vision is to strengthen Primary Health Care through decentralization of health services to regions, districts and communities to ensure effective coordination, implementation, supervision and provision of quality health care to the community.

The operational research was conducted between April and June, 2020 for the two projects involving the Benjamin Mkapa Foundation (BMF) in implementation under Irish-Aid funding; the MFPIII project in Chemba, Dodoma led by BMF, and the Tuwatumie/ Ustawi wa Mwanamke project in Misungwi (Mwanza) and Itilima (Misungwi) led by Amref with BMF as a sub-partner. Both projects invested in the CHWs' supportive supervision as part of the broader program strategy hence generating some key lessons that could be useful for future programming.

1 MoHCDGEC. Operational Guidelines for Community Based Health Care Services. Towards a Sustainable Community Health and Social Welfare Services; Leaving on one behind. March 2020