SUSTAINABILITY ANALYIS OF THE NATIONAL COMMUNITY BASED HIV AND AIDS SERVICES (CBHS) PROGRAMME

MARERO STEPHEN

A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT FOR THE REQUIREMENTS OF THE DEGREE OF MASTER OF ARTS IN MONITORING AND EVALUATION OF THE OPEN UNIVERSITY OF TANZANIA

2018

CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by the Open University of Tanzania a dissertation titled; ñSustainability Analysis of the National Community Based HIV and AIDS Services (CBHS) Programmeò, in partial fulfilment of the requirements for the award of Degree of Master of Arts in Monitoring and Evaluation MA (M & E).

é é é é é é é é é é ..é é é ..

Dr. Christopher Awinia

(Supervisor)

é é é é é é é é é .é ..

Date

COPYRIGHT

DECLARATION

I, Marero Stephen, do hereby declare to the Senate of Open University of Tanzania that this research is my own original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

é é é é é é é é é é é é é .

Signature

é é é é é ..é ..é ..é é é

Date

DEDICATION

I dedicate this dissertation to my daughters, Sabrina Marero and Shareen Marero.

ACKNOWLEDGEMENT

Special complements go to Allah the Merciful, the creator of mankind, for his endless love and gift of life that he has offered to all of us, strength and guidance throughout our lifetime. I am grateful and wish to sincerely thank and acknowledge the support, advice, constructive suggestions and critiques from my supervisor, Dr. Christopher Awinia that made this work possible.

I acknowledge the good work and support done by Mama Kizenga and my friend Clemence Kiyobya for organising and assisting in logistics about the field work in Bagamoyo and Nyamagana districts respectively. I offer my heartfelt gratitude to all who participated in this study during IDIs and those who participated by responding to research questionnaires. Very special thanks go to all PLHIVs who offered their valuable and precious time and participated in this study regardless of the challenges that they are facing.

To my family, particularly my wife, Dr. Mwanaidi Amiri Msuya for her love, care and support during the entire period of my studies.

ABSTRACT

The study was conducted aiming at assessing the sustainability of the national CBHS programme, with specific objectives of, (i) identifying main factors affecting sustainability of the national CBHS programme and (ii) how the partnership arrangements with the health sector affect sustainability of CBHS. A cross sectional research design was adopted with two data collection methods, primary data collection methods and secondary data collection methods. A sample size of 89 respondents were selected purposively, conveniently, and randomly selected from TRCS, CHMTs, WHCs and PLHIVs. Content data analysis with the aid of Nvivo software for qualitative data was done and cross tabulation using SPSS to develop frequency tables and Chi-square test for quantitative data was also done. The study results show that; availability of supportive policies and procedures, health systems, community engagement and empowerment, participatory M&E, and funding predictability, affect sustainability of the national CBHS programme. The findings also show that, partnership arrangements in various ways affect sustainability of the national CBHS programme. It is recommended that, to ensure sustainability of the national CBHS programme, the community should be and empowered to implement the programme, programmes systems should be integrated with available health and administrative systems, participatory M&E should be adopted, and sustainability strategies should be put in place.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURE

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
CBD	Community Based Distributor
CCHP	Comprehensive Council Health Plan
CBHS	Community Based HIV and AIDS Services
CHMT	Council Health Management Team
DAC	Development Assistance Committee
DACC	District AIDS Control Coordinator
DCF	Development Cooperation Framework
DHO	District Health Officer
DHS	District Health Secretary
DNO	District Nursing Officer
DP	Development Partners
ESRF	Economic and Social Research Foundation
FHI	Family Health International
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
HBC	National Institute for Medical Research
HCW	Health Care Workers
IDI	In-depth Interviews
IHI	Ifakara Health Institute
IP	Implementing Partners
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children

M&E	Monitoring and Evolution
NACP	National AIDS Control Programme
NBS	National Bureau of Statistics
NGO	Non-Governmental Organization
OECD	Organization for Economic Cooperation and Development
PEPFAR	Presidentôs Emergency Plan for AIDS Relief
PLHIV	People Living with HIV and AIDS
PM&E	Participatory Monitoring and Evaluation
SPSS	Statistical Package for Social Sciences
TACAIDS	Tanzania Commission for AIDS
THDR	Tanzania Human Development Report
TMAP	Tanzania Multi-Sectoral AIDS Programme
UNAID	Joint United Nations Programme on HIV/AIDS
URT	United Republic of Tanzania
USAID	United States Agency for International Develop
WB	World Bank
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background Information

HIV/AIDS infections are accompanying with opportunistic diseases which lead to chronic conditions and accompanied by development of other diseases which are usually able to be treated, (diseases (National Guideline for Home Based Care Services, 2010). The stated number of cases of HIV/AIDS related diseases cumulatively keep on increasing and there is a requirement of engaging more efforts to reduce these opportunistic diseases, (National Guideline for Home Based Care Services, 2010).

The National efforts to reduce HIV/AIDS comprises of strategies including interventions aimed at prevention, care, treatment and support. The Government, through its agencies like National AIDS Control Programme (NACP), Tanzania Commission for AIDS (TACAIDS) and in collaboration with Development Partners (DPs) initiated care and treatment programme under NACP, (National Guideline for the Management of HIV/AIDS, 2017).

Percentage of People Living with HIV/AIDS (PLHIV) who are on antiretroviral treatment (ART) has increased from 52% in 2005 to 62% in the year 2016 according to the National Guideline for the Management of HIV/AIDS, 2017:3). According to UNAIDS 2017 report, data for 2016 shows that, in Tanzania around 1.4 Million people were living with HIV (equivalent to HIV prevalence of 4.7%). New cases in the year 2016 were 55,000 while 33,000 people died from AIDS related diseases. Report further shows that, between 2010 and 2015 the number of new cases declined

by more than 20% due to scaling up access to ARTs that has helped the country to reduce the impact of HIV epidemic. The Tanzania HIV Impact Survey 2017, results indicate that, HIV prevalence among adults (15 years and older) differs across Tanzania regions ranging from 11.4% in Njombe to less than 1% in Zanzibar and Lindi region. The preliminary result also indicates that, incidences of HIV (new cases) are 81,000 amongst adults aged 15 to 64 years, (NBS, 2017).

The percentage of adults aged 15 years and above who are PLHIVs and on was 63% in the year 2016, (which is equal to 62% and 40% of women and men respectively living with HIV who are on ART when segregated by gender). Overall, the epidemic has remained steady because of on-going new infections, population growth and increased access to treatment, (UNAIDS, 2017).Prevalence of viral load suppression (VLS) among HIV-positive adults ages 15 to 64 years in Tanzania is 52.0 percent (57.5 percent among females and 41.2 percent among males), (NBS, 2017).

Health Sector HIV/AIDS Strategic Plan (2008-2010) stipulates that in care delivery, there are three levels which are, (i) facilities, household and (ii) the community level whereby, CBHS services falls in all the three levels. The three levels need to be interacting and patients should have access to all the levels and there should be a good referral system. Compliance to ARTs and continuum of care has called for a comprehensive CBHS programme as an alternative support services in ensuring adherence and continuum of care to PLHIVs, and therefore, CBHS is key in monitoring these patients to ARTs so that to ensure care by adhering to ARTs. To address this, and to provide continuum of care to PLHIVs, Tanzaniaôs Ministry of Health adopted Community Based HIV and AIDS Services (CBHS) a component of

the continuum of care promoted by the World Health Organization (WHO), (Measure Evaluation; 2016). CBHS provides care and services to PLHIVs who are on lifelong ARTs. CBHS was formally introduced as Home Based Care Services (HBC), mostly focused on bedridden PLHIVs, but due to progression in the management of the disease and its associated opportunistic illnesses, the scope changed significantly from caring of bedridden PLHIVs to ambulatory, (National Guideline for the Management of HIV/AIDS, 2017).

Community based HIV services being one of the care and support program denotes an significant strategy for improving health and lives of PLHIVs, but their efficacydepends on the extent at which these services are sustainable, Acker et al (2012). The extent to which an evidence-based a programme can deliver its envisioned benefits after the end of the project funding is described as sustainability, (Acker et al (2012). Most of the health projects in Tanzania are funded by Development Partners (DPs), Measure Evaluation and Care International (2007) and since introduction of HBC services (currently transformed and known as CBHS), the following USAID implementing partners (IPs) have been implementing CBHS; these are Deloitte Tunajali Program, Africare, KIHUMBE, The Red Cross Society, Pathfinder International, FHI360, etc., (Measure Evaluation and Care International, 2007).

Most CBHS programs that were funded by USAID are no longer existing after the funding ended and the local authorities in the areas were these projects were implemented did not take control and ownership of the projects. As pointed out by Mazibuko (2007), there has been failure of state programmes and institutions to

sustain, goods and service delivery after the funding period. Also, absence of sustainability of program results after the funding period due to low or in adequate budget from the Governments, which cannot sustain such projects, programmes and interventions.

UNAIDS (2017) highlighted that, although Tanzania has made various progress towards addressing and scaling up the use and adherence to ARTs and increase eligibility and access to ART to PLHIVs through CBHS but still faces some fundamental challenges including but not limited to resources, weak health system, weak supply chain management system, drug stock out, etc. While the nation has various CBHS and their providers, they remain largely informal and uncoordinated (IHI, 2016). Furthermore, Goodwell (2006) conducted a study commissioned by UNAIDS for evaluating the Belgian Government Support to HBC Programme in Tanzania and found among other things that, of the notable lesson learnt for these funded projects was non-existence of ñstrategies for sustainabilityò at the beginning when setting up the programme before implementation.

It was also noted in the JSAT (2006) that, funded projects and programmes have been important in assisting the government in implementing various interventions, however there are some disadvantages that impair sustainability of these interventions like; (i) the dominance of the DPs over the projects / programmes and undermine the Governments priorities and this has contributed to lack of ownership; and transparency has been weak, DPs do not inform the Government about the projects being implemented, hence accountability has been on one side of the DPs and less on the Government, unpredictability of the project funding, and non-

alignment with the Government systems that has undermined the Government structured and systems and hence prevents programmes and projects sustainability.

On the other hand, the Ministry of Demark in October 2017 coordinated a joint external evaluation of the Tanzania health sector from 1999 to 2006s and the results from the evaluation among other things found that; CBHS programme is part of an effective health sector system for responding to HIV/AIDS has not received the same consideration and not well integrated in the Ministryôs system as other forms of treatment. The study also noted that, CBHS are not very well developed and participation of the community in CBHS has been very low.

Also, there is a low support to CBHS providers from both, the health facilities and district health teams suggesting that the system is still fragmented with weak referral system. The evaluation further noted failure of the Ministryôs care and treatment plan not to incorporate strategies to ensure strong linkage between the facilities and community efforts through CBHS. Same findings on weak linkage and referral system and lack of coordination between facilities and community activities and poor linkages of CBHS and care and treatment programs at facilities were also noted by the Tanzania 3rd National-Multi Strategic Framework for HIV (2013/14-2017/18) of November 2003.

Abebe (2012) on his study among other things, found that, implementation of these programs is always hindered by challenges at one time or another at different levels, and some of the innovations and strategies that show success during the project launch are eventually end up in failing to show achievements, and therefore, success

on other projects while others fail is a question that need investigation. The study further noted that, the question for sustainability of these projects is always a challenge especially in developing countries.

1.2 Brief overview of CBHS Programme

Community HIV and AIDS Services programme that was initially called Home Based Care Services (HBC) is one of the components of the LIFE program that received a five years funding from USAID effective 2012, (EGPAF Life Project Document 2014). From 2014, CBHS program that was being implemented in Coast and Mwanza regions, was under the implementation of three different organizations at different levels, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Pathfinder International (PI) and Tanzania Red Cross Society (TRCS). EGPAF was the prime recipient of the funds from USAID, PI provided strategic direction, program planning, management, financial and administrative oversight.

TRCS was the key implementer of the project in collaboration with the local government authorities and the health facilities in their respective districts. After the end of the funding period in 2016, TRCS implemented the project on its own after PI have transferred to TRCS, management skills, systems and knowledge on how best to implement the project. From October 2017, TRCS handed over the project to respective districts after a one-year extension funding period end. The goal of CBHS is to ensure that, all PLHIVs have access to quality CBHS integrated with other services. The objectives of CBHS are: (i) to intensify early identification of HIV positive people, (ii) to promptly link HIV positive clients to care and treatment clinics at facilities, (ii) to facilitate effective community and facility referral and

linkages as well as other services such as psychosocial support, legal services, spiritual services, food and nutrition support, (iv) to tract clients who have missed appointments and (v) to support ART adherence and retention, (National Guideline for the Management of HIV/AIDS, 2017).

The scope of CBHS covers PLHIV and their families who are also PLHIs who has more care and needs beyond the clinical needs, these are not limited to, (i) psychological support needs, spiritual needs, educational needs, economic needs, legal needs, care and support, (National Guideline for the Management of HIV/AIDS, 2017). CBHS warrants continuity of care to the PLHIV at health facilities through the continuum of care. This is a package of comprehensive services, that is linked to all levels of from the facilities to their communities and eventually to their homesteads, and the linkage is on care, treatment and support services, (National Guideline for the Management of HIV/AIDS, 2017).

1.3. Statement of the Problem

The national efforts to reduce HIV/AIDS comprises of strategies including interventions aimed at prevention, care, treatment and support. This has been done through various efforts by the government by establishing agencies and policy organs like NACP and TACAIDS. Also, as part of the continuum of care to PLHIVs, CBHS programme has been adopted as one of the components of continuum of care. CBHS that was formally introduced as HBC, mainly focusing on bedridden patients. However, as of recent the scope has changed significantly due to advanced management of the disease.

Most of the CBHS projects and programs in various regions in Tanzania are funded by DPs, and some of the programme that were funded and implemented by various Implementing Partners (IPs) in the country have phased out after the funding period and these services to some districts where they were being provided are no longer provided or they are being provided at a level that is not predicting sustainability. There has been a concern also, on the state institutions to sustain these aid-driven projects due to various notable challenges which these institutions are facing. Mostly CBHS programmes face some fundamental challenges on how to sustain the services.

It is therefore evident that, sustainability of the national CBHS programme is influenced by various factors and this study was aiming at assessing the factors that are contributing to sustainability of the national CBHS and recommend measures to be undertaken so that to sustain the programme and ensure that PLHIVs are retained in and linked to HIV care and treatment at facilities eventually CBHS programme will greatly contribute to HIV continuum of care.

1.4 Main and Specific Research Objectives

1.4.1 Main Research Objective

To assess the sustainability of the National Community Based HIV and AIDS services (CBHS) programme.

1.4.2 Specific Research Objectives

The specific objectives of the study were:

i. To identify main factors which affect sustainability of the national CBHS

programme.

ii. To determine how partnership arrangements with health sector affect sustainability of the CBHS programme.

iii. To recommend measures to be undertaken so that to sustain the national CBHS programme for improving the lives of PLHIVs.

1.5 Research Questions

i. What factors affect sustainability of the national CBHS programme?

ii. To what extent do partnership arrangements with the health sector affect sustainability of the national CBHS programme?

iii. What are the recommended measures that need to be undertaken so that to ensure sustainability of the national CBHS programme?

1.6 Justification of the Study

The significance of the study is basing on the mere fact that, it assesses the sustainability of the CBHS programme in Tanzania by identifying factors contributing to its sustainability. Enhancing sustainability of the national programmes, and the CBHS for provision of continuum of care, after the funding period is one of the key aspects in development perspective, making this research relevant.

Hofisi and Chizimba (2013) in their study on the sustainability of donor funded projects in Malawi concluded among others that, some of the factors affecting sustainability of funded programmes are; donor funding, in built project strategies design, support from the government institutions and community participation. De

Beer (1998:17-35) on the other hand, pointed out that, due to fragmentary funding, the Non-Governmental Organization (NGOs) that were involved with mobilizing external resources their sustainability has been jeopardized due to relying on external financing. As the number of PLHIVs who are on ART grows, health systems of various countries struggle with retaining patients in care and providing quality services, IHI (2016). There is growing evidence that, CBHS can both increase patient retention and reduce the burden on facility staff in provision of these services to patients who are seeking the services, (Goodwell, 2006).

The study therefore tries to find out factors contributing to sustainability of the national CBHS programme so that DPs, IPs, policy makers, responsible Government Institutions, the Ministry of Health, and the community at large, take all these into account and have a sustainable CBHS programme even beyond their funding period. It should also be noted that, CBHS is one of the core community-based care and support programmes that aims at improving the lives of PLHIVs, and therefore it is of paramount importance to have a sustainable CBHS programme for improving public health even after the funding phase.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Responding to the growing epidemic in Tanzania, a National AIDS Task Force was established in 1985, (Goodwell 2006) and it established a health sector response, organized communities and, provided trainings to Health Care Workers (HCW), (Goodwell, 2006). In 1988 the National AIDS Control Programme (NACP) was formed and coordinated the development, expansion and implementation of the various medium-term plans focusing on prevention, care and mitigation of HIV/AIDS, (Goodwell 2006). Further to that, the Ministry of Health through NACP developed a sector strategy on HIV and AIDS (2003-2005) and a National Care and Treatment Plan (2003-2008), (Goodwell 2006).

The Ministry of Health since November 2004, through NACP is coordinating care and treatment programme aimed at increasing the provision of ARVs to PLHIVs countrywide, through facilities with the support of or through the community-based HIV services in various capacities, MoHCDGEC (2017) including the CBHS. For the years, CBHS which has been given different names by different HIV/AIDS IPs included HBC, Peer Educators, Client Tracking Person, Volunteers Community Based Distributor (CBD) etc; were assigned different roles and responsibilities, MoHCDGEC (2017).

Several DPs and other international agencies have provided numerous funds that have contributed to the management, care and support of HIV/AIDS in Tanzania thought various set ups but mainly through the CBHS programme. These DPs, and

international agencies includes but not limited to; The Global Fund for AIDS, Tuberculosis and Malaria (GFATM), The Tanzania Multi-sectoral AIDS Programme (TMAP), United States Presidentôs Emergency Plan for AIDS Relief (PEPFAR), the Belgian, the Canadian and the Norwegian governments and other bilateral and multi-lateral development partners.

2.2 Reviews of Theoretical Literature

The continuation of the programme or an intervention after initial implementation efforts of funding have ended is termed as sustainability. Stirman et al (2012) in their studies on the sustainability of new programs and innovations pointed out that a project or an intervention is regarded to be sustainable after initial supports have been withdrawn and if; (i) core elements are recognizable and (ii) there are adequate capacity for making sure that continuation of the core elements is maintained.

They further pointed out that, the outcomes of sustainability are; (i) continued reliability to core elements, (ii) program activities are sustained, (ii) desired health benefits are maintained, and (iv) maintenance of capacity to maintain the intended health benefits, (Stirman, et al, 2012). Abebe (2012), defined sustainably of as the capacity and ability to maintain the programmeôs service provision at a point it provides an ongoing service in health even after the end of the financial assistance, management and any other technical and technological support from the founders.

2.2.1 Sustainability Analysis

The review of literatures, policy documents and regulations suggest that availability of supportive policies that has been put in place by the Governments is one of the

key drivers in ensuring sustainability of health funded programmes in the country. Following this, the Government through the Ministry of Finance has developed a framework, named, Development Cooperation Framework (DCF) 2017, that outlines broad principles and development cooperation in line with other international declarations governing donorship including the 23 Principles of Good Donorship. The framework provides the overall objectives and principles surrounding development partnerships.

Notably also; this framework was developed following the review of the implementation of the Joint Assistance Strategy for Tanzania (JAST). As it was noted by the review, despite the notable achievements, but there were some challenges in relation to predictability of aid, fragmentation, use of the countryôs systems and conditionalities. Further the review had noted some loss of trust among the partners that had led to breakdowns in dialogues and low levels of sense of partnerships in these projects.

Fragmentation of the health system that poses challenges to sustainability of the funded programme was also noted. The review findings tend to agree with what has been noted in the Tanzania Human Development Report (THDR) by the Economic and Social Research Foundation (ESRF) of 2017, that has noted that some funded projects during implementation bypass the local administrative systems and also there are high levels of funding unpredictability that poses challenges on sustainability of these projects. HPM-Chapter 7, also suggests that, one of the five suggested strategies for ensuring sustainability is building a case of systems or policy change.

The framework has been developed therefore, to ensure that, there are ways of re-examining the financing modalities for viability (acceptance), efficiency, effectiveness, and sustainability serving as the broad spectrum of the development partnership in the country. Notably also, the framework reaffirms the commitment of the Government to ownership of the development process for all partners. Furthermore, the framework calls for an effective Development Cooperation in Tanzania and it specifically states that,

> *(i) at each level of dialogue, participation of all key stakeholders should be encouraged with the view of enhancing ownership, transparency, accountability and sustainability,(ii) there should be in built monitoring whereas a joint follow up mechanism needs to be established to assess how the dialogue outputs feeds into policy processes.*

Same principles were also noted in the JAST 2006 whereby there was an advocacy and a call for local communities to participate in formulating the project plans, in identifying needs, in implementation, in monitoring and evaluation of the interventions and activities being implemented and above all there was a call for locals to be engaged in stakeholdersô dialogues and evaluate the services delivered so that to create sustainability of the projects or interventions being implemented.

This is also one of the issues noted in the Rome Declaration on Harmonization of the Donor Practices for effective Aid delivery (2003) which advocates among other things to ensure; (i) development assistance are delivered in accordance with the countryôs priorities and (ii) increasing the efforts to ensure that the host countryôs staff are equipped so that to manage programs and projects more effectively and efficiently.

2.2.2 Sustainability and Availability of Policies and Procedures

Studies done on factors affecting sustainability of health donor funded project have also noted same concerns on issues pertaining to having proper policies and procedures in place to enhance sustainability of these projects. Abebe (2012) pointed out that, to foster sustainability of healthcare funded projects there must be a high demand for system level interventions because this will assist in; (i) developing and establishing policies and procedures at all levels that will maximize the sustainability of the on-going efforts and (ii) improving decision making processes by incorporating community needs. This aims to improve the proper functioning of the implementing organization as well as delivery of the services in a coordinated and sustainable way, Abebe (2012).

Walsh et al. (2012) noted that, while the World Bank (WB) advocated the idea of sustainability in their plan and policies, but it remained on the periphery on their strategies that they are implementing in Zambia and hence this jeopardized sustainability of the project, and they recommended for building on sustainability strategies and strengths in terms of policies and procedures before projects commence. The study also called for capacitating the local community and strengthening local structures.

Rasschaertet al (2014) in their qualitative studies on ñsustainability of a community-based anti-retroviral care delivery model in Mozambiqueò concluded among other things that, community embeddedness, patient empowerment, involvement of key stakeholders especially the Ministry of Health in monitoring funded community projects strongly favour sustainability of the projects while depending on the

external resources and weak human resources they potentially jeopardize sustainability of community funded HIV projects.

2.2.3 Sustainability and Community Engagement and Ownership

Community engagement fosters ownership and ensures sustainability. Principle 7 of the 23 Principles of the Good donorship states that,

> *"implementing humanitarian organizations should ensure to the greatest possible extent, adequate involvement of beneficiaries in the design, implementation, monitoring and evaluation".*

The 2017 Development Cooperation Framework (DCF) of the Ministry of Finance-Tanzania, has also documented and stressed that ownership should be one of the general principles of these cooperation. The framework states that,

> ñ*Development Cooperation Partners should commit to fostering national ownership through the Governments…".*

Also, on participation in dialogue, which is one of the key aspects to be considered for any development programme, the framework states that, the dialogue that shall be done at all levels and one of the principles of these dialogues is inclusiveness, whereby, at each level of the dialogue, participation of all key stakeholders is a must with a view of enhancing ownership, transparency, accountability and sustainability. This is also supported by Goodwell (2006) who recommended that, participation of the community is of the requirements of the success of any service delivery. He further recommended for the community to be involved and informed and to be part of the planning, implementation and evaluation of any service that is being delivered to the community.

On the other hand, results from a study done in Darfur by Sabbhil and Adam (2015) on project sustainability after funding period, revealed that, national or countries support to projects after external support, discontinuation of project administration and supervision for and absence of adequate professional management at the beneficiaries side greatly affected sustainability of health funded project in Darfur Sudan, same arguments were also noted by Stergakis (2011) and Mutimba (2013) who revealed that stakeholder engagement and capacity building have an impact on donor funded health projects.

Stressing on that also, Hofisi and Chizimba (2013) who conducted a sustainability study in Malawi concluded that, participatory approaches of the project beneficiaries significantly have an impact on the sustainability of the development projects. The study further elaborated that, sustainability needs to be assessed by how the programme / project implementation procedures empowers the community so that to ensure its sustainability after the funding period has just ended, same as to Walsh et al. (2012) who called for capacitating the local community and strengthening local structures for sustainable programmes.

2.2.4 Sustainability and Health System Factors

Sustainability of the national CBHS programme is much affected by health systems in place. A well designed and supportive health system ensures reliability of services, provides a basis for linkage and integration between community health systems and the health facilities especially, the district hospitals, health centres and dispensaries. Also, a comprehensive health system ensures availability of adequate and skilled public health care workers in the provision of additional services as a

result of referrals of patientsfrom CBHS. It is worth also noting that, a comprehensive and supportive health system will be realized if there are availability of supportive policies.

ESRF (2017), in THDR report revealed that, apart from the health benefits that the aids control initiatives provide, but they mostly bypass domestic administrative structures that compromise their sustainability. Scheirer et al (2008) revealed that initiating and putting in place sustainability collaborative systems and structures and upholding attention to the fundamental philosophies of the programme by disseminating them to other beneficiaries ensures sustainability of these projects, same findings were also noted by Bossert (1990).

2.2.5 Sustainability and Participatory Monitoring and Evaluation

Continuous monitoring and periodic evaluations of health funded projects ensure their sustainability among other things. Regular evaluations assist in program and project sustainability. Sustainability is one of the key aspects that is being assessed in evaluation. Routine monitoring provides readily available data for supporting evaluation exercise is therefore important to note that, when the programme / project has a good monitoring and evaluation system, this assist in programme / project sustainability. Principle number 22 of the 23 Principles of Good Humanitarian Donorship states among other things that, ñthere should be encouragement to conduct regular evaluations, including assessments of donor performanceò.

On effective participatory Monitoring & Evaluation, adone by Kimweli (2013) on their study in Kibwezi district on food security funded project concluded that,

participatory monitoring and evaluation (PM&E) practices has an impact on sustainability of the projects. The study further recommended for programmeIPs to carry out regular trainings to the community so that to build up their capacity and participate effectively in these projects.

2.2.6 Sustainability and Funding Predictability

It is remarkably worth underlining that, literatures and studies done on sustainability have found and suggested that, funding is one of the factors that affect funded health projects and programmes from sustaining longer. The 23 Principles of Good and Humanitarian Donorship also insists on ensuring that there should be a steady financing to these projects so that to ensure sustainability. Principle 13 states that,

> *"while stressing the importance of transparent and strategic priority-setting and financial planning by implementing organizations, explore the possibility of reducing, or enhancing the flexibility of, earmarking, and of introducing longer-term funding arrangements",* also principle number 18 states that, *"support mechanisms for contingency planning by humanitarian organizations, including, as appropriate, allocation of funding, to strengthen capacities for response".*

Savaya (2012)also concluded that, both funding and human resources have an impact on of sustainability of any intervention / programme. The study further noted that, funding predictability is among the most prominent factors that affect sustainability of these projects. Same reason was noted by ESRF (2017) that revealed that, health programmes faces serious challenges in terms of their sustainability in the future due to aid dependency and funding unpredictability. Dunlop et al (1990), Bossert (1990), Stevens & Peikes (2006), Shen et al (2011) and Swerissen & Crisp (2004) also noted that national financing is of vital importance in sustaining health funded programmes as opposed to aid dependency.

2.3 Research Gap

The reviewed literatures above, have shed light on the factors that are plausible in affecting or fostering the sustainability of any externally funded intervention, project or a programme. The studies therefore, have shed light by highlighting the general factors for programme sustainability, but have not provided for clear reasons for sustainability of the national CBHS programme particularly in Tanzania which is the case study.

Furthermore, the researcher tries to go beyond the normal factors that may affect sustainability of the national CBHS programme including but not limited to factors like; partnership arrangements with the health sector, policies and regulations as vehicles for ensuring sustainability, and health system factors that most of these studies did not cover in detail. Some studies covered sustainability and the fragmentation of and the non-use of the existing government and administrative systems and structures but failed to deeply assess the health system as a sperate functional system within the broad government administrative system.

Some studies also covered on Monitoring & Evaluation in general and with regards to Participatory Monitoring and Evaluation (PM&E) but did not go deeper assessing how Monitoring and Evaluation as a separate aspect affect sustainability of funded health programmes. Furthermore, as suggested by Gruen et al (2008), exploring sustainability of the funded programmes / projects, need to be explored in a particular context by assessing the interactions between the drivers and the particular project /program components and within the local context.

This study is also on interest due to the fact that, the national CBHS programme in Coast and Mwanza regions was under the funding phase that has ended and now the implementation is under the Ministry of Health through the respective district hospitals and district council governments and therefore this provides a good practical aspect to assess its sustainability after the funding phase. Sustainability analysis of the national CBHS programme in Tanzania is the main interest for this study.

2.4 Conceptual Framework

This is a presentation of the variables and concepts that will direct the researcher in this research so that to accumulate evidence for meeting the study objectives. This conceptual framework shows the relationship and interrelationship between the variables to be studied (these are independent variables) and also showing how the independent variables affect the dependent variable as indicated by Onen and Oso (2008.). The researcher has developed this conceptual framework by considering the Development Assistance Committee of The Organization for Economic Cooperation and Development (DAC/OECD) evaluation criteria on sustainability.

DAC/OECD evaluation criteria on sustainability provides that, sustainability of programmes / projects is assessed by mainly asking two fundamental questions, which are; (i) to what extent did the benefits of a programme or project continue after donor funding? (ii) what are the major factors which influence the achievement or non-achievement of sustainability of the programme or project. Other possible sustainability questions that are extension of the two major fundamental questions are relating to: (i) whether there is a sensible exit strategy including schedule and

guidelines for the transfer of responsibility and activities to the community? (ii) is there a prepared budget scenario for the time after the assistance? (iii) which lessons learnt could be relevant to others? (iv) to what extent were local capacities developed or strengthened thorough the assistance? The conceptual framework that provided direction of this study is shown below:

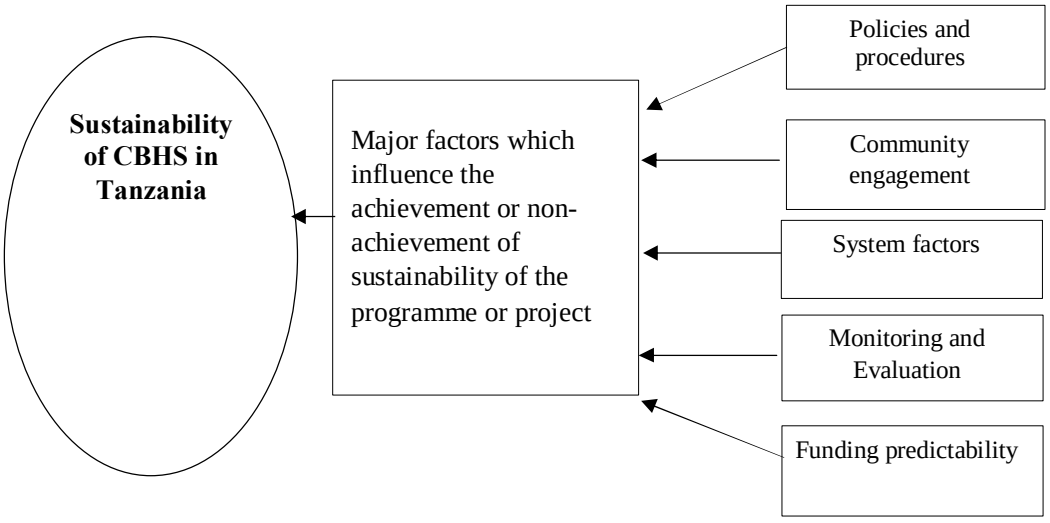

Figure 2.1: Conceptual Framework

Source: Modified from DAC/OECD Sustainability Evaluation Criteria

2.4.1 Description of the Factors

The developed conceptual framework governed this study which aimed at assessing the sustainability of the national CBHS programme in Tanzania. The case study of CBHS programme was in Bagamoyo district in Coast Region and Nyamagana district in Mwanza Region. All these factors that have been drawn, are grouped into major groups, i.e. partnership arrangements and system factors. Specific descriptions of the factors / variables are explained below:

2.4.1.1 Dependent Variable

Sustainability of CBHS in Tanzania: Sustainability of the national CBHS programme is a dependent variable which is dependent on various factors as conceptually shown above in figure 2.1. The factors as shown above relates to conceptually identified main factors which influence sustainability of the programme.

2.4.1.2 Independent Variables

Policies and Procedures: Availability of supportive policies and procedures that have been put in place facilitates and supports sustainability of any national programme. Available policies and procedures in terms of frameworks, regulations, collaborative policies / frameworks, and general guidelines on how to manage, implement and coordinate these programmes enhance their sustainability.

Community Engagement: CBHS is being provided through community-based organizations that are formed by either the communities themselves through the assistance of either development partners or the local government authorise through the district offices. Capacitating the community and CBOs ensure sustainability of these programmes because it empowers local communities and enhance ownership over the programmes /projects. Building the capacity of the community also ensures better service delivery, availability of services which in turn ensures continuum of care which is one of the factors that contribute to sustainability of these programmes.

Monitoring and Evaluation: Participatory continuous monitoring and regular evaluation of programmes assist in sustaining programmes that are being

implemented by drawing lessons learnt and enhancing program implementations. Evaluation being one of the key aspects that is being assessed evaluation, tries to ensure that, the program is being implemented and achieves the desired outcomes. On the other hand, also, participatory routine monitoring provides readily available data for supporting evaluation exercised. It is therefore important to note that, when the program / project has a good monitoring and evaluation system, this assist in program / project sustainability.

Also,it is worth noting that, the government support is very key in CBHS programme sustainability. If the government puts in place supportive policies and provides budgetary support to HBC projects on top of the development partners budget, will assist in sustaining the HBC services and hence ensure sustainability of HBC projects in the country.

System Factors: Proper and effective health system is vital in enhancing sustainability of the national CBHS programme. Effective health systems ensure proper linkages of CBHS and referral systems with health facilities which is key in ensuring delivery and continuation of these services. It is also worth noting that, effective health systems ensure implementation of the national CBHS by integrating the programme, health system and the local administrative systems.

Funding Predictability: Predictability of the funding of the programme either from the assistance or from the government also contribute to sustainability of these programmes. As it was noted by ESRF (2017) most projects / programmes with funding unpredictability poses challenges on the sustainability. The 23 Principles of

Good and Humanitarian donorship suggests that for programmes to be sustainable, funding pattern should be well ascertained, and there should be proper and steady financing plan, particularly after the end of the assistance (funding) period so that to continue funding the programmes.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Overview

The objective of the study was to assess the sustainability of the National Community Based HIV/AIDS services (CBHS) programme, the case study being CBHS programme in Coast and Mwanza regions. The programme was initially implemented by Tanzania Red Cross Society (TRC) under LIFE project in Tanzania and now it is under the implementation of the Government after the funding period ended. The chapter highlights the methodology that was employed in the study and specifically highlights the following areas; research design, study population, study area, the sampling design employed, and data collection instruments. Further it covers areas relating to, field protocols, methods of data collection, data processing and analysis and data validity and reliability.

3.2 Research Design Employed

A cross-sectional research design was employed in this study in which adequate and sufficient data were collected. The study design allowed study subjects to be studied at a single point and is one of the suitable designs for descriptive studies, (Babbie, 1990 and Babbie and Mouton, (2005). The study design was also suitable due to the fact that, it is quick, cost effective and can better provide relationships between variables of study, (Casley and Kumar, 1998 and Kothari, 2004).

To triangulate the results from the quantitative obtained, the researcher also employed an exploratory research design when generating data from key informants (KI), i.e. during key informant interviews / in-depth interviews (IDIs). This study

therefore employed mixed methods of data collection (quantitative and qualitative data collection methods). Because all methods have limitations, combining the methods reduced biases and limitations that were inherent in a single method, (Creswell, 2009).

3.2.1 Study Area

The study area was Nyamagana district in Mwanza in allits 12 wards and Bagamoyo district in Coast region in all its 22 wards. The researcher purposely selected these two districts in the two regions due to the fact that, (i) being a case study, LIFE CBHS programme was implemented in the two Regions in all of its districts under the assistance from the United States Agency for International Development (USAID) with a direct implementation of TRCS (ii) there is high utilization of CBHS services in these two districts compared to other districts in other regions where CBHS was being implemented under TRCS, as indicated in the 2015, 2016 and 2017 USAID CBHS reports, and furthermore (iii) after the end of the funding period in late 2016, the implementation of this programme in these two regions is under their respective local government authorities, and therefore, this provides a good case study for this particular topic.

3.2.2 Study Population

The study population involved officers from Tanzania Red Cross Society (TRCS) at head office, Mwanza and Coast regional offices. The study population also included CBHS volunteers, CBHS coordinators, CBHS beneficiaries, District AIDS Control Coordinators (DACC), District CBHS Coordinators and Council Health Management Team (CHMT) from Nyamagana and Bagamoyo districts. The study

population furthermore involved members from wardsô health committee from all the12 wards in Nyamagana and 22 wards in Bagamoyo districts and beneficiaries i.e. HIV positive individuals from these wards who are utilizing the services.

3.3 Sampling and Sample Size

The study employed three different methods / techniques of sampling. Purposive, convenient and simple random sampling methods were used in this study. A selection of the two-sampling method (purposive and convenient) was done to ensure representation and validity of the research findings, (Mazibuko, 2007). Simple random sampling method was used to select conveniently available study participants to participate in the IDIs and this method reduced biasness in selection of these study representatives (Kothari, 2004).

3.3.1 Purposive Sampling Method

Purposive sampling method wasused to select study units due to the nature of the study which demanded collection of data from units with participation, with specialityhands on experience and knowledge on the studied subject / topic, (Adam and Kamuzora, 2008). Purposive sampling method was used to select respondents who are; (i) CBHS programme officers from TRCS Dar es Salaam head office, Mwanza and Coast regional offices who participated in the implementation of the project, (ii) Nyamagana and (ii) Bagamoyo DHBCCo, and CHMT members who includes (the District Medical Officer (DMO), District Health Secretary (DHS), District AIDS Control Coordinator (DACC), District Social Welfare Officer, District Reproductive and Child Health Coordinator (DRCHCo), District Nutritionist (DN), and others who are, (iii) CTC in-charge, CTC Data Clerk, DHISs officer, and

(iv) the members from the wardôs health committees.

Furthermore, members from the wardôs committees were selected by a simple random sampling to participate in the study. A list of all members was written on a piece of paper, folded and randomly selected one piece of paper to represent the name of one member to participate for each ward. This process was done for all the health committees for all wards in Nyamagana and Bagamoyo districts and reduced biasness in sample selection. All these officers are directly involved in supervision and co-management of the CBHS programme through the DHBCCo. The District Dental Surgeon, the District Medical Laboratory Technologist, the District Pharmacist, and the District Health Coordinator, were not included in the study because, they are not directly involved in supervision and co-management of the program.

3.3.2 Convenient Sampling Method

Convenient sampling method was also used to select respondents who are CBHS volunteers, CBHS supervisors, and CBHS beneficiaries, who participated in IDIs as key informant interviews, (KIs). This sampling method was used because it assisted the researcher in saving time and cost due to the nature and availability of the respondents. After getting a list of these conveniently available study participants, then those who were selected to participate in the study were selected by Simple Random Sampling. All available study participants were written on a piece of paper, folded and randomly selected one piece of paper to represent the name of a person who participated in the study. This was done in clusters as follows, (i) cluster one CBHS volunteers, (ii) cluster two CBHS supervisors and (iii) cluster three CBHS

beneficiaries so that to get proportionate representation from each category.

3.3.3 Sample Size

A sample size of 89 study participants, 59 from TRCS, CHMT and ward health committees and 30 from CBHS volunteers, CBHS coordinators and CBHS beneficiaries were selected, to participate in this study. Due to the nature of this study being a mixed study (quantitative and qualitative study), a sample size for key informants who participated in IDIs depended on the level of saturation of information that were obtained in the study. The study saturation was reached after having 30 respondents (n=30) comprising of 5 CBHS supervisors, 15 CBHS volunteers and 10 CBHS beneficiaries. With consultation with the CBHS supervisors, the researcher was able to identify the study participants who were available to participate in the study and were contacted at least one to two days before the study to confirm their availability to participate after being randomly selected from the list.

A sample of 59 study respondents (n = 59)were purposively selected to participate in the quantitative study. These were, 34 wardsô health committee members from the 34 wards studied, 3 CBHS program officers from TRCS head office, 4 program officers from TRCS(2 program officers from each of the regional offices in Mwanza and Coast), 2 CTC in charges, 2 CTC Data clerks, 2 DHIS2 officers and 12 CHMT members (6 from each district of Nyamagana and Bagamoyo.

3.4 Types of Data and Data Collection Instruments

Types of data and collection methods of data are discussed below:

3.4.1 Types of Data

The study utilized both primary and secondary data, as discussed below;

3.4.1.1 Primary Data

Primary data were obtained using un-structured interviews (in depth interviews) and structured questionnaire with both closed and open-ended questions.

3.4.1.2 Secondary Data

This source of information was collected from published and non-published materials like Annual reports, internal audit charter, internal audit manuals, audit programmes and audit reports.

3.4.2 Data Collection Instruments

The study design used a cross-sectional study design employing both quantitative and qualitative methodology (a mixed study) and therefore both quantitative and qualitative data collection instruments were used. The following data collection instruments were employed in the study:

3.4.2.1 Primary Data Collection Instruments

The following primary data collection instruments were used;

i. Structured questionnaires with closed and open-ended questions were used to collect data and information to support quantitative analysis of the information / data from study respondents.
ii. Semi structured interview guide for conducting IDI with key informants. This enabled the researcher to carry out a well-controlled face to face interviews

with selected study participants so that to generate information on the reasons for sustainability of the national CBHS programme.

3.4.2.2 Secondary Data Collection Instrument

The following secondary data collection instrument was used;

Documentary sources from TRCS, EGPFA, USAID, The Ministry of Health including programme documents, policy and regulations, frameworks and various CBHS reports were consulted by the researcher in this study.

3.5 Field Protocol

Before the actual field work started, the researcher pre-tested all the data collection instruments and some few adjustments were made. This enabled the researcher to get a better understanding and preparedness for the actual field work. Rehearsing was done by the researcher to estimate appropriate time for each key informant interview to be conducted and this assisted in management of the study. Pre-testing of the data collection instruments was done on 28 July 2018 in Bagamoyo District, comprising of 5 HBC providers and coordinators for IDI pre-testing, 2 health committee members and 1 member from CHMT and CBHS coordinator who pre-tested the questionnaire.

There were no changes made to the IDI guide, but on a structured questionnaire; two changes were made as follows, (i) re-grading of the scales on question 4 (factors affecting sustainability of CBHS programme) from 1 to 5 by putting the following scales, 1: ñLess Important Factorò, 2 ñImportant Factorò, 3 ñModerate Important Factorò, 4: ñVery Important Factorò, and 5: ñExtremely Important Factorò from the

previous scaling of , 1: ñStrongly Disagreeò, 2: ñDisagreeò, 3: ñSomehow Agreeò, 4: ñAgreeò and 5 ñStrongly Agreeò, which was somehow confusing, and (ii) the N/A option for these questions (4.1.1 to 4.1.5, 4.2.1 to 4.2.3 and 4.3.1 to 4.3.4)was removed because all the questions were required to be answered within the provided scales.

All study participants who were involved in the pre-testing of the structured questionnaires and KI interview guides were not involved in the actual field work. This reduced bias and enhanced credibility and objectivity of the data and information to be obtained from respondents who did not have a prior information about the study and data collection instruments.

3.6 Measurement of Variable

This study utilized both primary and secondary data. Given the nature of the research questions, all variables were measured by sources, primary (interview and questionnaires) and secondary data (documentary review, relevant manuals and policies were used). Both qualitative and quantitative approaches were applied.

3.7. Data processing and Analysis

Due to the nature of the study, data analysis was done by using two data analysis methods that accommodated quantitative data and qualitative data analysis.

3.7.1 Quantitative Data Analysis

Quantitative data obtained from respondents was summarized, cleaned, coded and was analysed using Statistical Package for Social Sciences (SPSS) version 20. Descriptive statistics, (frequencies, cumulative frequencies and percentages)were

used to facilitate the assessment of factors affecting the sustainability of the national CBHS programme. Chi-square was used to find the relationships between the independent variable (sustainability of the national CBHS) and the independent variables as described in the conceptual framework under figure 2.1.

3.7.2 Qualitative Data Analysis

Data that were obtained from key informant interviews were tape recorded, transcribed precisely, translated (from Swahili to English), typed and then edited. The data were then arranged as per the research questions and coded into respective themes and sub themes relating to sustainability of the national CBHS programme as per the Conceptual framework (Figure 2.1).Similarities and ambiguities were reconciled before categorizing the study responses into these themes and their associated sub themes. A content analysis was used to analyse the collected data whereby, responses from participants (KIs)were listed, coded and finally categorized accordingly. These data were categorized into themes basing on the conceptual framework (Figure 2.1) after being exported to NVivo software version 11.

3.8 Data Validity and Reliability

To ascertain validity and reliability of data that were obtained in this study, pre-testing of the data collection instruments was done. This assisted and reduced all ambiguities and rectification on questions that seemed to be unclear to respondents. Also, it was stressed in the introductory part of the questionnaires that this is an academic research, minimizing possibilities of biasness from respondents. The researcher also strived to be inquisitive and collaborative in areas that required technical attention and clarifications from respondents and all difficulties were

attended. It is therefore worth noting that, the sourcing of data collected in this study and the methods of data collection that were applied in this study are in the opinion of the researcher worth to deserve justification of the reliability and validity of data obtained accordingly.

CHAPTER THREE

STUDY FINDINGS

4.1 Introduction

This chapter presents the findings of the study that was aiming at assessing the sustainability of the national CBHS programme. The chapter presents the findings from both, IDIs that were conducted to study respondents who participated in the study qualitatively andalso the findings from the quantitative study responses. The first part of this chapter shows the socio-demographic characteristics of the respondents and the second part shows the findings on the specific objectives of the study in assessing sustainability of the national CBHS programme and the last part is the summary of the study findings.

4.1 Socio-Demographic Characteristics of the Respondents

The social demographic characteristics of the study respondents is as shown below

4.1.1 Socio-Demographic Characteristics of Key Informants (KIs).

The number of study respondents (KIs)who participated in this study were 30 respondents, and out of these, 13 respondents equal to 43% were male respondents and the remaining 17 (57%) respondents were females. On the age category, 7 (23%) of the respondents were aged more than 50 years old, while only 3 (10%) were aged between 26-30 years of age, and most of the respondents were in the age category 36-50 years who accounted for 67% of the study respondents. Majority of the study participants in this group have attended primary school who accounts for 53% (16 respondents), 11 study respondents (37%) have attended secondary school while 3 respondents (10%) have attained tertiary/college education.

Table 4.1: Socio-Demographic Characteristics of the Study Participants for IDIs

Variable	Category	Number of Respondents	Percent
Sex	Male	13	43
	Female	17	57
Age groups (in years)	21-25	0	0
	26-30	3	10
	31-35	5	17
	36-40	5	17
	41-45	6	20
	46-50	4	13
	> 50	7	23
Level of Education	Primary School	16	53
	Secondary Form Four/Form Six	11	37
	Tertiary / College	3	10
	University	0	0

Source: Research Data, (2018)

4.1.2. Socio-Demographics of the Quantitative Study Respondents

The number of study respondents who participated in this study were 59 respondents, out of these 29 respondents equal to 49% were malesô respondents and the remaining 30 (51%) respondents were females. On the age category, 16 (27.1%) of the respondents were aged between 46-50 years, while only 1 (1.7%) was aged between 26-30 years of age, and most of the respondents were in the age category of 36-50 years who accounted for 59.3% of the study respondents, while the remaining 7 (11.9%) of the respondents were in the age category of 31-35 years. Most of the respondents 26 (44.1%) have attained secondary school education (form four and form six) and 24 respondents equivalent to 40.7% have attended university education.

Table 4.2: Socio-Demographic Characteristics of the Quantitative Study Respondents

Variable	Category	Number of Respondents	Percent
Sex	Male	29	49
	Female	30	51
	26-30	1	1.7
	31-35	7	11.9
Age groups (in years)	36-40	14	23.7
	41-45	21	35.6
	46-50	16	27.1
Level of Education	Primary School	4	6.8
	Secondary Form Four/Form Six	26	44.1
	Tertiary / College	5	8.5
	University	24	40.7

Source: Research Data, (2018)

4.2 Responses from the Study

Below are the responses from the study that aimed at assessing the sustainability of the national CBHS programme with the objectives of findings the reasons behind its sustainability and recommending ways on how to improve the programme for better service delivery to PLHIVs. The responses have been arranged basing on the pre-assessed factors as highlighted in the conceptual framework following the specific objectives of the study.

4.2.1 Factors Affecting Sustainability of National CBHS Programme

Below are the responses of the study on sustainability analysis of the national CBHS programme. The responses are from the IDIs and responses received from the filled in structured questionnaire.

4.2.1.1 Policies and Procedures

The study was done to assess if policies and procedures that can be prepared and put into implementation regarding how to implement the national CBHS programme may affect sustainability of the programme. The aim was also to assess if there are policies and procedures in place that have been developed by the responsible Ministry to assist in ensuring that, the programmes are sustainable beyond donorship / funding period.

Table 4.3 shows that, 25 respondents out 59 (equivalent to 42.4%) believe that availability of supportive policies and procedures is an extremely important factor for ensuring sustainability of the national CBHS programme. None of the respondents replied this to be a least factor while 13 of study respondents (22%) replied this to be an important factor and 21 respondents equivalent to 35.6% responded that this is a very important factor in ensuring sustainability of the national CBHS programme.

Table 4.3: Availability of Supportive Policies and Procedures

		Frequency	Valid Percent	Cumulative Percent
Valid	Important factor	13	22.0	22.0
	Very important factor	21	35.6	57.6
	Extremely important factor	25	42.4	100.0
	Total	59	100.0	

Source: Research Data (2018)

Reponses from IDIs respondents also show that availability of supportive policies and procedures have an impact on the sustainability of the national CBHS programme. One of the respondents hinted that;

> *"It is of paramount importance, to have some policies in place, because these policies will ensure that the programme is integrated with the national objectives and its implementation is monitored at all levels of the government reporting structure, and in that way, it will bind all the responsible officials,...this is one of the very important aspects to ensuring sustainability of any national programme", (IDI/12/2018/Male).*

Also,another respondent replied that:

> *"You cannot sustain any program, if you don't have clear policies and procedures in place.I regard these as one of the key documents to ensure that, all that has been planned is put into action by way of having supportive policy and procedures", (IDI/02/2018/Male).*

4.2.1.2 Community Engagement and Ownership

Community engagement and ownership is one of the key factors that affect sustainability of CBHS programme. Community engagement and ownership in this aspect was assessed using closed and open questions relating to community involvement in planning of the implementation of the program, participation in the phase out process, community participation in dialogues with key stakeholders in the programme undertaking, community participation in policy and regulations formulation, and general community ownership of the programme.

Table 4.4 shows that, out of the 59 study respondents; 46 respondents which is equivalent to 78% of all respondents indicated to have not been involved in planning of the national CBHS programme while only 22% of the respondents have been involved in the planning of the program. Further analysis of the respondents in this area revealed that, most of those who have been involved in the planning are CHMT members because of their position at the districts level while the members of the community, CBHS providers, ward health committee and the community at large

had not been involved in planning of the programme, which jeopardise sustainability of the national CBHS programme. These respondents are supported by one respondent who remarked as follows during the IDIs:

> *"Participation of the community is very weak and not always advocated for, either by the responsible council, the Ministry or the Implementing Partners. When projects and programmes are being planned, there is no any participation of the community in the planning phase, the involvement of the community comes when the project / programme is ready to be implemented or when it is phasing out", (IDI/30/2018/Female).*

Table 4.4: Responses on Community Participation and Ownership

Factors that affect sustainability of CBHS (Assessment question)	**Responses**			
	Yes		**No**	
	Frequency	**Percent**	**Frequency**	**Percent**
Have you ever been involved in planning of CBHS program?	13	22.0%	46	78%
Have you ever been involved in any program phase out process?	18	30.5%	41	69.5%
Do you implement any program after funding period have phased out?	21	35.6%	38	64.4%
Do you participate in dialogue(s) with key stakeholders in the program undertaking?	16	27.1%	43	72.9%
Do you ever participated in policy and regulations formulation relating to this program?	8	13.6%	51	86.4%

Source: Research Data (2018).

Another respondent also when commenting on the community participation in planning for these programmes replied that;

> *"Normally the CBHS programme coordinators and those who are at the districts level like the CHMTs are the ones who are involved in*

> *planning of these programme, but also, this is not always the case, and majority of us who are CBHS providers and the members of the community we are not even aware on how the program planning is done, we are just called to support and participate in implementation of the program when everything else has been done, either by the Government, the funders, or the IPs", (IDI/05/2018/Male).*

Majority of the respondents on a follow up question regarding who is involved in planning of the national CBHS programme responded that, development partners are actively involved in planning of these programs (29%) followed by implementing partners (13.6%), while the involvement of the government was 19% and 11 respondents (19% didnôt know who is involved in planning of the national CBHS, as indicated in in Table 4.5

Table 4.5: Partners Involved in CBHS Programme Planning

		Frequency	Valid Percent	Cumulative Percent
Valid	Implementing Partners	8	13.6	13.6
	Development Partners	17	28.8	42.4
	The Government	11	18.6	61.0
	N / A	12	20.3	81.4
	I Donôt Know	11	18.6	100.0
	Total	**59**	**100.0**	

Source: Research Data (2018).

On involvement of the community in program phase out process as one of the ways of handing over the program to the community to ensure sustainability, majority of the respondents (41 equivalent to 70%) indicated to have not been involved in the phase out process while only 18 respondents (30%) were involved in the phase out process as indicated in Table 4.4 The responses from IDI also noted that, some of the community members were involved in the phase out phase / process but some were not, and those who were involved are those who were directly involved in the

program like the programme volunteers and the programme coordinators, and therefore, those who are from the community, and they were not involved in the programme implementation were not involved in programme phase out process.

One of the IDI respondents remarked that;

> *"The community is not always involved in these kind of programs processes, not only in a phase out process, but also in all other activities like implementation of the program," IDI/09/2018/Female.*

Also, another respondent said that;

> *"The issue of involving the community in planning and phase out process for a programme to be implemented and that is coming to an end respectively, is mostly overlooked, maybe they see no need of involving us because our education level is very low, and they don't see the benefit of involving us in these programme activities", (IDI/17/2018/Female).*

There was also another respondent who replied that, the planning of these programs is for high level people from the Government, donors together with the implementers, he stated that;

> *"Planning is for those who know the project / program is coming into implementation, and mostly these are from the Government, the founders and those who will be implementing the program. We as the community we are involved only when they program is about to be implemented, that is what we are used to", (IDI/2018/28/Male).*

On implementation of the program after the funding period as indicated in Table 4.4above, 38 (64.4%) of the respondents indicated that they are not involved in the programme, while 21 (35.6%) of the respondents responded to be involved in this program after the funding period. Reponses from IDI also show that, most of those who were initially involved in the implementation of the program during the funding

period, are also being involved in the implementation of the program with exception to some few who are not involved, this jeopardize the sustainability of the CBHS programme, the responses from some of them were as follows:

> *"In my case, I was involved in the previous programme under Red Cross as the provider, but after Red Cross has gone out, the council came up with another way of recruiting the providers and some of us were left out", (IDI/22/2018/Female).*

Another one also replied on that and responded that:

> *"The involvement of many of us in this program after Red cross has not been to the extent we expected. Majority of those who currently are in the program as CBHS providers and coordinators were not around when we were implementing with Red Cross", (IDI/18/2018/Female).*

Regarding participation in dialogue(s) with key stakeholders in the program undertaking, as one of the strategies to empower the community and ensure sustainability of the national CBHS programme even after the funding period, Table 4.4 above indicates that, 43 respondents out of 59 respondents (73%) did not participate in dialogues with key stakeholders while only 16 of them (27%) indicated to have been involved in key stakeholdersô dialogues about the programme. Reponses from IDI respondents indicate also the same, as majority of the responses indicated not to be involved in dialogues with key stakeholders about the national CBHS programme undertaking, some of the respondent indicated that,

> *"Over the years, I have been involved in this program as CBHS coordinator, I have been rarely involved in dialogues with key stakeholders about the program implementation, unless it is was a meeting with representatives from Red Cross about reporting and feedback about the reports and program implementation", (IDI/11/2018/Female).*

Another responded remarked as follows:

> *"We are not even aware if we are supposed to be engaged in these*

> *dialogues, it has been that way and we hope may be going forward they will see the need of engaging us. We are also optimistic that, they will realize the benefits of engaging all stakeholders at all levels in these dialogues so that we are all on the same level of understanding about these programs and what need to be done to sustain the programmes", (IDI/09/2018/Female).*

On policy and regulations formulation, as it is indicated in Table 4.4 above, majority of the respondents, 51 (86%) indicates to have not been involved or participated in policy and regulations formulation relating to the national CBHS programme while they are /were involved in implementation. These responses were also supported by IDIs respondents who responded that;

> *"We are actually not even aware of what policies and regulations that are in place regarding CBHS programme. We, at the community level, we are not involved in the formulation of these policies and regulations, may be those who are working at the councils and the Ministry are the ones who are involved", IDI/12/2018/Male).*

Others also commented that, even though they are no involved in the formulation of the policies and procedures, they are aware of the existing policies and regulations that govern the implementation of the national CBHS programme, they specially pointed out that, they get to know the updates about these developments when receiving trainings about the program. One respondent said that:

> *"As one of the CBHS providers and coordinator, I have been involved in the national CBHS program trainings, and from these trainings I get to know the existing guidelines. I am aware that, currently there is a new National Guideline for Management of HIV/AIDS that covers CBHS that was introduced in December 2017, but I have never been involved in any policy or regulation formation", (IDI/19/2018/Male).*

Responses on the factors that mostly influence sustainability of CBHS programme with regards to stakeholderôs ownership, exit strategies, and skills of CBHS, as indicated in table 4.6, in response to stakeholderôs ownership 35.6% of the responses

believe that stakeholdersô ownership is an extremely important factor while only one person out of the 59 respondents (1.7%) believe that stakeholdersô ownership is one of the least factors that can influence sustainability of the national CBHS programme. On the same aspect, 9 respondents (15.3%) believe it is a moderate factor, 27.1% believe it is an important factor while 12 respondents (equivalent to 20.3%) believe that this is a very important factor that can influence sustainability of the national CBHS programme.

One of the respondents in one of the IDIs responded that:

> *"If you empower the key stakeholders during program implementation, this will create a sense of ownership, and even if the funding period ends, they will feel to own the program and sustain it longer", (IDI/13/2018/Female).*

Also, another respondent on the same matter replied that;

> *"If you want to sustain any intervention, project or programme, then you must ensure that, all key stakeholders and particularly the community are empowered and gradually the ownership is transferred to them. Many programs fail because they ignore the gist part of it, which is empowering the local community to take over these programmes and projects from the funders", IDI/19/2018/Male).*

Table 4.6: Responses relating to Stakeholder's Ownership, Exit Strategies and Skills of CBHS Providers

Extent to which factors affect sustainability of CBHS	**Stakeholders ownership**		**Exit Strategies**		**Skills of CBHS providers**	
	Freq.	**%**	**Freq.**	**%**	**Freq.**	**%**
Least important factor	1	1.7%	2	3.4%	3	5.1%
Moderate important factor	9	15.3%	4	6.8%	5	8.5%
Important factor	16	27.1%	16	27.1%	13	22.0%
Very important factor	12	20.3%	12	20.3%	17	28.8%
Extremely important factor	21	35.6%	25	42.4%	21	35.6%
Total	**59**	**100%**	**59**	**100%**	**59**	**100%**

Source: Research Data (2018).

With regard to exit strategies, 42.4% of the study respondents, Table 4.6 above, believe that this is an extremely important factor that affect sustainability of the national CBHS programme while 12 respondents (20.3%) believe that, this is a very important factor, 16 of the respondents (27.1%) takes this as an important factor, with only 4 (6.8%) of the respondents believing that this is a moderate important factor while 2 respondents (n=59) equivalent to 3.4%. believe this to be a least important factor. This is also supported by a responsefrom IDI as one of the respondents pointed out that:

> *"If proper exit strategies are carried out, and the community is involved at all stages of exit, and the will to empower the community is there, then sustainability of any programme will be there. But even if you participate in exit strategies, yet there is no will and strategies to sustain these programmes, then nothing will sustain", (IDI/11/2018/Female).*

On the skills of CBHS and their influence on sustainability of CBHS programme, Table 4.6 indicates that, 21 study respondents (35.6%) believe that skills of CBHS providers is an extreme important factor in influencing sustainability of these national CBHS, while 3 respondents (5.1%) believe that this is a least factor that can influence sustainability of CBHS program. 5 respondents, 13 respondents and 17 respondents (8.5%, 22% and 28.8%) of the total respondents believe that, CBHS skills are moderate, important and very important factors respectively, in influencing sustainability of the national CBHS programme.

4.2.1.3 System Factors

System factors were also assessed to see if they influence sustainability of CBHS programme. The aspects considered were relating to, linkages and integration between the community and facility health systems, and availability of supportive

policies and procedures to support the system and integration. The results as indicated in Table 4.7 show that, 25 study respondents equivalent to 42.4% regarded linkages and integration between the community and facility health systems as an extremely important factor to sustainability of the national CBHS programme, while only 1 of the respondents (1.7%) believes this is a least important factor, other respondents mostly said this is an important factor (14 respondents equivalent to 23.7%) and 17 of the 59 respondents (28.8%) said this to be a very important factor to sustainability of the national CBHS.

On availability of supportive policies and procedures, there is no any respondent who said this is the least or moderate important, mainly, most of the respondents said this is an extremely important factor (42.4%) while 21 (35.6%) regarded this as a very important factor and 13 (20%) referred this as an important factor for sustaining the national CBHS programme.

Table 4.7: Responses relating to System Factors

Extent to which factors affect sustainability of CBHS	Linkages, Integration between the community and facility health systems		Availability of supportive policies and procedures		Integration of the program systems with the government administrative system	
	Freq.	**%**	**Freq.**	**%**	**Freq.**	**%**
Least important factor	1	1.7%	-	-	1	1.7%
Moderate important factor	2	3.4%	-	-	2	3.4%
Important factor	14	23.7%	13	22.0%	15	25.4%
Very important factor	17	28.8%	21	35.6%	19	32.2%
Extremely important factor	25	42.4%	25	42.4%	22	37.3%
Total	**59**	**100%**	**59**	**100%**	**59**	**100%**

Source: Research Data (2018).

Reponses on integration of the programme system with the government administrative system show that, 22 respondents (37.3%) believe this is extremely important factor in sustaining CBHS programme, while 1 respondent (1.7%) indicated this to be a least factor, while 22 study respondents regards this to be an extremely important factor, and the remaining study participants, 2 (3.4%), 15 (25.4%), 19 (32.2%) and 19 (32.2%) denoted this as a moderate important factor, an important factor and very important factor respectively about the national CBHS programme sustainability, Table 4.7.

IDI responses in this aspect show that, there should be a good linkage / integration between the health facility system, availability of supportive policies and procedures and integration of the program systems with the government administrative system so that to ensure sustainability of the national CBHS programme. It was also evident from these findings that, funded CBHS programme systems sometimes donôt use the national administrative and data collection systems for fostering harmonization across all implementing partners for sustainability purposes.

One of the respondents replied that;

> *ñFor community programmes like CBHS, which deals with health issues, care and support is very key, and this needs a proper referral system which is a linkage in this case, but in most cases, the referrals that we provide to PLHIVs to the health facilities are not that well acknowledged…We actually need a comprehensive and a well-integrated referral system that links with the communities, in this case the CBHS system from care givers / volunteers up to the facility level", (IDI/05/2018/Male.*

Furthermore, another one responded as follows:

> *"Sometimes these programs and projects have the problem of not following and using the available systems in the district, e.g.*

introducing some other tools for data collection and reporting on top of what has been introduced by the government, but we thank the Government at least as of now we have a uniform system for data collection and reporting for some of the programmes", (IDI/16/2018/Female).

4.2.1.4 Perspiratory Monitoring and Evaluation

The study was also done to assess if continuous monitoring and periodic evaluations have an impact on sustainability of CBHS responses are shown in Table 4.8

Table 4.8: Responses on Participatory Monitoring and Evaluation

Extent to which factors affect sustainability of CBHS	**Participatory Monitoring**		**Participatory Evaluations**	
	Frequency	**Percent**	**Frequency**	**Percent**
Least important factor	-	-	-	-
Moderate important factor	3	5.1%	5	8.5%
Important factor	16	27.1%	12	20.3%
Very important factor	15	25.4%	17	28.8%
Extremely important factor	25	42.4%	23	39.0%
Total	**59**	**100%**	**59**	**100%**

Source: Research Data (2018).

Responses as indicated in table 4.8 show that, 42% of the study participants regard continuous participatory monitoring as an extreme important factor for influencing sustainability of CBHS programme, while 23 respondents (39%) regarded participatory periodic evaluation as extremely important factor. Results also show that, 15 respondents (25.4%) and 16 respondents (27.15%) regarded continuous participatory monitoring as very important and important factor respectively in influencing sustainability of CBHS programme, while 3 respondents (5.1%) regarded this as a moderate factor and there is no one who responded that this is a least factor in influencing sustainability if the CBHS programme. Furthermore, on

periodic evaluation, 17 respondents (28.8%) and 12 respondents (20.3%) regarded periodic evaluations as very important and important factors respectively in influencing sustainability of the national CBHS programme.

One of the respondents from IDI pointed out that:

> *"We are sure, if we are going to be involved in continuous monitoring of the programme and participate in periodic evaluation, then this will empower the community and will have a benefit in sustaining the programme to a greater extent. But we are not involved in these key processes, however, the volunteers and supervisors, they are being given the results of these reviews as part of the feedback session, (IDI/05/2018/Male.*

4.2.1.5 Funding Predictability

On funding predictability, the results as shown in Table 4.9 indicated that, 26 study respondents equal to 44.1% regarded funding predictability as an extremely important factor in enhancing sustainability of the national CBHS programme.

Table 4.9: Funding Predictability

		Frequency	Valid Percent	Cumulative Percent
Valid	Least important factor	2	3.4	3.4
	Moderate important factor	1	1.7	5.1
	Important factor	17	28.8	33.9
	Very important factor	13	22.0	55.9
	Extremely important factor	26	44.1	100.0
	Total	**59**	**100.0**	

Source: Research Data (2018).

Other respondents, 13 (22%) and 17 respondents (28.8%) responded that funding predictability is very important and important factor respectively in affecting sustainability of the national CBHS programme. One respondent (1.7%) regarded funding predictability as a moderate important factor while 2 respondents (3.4%)

regarded this as a least important factor in influencing sustainability of the national CBHS programme. Responses from IDI indicates that, availability of funding ensures sustainability of programs because, the programme will be able to retain the best and skilled CBHS providers and also availability of working tools will also be available as opposed if the funding is not stable.

The respondents shared their views on the shortage of allowances that motivates them and compensates them for efforts they are putting in implementing the program. Some of the views from IDI respondent was as follows:

> *"Availability of funding to programs ensures the sustainability of the same in many ways, the funds can be used to provide allowances and working tools, this actually motivates us as volunteers in service delivery and ensuring continuity of the services and the programme in general", (IDI/29/2018/Male).*

4.2.1.6 Partnership Arrangements with the Health Sector

The study was also done to inquire on how partnerships arrangements (the Government, the Ministry of Health, DPs, IPs and other stakeholders) assist the health sector from their arrangements to sustain the national CBHS programme. Responses show that, partnership arrangements with the health sector affects the sustainability of the CBHS programme in many ways.

Most of the respondents replies show that, the arrangement assist the programmes to sustain by; (i) engaging all the key stakeholders in the planning of the programme, (ii) by carrying out joint trainings that need to be provided to all key stakeholders about CBHS and the implementation strategies,, (iii) IPs through their peer educators work hand in hand with the Government officials at the councils, hospitals and the

community health committees in providing capacity building to the community and CBHS providers, (iv) IPs provides funding to support the programme and stretching the health systems at the facilities that are used to refer CBHS clients, (v) IPs provides also supports in provision of the working tools and data collection and reporting tools, (vi) DPs and IPs assist the councils in their CCHP specifically for areas relating to health systems strengthening, (viii) strategies and policies and prepared between the Governments with the assistance of the DPs and IPs, and (viii) there are joint supportive supervisions that are being carried out by the council officials, CHMT members and IPs programme officers.

4.3 Statistical Testing

Chi-square analysis was done using SPSS and this was used to find the relationships between the independent variable (sustainability of the national CBHS program) and the independent variables as described in the conceptual framework.

4.3.1 Hypotheses Testing

Testing of hypotheses was done on the null hypotheses which are factors that may influence sustainability of the national CBHS programme using SPSS.

4.3.1.1 Hypotheses 1

H_o **:=** Policies and procedures influence sustainability of CBHS.

H_1 **:Í** Policies and procedures do not influence sustainability of CBHS

The hypothesis was tested using the respondentsô responses on whether availability of policies and procedures to support the program that is being implemented has an

impact on sustainability of the national CBHS program which is the dependent variable as shown in Table 4.10

Table 4.10: Chi-Square Testing on Policies and Procedures

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.383[a]	2	.501
Likelihood Ratio	1.741	2	.419
Linear-by-Linear Association	1.053	1	.305
N of Valid Cases	59		
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is .22.			

Source: Research Data (2018)

Interpretation: The probability of Chi-square test statistic (Chi-Square = 1.38) was P = 0.501 (50.1%) greater than0.05 (5%) level of confidence, (P > 0.05), therefore H_o μ is accepted, which implies that, there is a statistically significant relationship between availability of policies and procedures and sustainability of the national CBHS.

4.3.1.2 Hypotheses 2

H_o μ : = Community engagement in influence sustainability of CBHS

H_1 μ : Í Community engagement in does not influence sustainability of CBHS.

The hypothesis was tested using the respondentsô responses on whether engaging a community in various stages of program implementation has an impact on sustainability of the national CBHS program which is the dependent variable as shown in Table 4.11

Table 4.11: Chi-Square Testing on Community Engagement

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.540[a]	4	.236
Likelihood Ratio	3.825	4	.430
Linear-by-Linear Association	2.222	1	.136
N of Valid Cases	59		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is .02.

Source: Research Data (2018)

Interpretation: The probability of Chi-square test statistic (Chi-Square= 5.540) was P = 0.236 (23.6%) greater than 0.05 (5%) level of confidence, (P > 0.05), therefore $\mathbf{H_o}$ μ is accepted, which implies that, there is a statistically significant relationship between community engagement in program implementation and sustainability of the national CBHS.

4.3.1.3 Hypotheses 3

$\mathbf{H_o}$ μ **:=** Health system influence sustainability of CBHS

$\mathbf{H_1}$ μ **:** Í Health system do not influence sustainability of CBHS

The hypothesis was tested using the respondentsô responses on whether health system factors has an impact on sustainability of the national CBHS program which is the dependent variable as shown in Table 4.12

Interpretation: The probability of Chi-square test statistic (Chi-Square = 2.984) was P = 0.561 (56.1%) greater than 0.05 (5%) level of confidence, (P > 0.05), therefore $\mathbf{H_o}$ μ is accepted, which implies that, there is a statistically significant relationship between health system factors and sustainability of the national CBHS programme.

Table 4.12: Chi-Square Testing on System Factors

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.984[a]	4	.561
Likelihood Ratio	2.790	4	.594
Linear-by-Linear Association	1.093	1	.296
N of Valid Cases	59		
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is .02.			

Source: Research Data (2018)

4.3.1.3 Hypotheses 4

H_o μ := Participatory Monitoring and Evaluation influencesustainability of CBHS

H_1 μ :Í Participatory Monitoring and Evaluation do not influence sustainability of CBHS

The hypothesis was tested using the respondentsô responses on whether Monitoring and Evaluation have an impact on sustainability of the national CBHS program which is the dependent variable as shown in Table 4.13

Table 4.13: Chi-Square Testing on Monitoring and Evaluation

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.734[a]	3	.435
Likelihood Ratio	2.657	3	.448
Linear-by-Linear Association	1.233	1	.267
N of Valid Cases	59		
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is .05.			

Source: Research Data (2018)

Interpretation: The probability of Chi-square test statistic (Chi-Square = 2.734) was P = 0.435 (43.5%) greater than 0.05 (5%) level of confidence, (P > 0.05), therefore

H_o μ is accepted, which implies that, there is a statistically significant relationship between participatory Monitoring and Evaluation and sustainability of the national CBHS.

4.3.1.3 Hypotheses 5:

H_o μ **:=** Funding predictability influence sustainability of CBHS.

H_1 μ **:Í** Funding predictability does not influence sustainability of CBHS.

The hypothesis was tested using the respondentsô responses on whether funding predictabilityhas an impact on sustainability of the national CBHS program which is the dependent variable as shown in Table 4.14 b

Table 4.14: Chi-Square Testing on Funding Predictability

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.984[a]	4	.739
Likelihood Ratio	2.197	4	.700
Linear-by-Linear Association	1.173	1	.279
N of Valid Cases	59		
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is .08.			

Source: Research Data (2018)

Interpretation: The probability of Chi-square test statistic (Chi-Square = 1.984) was P = 0.739 (73.9%) greater than 0.05 (5%) level of confidence, (P > 0.05), therefore **H_o** μ is accepted, which implies that, there is a statistically significant relationship between Funding predictability and sustainability of the national CBHS programme.

4.4 Summary of the Findings

The study findings show that, sustainability of the national CBHS programme is affected by many factors as indicated in the results above and specifically the study has concluded that, the national CBHS programme is mostly affected by availability of policies and procedures that assist CBHS programme implementation and its integration into the districts health system, and therefore, if policies and procedures are in place, then the program is mounted on all the districts and councils health systems and plan, and therefore it becomes part of the implementation plan, and this will ensure its sustainability as opposed to, when there are no policies and procedures in place to support the programme.

The chi square test shows a strong association between sustainability of the national CBHS programme and availability of policies and procedures. Most of the respondents from IDIs also pointed out that having in place policies and procedures, ensures sustainability of the CBHS programme in many ways. The finding also shows that, community engagement and empowerment is key to sustaining the national CBHS programme.

Engaging the communities in policies and regulations preparation / formulation, planning of the program before implementation, continuous engagement of the community, and engaging the communities in dialogues with key program stakeholders empowers the community and this ensures sustainability of the national CBHS programme because the community feels to be empowered and own the program as opposed to when they are not involved in various program undertakings. The chi square tests show a strong association between sustainability of the national

CBHS programme and community engagement and empowerment, same results were also found from IDS respondents about empowering the community and sustainability of the national CBHS programme.

Health system factors and integration of the program systems with the available health systems and the government administrative systems was also noted to enhance sustainability of the national CBHS programme, the Chi-Square Test results shows a greater association between the two variables. Integration of the program systems with available health systems strengthen the partnership arrangements over the programs and when the funding period ends, the entire program system will have been already integrated in the local governmentôs system and becomes part and parcel of their plans and this greatly assist in ensuring that the national CBHS programme is sustained even if the funding from the development partners ends.

The study results also found that, participatory continuous monitoring and periodic evaluation have an impact on sustainability of the national CBHS programme(chi-square test result was 0.739 greater than 0.05 (5%) level of confidence) indicating that, monitoring and evaluation influence sustainability of the national CBHS programme. IDI respondents also revealed that, when there is a continuous monitoring and periodic evaluations are done, and if these processes are participatory by engaging the community, and the results shared with key stakeholders, this ensures engagement and ownership and enhances programme sustainability. The results also depict that, Funding Predictability affects sustainability of the national CBHS programme with a Chi-square P>0.05 result of 73.9% above 5% confidence level. The results show that, availability of funding

ensure program sustainability by funding all the key aspects of the program including but not limited to; human resources required to implement the program, availability of the working tools like reporting system with tools and systems in place and most importantly, allowances to paid to CBHS providers who play a big role in provision of these services.

Responses also show that, partnership arrangements with the health sector affects the sustainability of the CBHS programme in many ways. Most of the respondents replies show that, the arrangement assists the programmes to sustain by, community engagement, by a way of trainings, by provision of findings, by helping the councils in their CCHP, by putting in place strategies, policies and regulations about sustainability of the national CBHS, etc.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS

5.1 Introduction

This section highlights the discussion of the study findings that was conducted in Bagamoyo and Nyamagana districts in Coast and Mwanza regions respectively. These discussions are centred on the main research objective that was: to assess the sustainability of the National Community Based HIV/AIDS services program. The discussion therefore, documents the results of the study findings from respondents with reference to the following specific objective, (i) to identify main factors which affect sustainability of the national CBHS in Tanzania and (ii) to determine how partnership arrangements with health sector affects sustainability of the national CBHS in Tanzania. The discussion below therefore, is basing on the results obtained in the study from both, the qualitative analysis that was done in a way of IDIs, and the conclusions drawn from the Chi-square test from the quantitative analysis of the study.

5.2 Factors affecting Sustainability of National CBHS Programme

The discussion on the results of the factors that affect sustainability of the national CBHS programme is documented

5.2.1 Policies and Procedures

The study findings show that, sustainability of the national CBHS programme is affected by many factors as indicated in the results above and specifically the study has concluded that, the national CBHS programme is mostly affected by availability

of policies and procedures that assist CBHS programme implementation and its integration into the districts health system, and therefore, if policies and procedures are in place, then the program is mounted on all the districts and councils health systems and plan, and therefore it becomes part of the implementation plan, and this will ensure its sustainability as opposed to, when there are no policies and procedures in place to support the programme. The chi square test shows a strong association between sustainability of the national CBHS programme and availability of policies and procedures.

Most of the respondents from IDIs also pointed out that having in place policies and procedures, ensures sustainability of the CBHS in many ways. Availability of supportive policies and procedures that has been put in place facilitates and supports sustainability of any national programme. Available policies and procedures in terms of frameworks, regulations, collaborative policies / frameworks, and general guidelines on how to manage, implement and coordinate these programmes enhance their sustainability.

The results are supported by Abebe (2012) who concluded that there should be a high-level demand for system level interventions because this assists in developing and establishing policies and procedures that will maximize sustainability of the interventions / programs. Walsh et al. (2012) also in their study done in Zambia concluded that, in order to ensure sustainability of the programs, there partners and the government should build on sustainability strategies and strengths in terms of policies and procedures beforehand.

5.2.2 Community Engagement and Empowerment

On community engagement and empowerment, the finding shows that, community engagement and empowerment is key to sustaining the national CBHS programme. Engaging the communities in policies and regulations preparation / formulation, planning of the program before implementation, continuous engagement of the community, and engaging the communities in dialogues with key program stakeholders empowers the community and this ensures sustainability of the national CBHS programme because the community feels to be empowered and own the program as opposed to when they are not involved in various program undertakings.

The chi square test shows a strong association between sustainability of the national CBHS programme and community engagement and empowerment, same results were also found from IDS respondents about empowering the community and sustainability of the CBHS. Capacitating the community ensure sustainability of these programmes because it empowers local communities and enhance ownership over the programmes /projects. Building the capacity of the local communities also ensures better service delivery, availability of services which in turn ensures continuum of care which is one of the factors that contribute to sustainability of these programmes.

The results tend to agree with the study findings from Walsh et al (2012) who called for capacitating the local community and strengthen local structures for ensuring sustainability of the programs. This is also supported by Goodwell (2006) who recommended that, participation of the community is of the requirements of the success of any service delivery. He further recommended for the community to be

involved and informed and to be part of the planning, implementation and evaluation any service that is being delivered to the community., same as to Stergakis (2011) and Mutimba (2013) who revealed that stakeholder engagement and capacity building have an impact on funded health funded projects. Same results on empowering the local community were noted by Hofisi and Chizimba (2013) who concluded that, participatory approaches of the program beneficiaries significantly have an impact on the sustainability of the development projects and programs.

5.2.3 Health System Factors

The results show that, integration of the program systems with the available health systems and the government administrative systems was also noted to enhance sustainability of the national CBHS programme, the Chi-Square Test results shows a greater association between the two variables. Integration of the program systems with available health systems strengthen the partnership arrangements over the programs and when the funding period ends, the entire programme system will have been already integrated in the local governmentôs system and becomes part and parcel of their plans and this greatly assist in ensuring that the national CBHS programme is sustained even if the funding from the development partners ends.

Effective health system was noted to be is vital in enhancing sustainability of these CBHS programmes. Effective health systems ensure proper linkages of CBHS programme and referral systems with health facilities which are keys in ensuring delivery of these services. It was noted that, effective health systems ensure implementation of these CBHS programmes by integrating the programme, health system and the local administrative systems. The results of the findings are

supported by ESRF (2017) who concluded that, for programs to be sustainable there should be supported system that integrated with the available domestic administrative systems. Same findings on system integration were noted by Scheirer et al, (2008) and Bossert (1990).

5.2.4 Participatory Monitoring and Evaluation

It was evident from the study results also found that, continuous participatory monitoring and periodic participatory evaluation have an impact on sustainability of the national CBHS programme (chi-square test result was 0.739 greater than 0.05 (5%) level of confidence) indicating that, participatory monitoring and evaluation influence sustainability of the national CBHS programme. IDI respondents also revealed that, when there is a continuous monitoring and periodic evaluations are done, and if these processes are participatory engaging the community, and the results shared with key stakeholders, this ensures engagement and ownership and ensures program sustainability.

Continuous participatory monitoring and periodic participatory evaluation of programmes assist in sustaining programmes that are being implemented by drawing lessons learnt and enhancing program implementations. Evaluation being one of the key aspects that is being assessed I evaluation, tries to ensure that, the program is being implemented and achieves the desired outcomes. On the other hand, also, routine monitoring provides readily available data for supporting evaluation exercised. It is therefore important to note that, when the program/project has a good monitoring and evaluation system, this assists in program/project sustainability. These results tend to agree with study done by Kiweli (2013) who concluded that

participatory monitoring and evaluation (PM&E) practices have an impact on sustainability of the projects.

5.2.5 Funding Predictability

The results also noted that, Funding Predictability affects sustainability of the national CBHS programme with a Chi-square result of 0.739 above 0.05 confidence level. The results show that, availability of funding ensure program sustainability by funding all the key aspects of the program including but not limited to; human resources required to implement the program, availability of the working tools like reporting system with tools and systems in place and most importantly, allowances to paid to CBHS providers who play a big role in provision of these services. Predictability of the funding of the programme either from the assistance or from the government also contribute to sustainability of the national CBHS programme. Same results were also noted by ESRF (2017), their results revealed that, most projects / programmes with funding unpredictability poses challenges on sustainability.

5.3 Partnership Arrangements with the Health Sector

The study was also done to inquire on how partnerships arrangements (the Government, the Ministry of Health, DPs, IPs and other stakeholders) assist the health sector from their arrangements to sustain the national CBHS programme. Responses show that, a partnership arrangement with the health sector affects the sustainability of the CBHS programme in many ways. Most of the respondents replies show that, the arrangement assist the programmes to sustain by: (i) engaging all the key stakeholders in the planning of the programme, (ii) by carrying out joint trainings that need to be provided to all key stakeholders about CBHS and the

implementation strategies, (iii) IPs through their peer educators work hand in hand with the Government officials at the councils, hospitals and the community health committees in providing capacity building to the community and CBHS providers, (iv) IPs provides funding to support the programme and stretching the health systems at the facilities that are used to refer CBHS clients, (v) IPs provides also supports in provision of the working tools and data collection and reporting tools, (vi) DPs and IPs assist the councils in their CCHP specifically for areas relating to health systems strengthening, (viii) strategies and policies and prepared between the Governments with the assistance of the DPs and IPs, and (viii) there are joint supportive supervisions that are being carried out by the council officials, CHMT members and IPs programme officers.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusion

This study was conducted in Bagamoyo and Nyamagana districts in Coast and Mwanza regions respectively with the aim of assessing the sustainability of the national CBHS. The specific objectives of the study were as follows; (i) to identify main factors which affect sustainability of CBHS in Tanzania, (ii) to determine how partnership arrangements with health sector affect sustainability of CBHS in Tanzania, and (iii) to recommend measures to sustain CBHS in Tanzania for improving the lives of PLHIVs.

The study employed a cross sectional research design in which adequate and sufficient data were collected. The study employed mixed methods of data collection (quantitative and qualitative data collection methods). To triangulate the results from the quantitative results, the researcher also employed an exploratory qualitative research design to generate data from Key Informants (KIs) who participated in the In-depth Interviews.

The study population involved officers from Tanzania Red Cross Society (TRCS) at head office, Mwanza and Coast regional offices, CBHS volunteers, CBHS coordinators, CBHS beneficiaries, District AIDS Control Coordinators (DACC), District CBHS Coordinators and Council Health Management Team (CHMT) members from Nyamagana and Bagamoyo districts and members from wardsô health committee from all the12 wards in Nyamagana and 22 wards in Bagamoyo districts and beneficiaries of this CBHS program (i.e. HIV positive individuals from these

wards who are utilizing the services). A sample size of 89 respondents were selected to participate in the study. 30 study respondents were conveniently selected to participate in the qualitative study and 59 respondents were purposively selected to participate in the study.

The results of the study show that, sustainability of the national CBHS programme is greatly affected by; availability of supportive policies and procedures, health system factors, community engagement and empowerment, monitoring and evaluations and funding predictability. The study results also show that partnership arrangement with the health sector have an impact on the sustainability of the CBHS programme. The results particularly show that, partnership arrangements with the health sector in terms of having a good CBHS programme systems that integrated with the available local health and administrative systems have an impact on the sustainability of the national CBHS programme.

6.2 Recommendations

Below are recommendations for this study for ensuring that the national CBHS program is sustainable so that to continue serving the life of PLHIVs in Tanzania and elsewhere.

6.2.1 Recommendations to the Government, DPs, IPs and Program Managers

The Government, the DPs, IPS and the program officers who implement these national CBHS programmes should continue empowering the local community by engaging them in key programs activities like, planning, implementations, continuous and periodic reviews, in setting up various policies and procedures and in

programs phase out phase if the program is on assistance from the development partners. Also, empowering the local community should be done be providing more education to them on their responsibilities about taking care of the community programs. The communities should also be involved in dialogues with key stakeholders so that the gradually transfer knowledge and skills on how to manage these programme.

Program officers and implementing officers should adopt Participatory M&E which has the benefit of involving the community and this creates a sense of ownership over the process and the program in general. It is also recommended that; the outcomes of these assessments should be shared with all key stakeholders in the respective councils and the Ministry for capitalizing on good lessons learned and working on the areas for improvements. This also assists in creating a sense of inclusivism which is key to program sustainability.

The government through the Ministry of Health, should establish a system whereby, all programs that are implemented jointly between the Government through the council governments and the Implementation Partners (IPs) on behalf of the Development Partners (DPs) use the existing health systems in place and the respective programs system for implementation, data collection and dissemination are integrated with the available health systems. All national CBHS program activities, whether funded by development partners or by own source of funding from the Government should be part of the Comprehensive Council Health Plan (CCHP) in each of the respective councils, to ensure its on-going implementation and sustainability.

The government should provide adequate funding to support CBHS programme. This provision should be part and parcel of the Comprehensive Councilôs Health Plans (CCHP). It is also recommended that, the Government through respective Ministry should put in place sustainability strategies on top of the available policies and procedures on servicers delivery of the national CBHS programme and share the same with all key stakeholders. The process of preparing these strategies should be participatory by including all key stakeholders.

6.2.1 Recommendations for Further Research

The researcher recommends the following further researcher regarding CBHS programs: Assessing the impact of donorôs dependency on community based HIV and AIDS programmes and quality service delivery in Tanzania. The research should aim at uncovering the truth about the quality of the services that are provided to PLHIVs by funded CBHS programmes by comparing with those funded by the Government. It is also recommended that, a similar study be done to other community and non-community funded programs, in other sectors so that to triangulate the results of this study.

REFERENCES

Abebe, B. (2012). Sustainability of HIV/AIDS Care and Support Programmes. *Global Journal of Medical Research,* 12(7), 5-14.

Acker, C. (2012). Sustainability of the whole-community project ó10,000 Stepsô: a longitudinal study. *BMC Public Health,* 12(15), 155-166.

Adam, J. & Kamuzora, F. (2008). *Research Methods for Business and Social Studies.* Mzumbe Book Project, Morogoro: Mzumbe University.

Babbie, E, R. & Mouton, J. (2005). *The Practices of Social Research*, Cape town: Oxford University Press.

Babbie, E. R. (1990). *Survey Research Methods,* 2nd Edition, California: Wadsowoth Publishing Company Ltd.

Bossert, T. (1990). Can they get along without us? Sustainability of donor-supported health projects in Central America and Africa. *Journal of Social Science & Medicine,* 30(9), 1015-1023.

Casley, D. J. & Kumar, K. (1998). *The collection Analysis and Use of Monitoring & Evaluation of Data*. Washington DC: The World Bank.

Creswell, J, W. (2009). *Research design. Qualitative, Quantitative and Mixed Approaches.* 3rd Edition, London: SAGE Publications Inc.

De Beer, F. (1998). *Community Development and Beyond. Issues, Structures and Procedures*. Pretoria: JL van Schaik Publishers.

EGAPF, (2014). Monitoring and Evaluation Plan, LIFE Project Document, Final report plan for M&E, Vietnam.

ESRF, (2017). Tanzania Human Development Report (THDR): AID Dependence in Financing the Space for Social Provisioning in Tanzania; A Macro Economic

Perspective, by Wuyts M, Mushi D, and Kida T. THDR 2017 Background Paper No 5. ISBN 978-9987-770-15-1.

Goodwell, V. (2006). Report on the Evaluation Mission of the Belgian Government Supported Home Based Care Project in Tanzania. UNAIDS Commission report, Dar es Salaam, Tanzania.

Gruen R. (2008). Sustainability science: an integrated approach for health programme planning. *Lancet*, 372(9649), 1579ï 1589.

Hayuma, P. J. (2011). Factors Affecting Sustainability of Community Development Projects in Morogoro District, Tanzania. Unpublished Masters Dissertation, Sokoine University of Agriculture, Morogoro Tanzania.

Hofisi, C. and Chizimba, M. (2013). The Sustainability of Donor Funded Projects in Malawi. *Mediterranean Journal of Social Sciences*, 4(6), 705-714.

Ifakara Health Institute (IHI), (2016). Impact of a Community-based, HIV Intervention on Antiretroviral Treatment Retention and Adherence in Tanzania (Project SOUR), Morogoro Tanzania.

Kimweli, (2013). The Role of Monitoring and Evaluation Practices to the Success of Donor Funded Food Security Intervention Projects. A Case Study of Kibwezi District. *International Journal of Academic Research in Business and Social Sciences,* 3(6), 2222-6990.

Kothari, C. R. (2004). *Research Methodology*, *Methods and Techniques,* 2nd Edition, New Delhi: New Age International Limited Publishers.

Lyson, M., Smut, C. & Stephens, A. (2001). Participation, Empowerment and Sustainability: How do the links work? *Urban Studies*, 38(8), 1-8.

Mazibuko, J. B. (2007). Enhancing Project Sustainability beyond Donor Support: An Analysis of Grassroots Democratization as a Possible Alternative. Unpublished Master Dissertation, University of South Africa, SA.

Measure Evaluation, (2016). HBC Needs Assessment among U.S. Government-Supported Areas in Tanzania, retrieved on 30th March, 2018 from; https://www.measureevaluation.org/measure-evaluation-tz.

Ministry of Foreign Affairs ï Denmark, (2017). *Joint External Evaluation of the Health Sector in Tanzania, 1999-2006.* EPOS: COWI Gross Gilroy Inc.

MoHCDGEC, (2017). *National Guideline for the Management of HIV/AIDS,* 6th Edition, National AIDS Control Programme (NACP), Dar es Salaam: URT.

Mutimba, E. M. (2013). Determinants of Sustainability of Donor funded projectsò. The case of selected Projects in Ganza Constituency in Kilifi County, Kenya. Unpublished masters dissertation, University of Nairobi, Kenya.

National AIDS Control Programme, (2010). *National Guidelines for Home Based Care Services,* Dar es Salaam: URT.

NBS, (2017). Tanzania HIV Impact Survey 2016-17, Summary Sheet of Preliminary Findings, Dar es Salaam, Tanzania.

Onel, D. and Oso, Y. W. (2008). *The Research Methodology,* 1st Edition, Kampala: Makerere University.

Pathfinder International, (2005). Community - Based HIV/AIDS Prevention Care and Support Project (COPHIA), Final Report.

Rasschaert, F. (2014). Sustainability of a community-based anti-retroviral care delivery model- a qualitative research study in Tete Mozambique. *Journal of the InternationalAIDS Society,* 2(4), 33-41.

Rome Declaration on Harmonization of the Donor Practices for effective Aid delivery (2003).

Rome Declaration on Harmonization, (2003). Harmonizing Donor Practices for Effective Aid Delivery: Good Practice Paper, DAC Working Party on Aid Evaluation meeting 27ï28 March 2003. A DAC Reference [DCD/DAC/ TFDP/ (2002)12/Rev1].

Sabbhil, A. A. S. and Adam, O. H. M. (2015). Factors Affecting Project Sustainability beyond Donorôs Support: The case of Area Development Scheme (ADS) in Umkadada Locality, North Dafur State, Western Sudan. *International Journal of Technical Research and Applications*, 3(3), 94-101.

Savaya, R. (2012). Predictors of Sustainability of Social Programs. *American Journal of Evaluation,* 33(1), 26-43·

Scheirer, M. A. (2008). Defining Sustainability Outcomes of Health Programs Illustrations from an On-Line Survey, *Evaluation and Program Planning*, 31(4), 335-46.

Shen, L, Ascey M, Wu, Y. and Zhang, X. (2011). ñKey Assessment Indicators for the Sustainability of Infrastructure Projects. *Journal of Construction and Engineering Management.* 137(6), 1002-1019.

Stevens, B. & Peikes, D. (2006). When the funding stops: Do grantees of the Local Initiative Funding Partners Program sustain themselves? *Evaluation and Program Planning,* 29, 153-161.

Stirman, A. W. (2012). The sustainability of new programs and innovations: A review of the empirical literature and recommendations for future research. *Implementation Science,* 7(17), 22-26.

Swerissen, H. and Crisp, B. R. (2004). *The Sustainability of health promotion interventions for deferent levels of social organization: Health Promotion International.* Oxford: Oxford University Press.

The DAC Principles for the Evaluation of Development Assistance, OECD (1991). Glossary of Terms Used in Evaluation, Retrieved on 20th March, 2018 from: http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopment assistance.htm.

The United Republic of Tanzania, (2017). Ministry of Finance and Planning. Development Cooperation Framework, Dar es Salaam, Tanzania.

UNAID, (2017). Report on AID/AIDS Trends.

United States Agency for International Development- CBHS Reports, 2015, 2016 and 2017.

URT, (2006). Joint Assistance Strategy for Tanzania (JSAT).

URT, (2013). Prime Ministerôs Office: Tanzania 3rd National Multi-Secretarial Strategic Framework for HIV/AIDS (2013/14-2017/18) (November 2013).

Walsh, A. (2012). The problem is ours, it is not CRAIDS, Evaluating sustainability of Community Based Organizations for HIV/AIDS in a rural district in Zambia. Globalization and Health 2012 8:40. *BioMed Central,* 1(2), 8-40.

WHO, (2002). Community home-based care in resource-limited Settings: a framework for action. Geneva, World Health Organization.

Wringe, A., Cataldo, F., Stevenson, A. & Fakoya, A. (2007). Delivering comprehensive home-based care programmes for HIV: a review of lessons learned and challenges ahead in the era of antiretroviral therapy, *Health Policy and Planning*, 25(5), 352ï 362.

APPENDICES

Appendix I: Study Questionnaire

Introduction

I, Stephen Marero is a bonafide student at the Open University of Tanzania (OUT) pursuing Master of Arts Degree in Monitoring and Evaluation (MA (M&E). I am currently conducting a study on Assessing Sustainability of the National CBHS in Tanzania, the case study being Community Based HIV/AIDS services (CBHS) in Bagamoyo and Nyamagana districts in Coast and Mwanza regions respectively. The information you will provide will be strictly used for the purpose intended in this study only. I therefore beg your cooperation in providing answers to this questionnaire.

1. Personal Identification

This section is to be completed for each respondent visited

1.1 Organization Name_____

1.2 Name of Region: _____

1.3District Name: _____

1.4Ward /Village Name_____

1.5 Job Position /Title_____

2.0: Demographic Information

2.1. Sex

A Male

B Female

2.2 What is Your Current Age?

A. 21-25 Years

B. 26-30 Years

C. 31-35 Years

D. 36-40 Years

E. 41-45 Years

F. 46-50 Years

2.3. Your educational level

A. None

B. Primary

D. Secondary (Form Four)

E. Secondary (Form Six)

F. Tertiary / college

G. University

3.0 Have you ever been involved in planning of this (CBHS) program being implemented?

1. Yes
2. No
3. N/A

3.1 If no, who is involved in planning of this programme?

1. The Community
2. Implementing partners (IPs)
3. Donors
4. Government
5. N/A
6. Donôt know

3.2 Have you ever been involved in any program phase out process?

1. Yes
2. No

3.3 Do you implement any program after funding period (donorship) have phased out?

1. Yes
2. No

3.4Do you participate in dialogue(s) with key stakeholders in the program undertaking?

1. Yes
2. No

3.5 Do you ever participated in policy and regulations formulation relating to this program?

1. Yes
2. No

3.6 Do you consider CBHS as a programme that needs to be available in the community?

1. Yes
2. No

4.0 Factors affecting sustainability of CBHS

Scale Reference:

1: Least Important Factor

2: Moderate Important Factor

3: Important Factor

4: Very Important Factor

5: Extremely Important Factor

4.1 Policies, structures and health system factors		**Scale**				
No.	**Factors**	**1**	**2**	**3**	**4**	**5**
4.1.1	Reliability of CBHS services					
4.1.2	Linkages /integration between community and facility health systems					
4.1.3	Manpower of public healthcare workers					
4.1.4	Availability of supportive policies and procedures					
4.1.5	Intergradation of the project systems with the government administrative systems					
4.2 Community engagement and ownership		**Scale**				
No.	**Factors**	**1**	**2**	**3**	**4**	**5**
4.2.1	Skills of CBHS providers					
4.2.2	Exit strategies					
4.2.3	Stakeholders ownership					
4.3 Other factors		**Scale**				
No.	**Factors**	**1**	**2**	**3**	**4**	**5**
4.3.1	Continuous participatory Monitoring					
4.3.2	Periodic participatory Evaluation					
4.3.3	Government support					
4.3.4	Funding predictability					

5.0 In which ways do you expect the program that have been established will be sustained? What will be the role of the Ministry of Health?----------

---

6.0 In your own opinion, how do you suggest the program services and achievements be sustained?----------

---

7.0 As an organization, or a district or local government authority, or a village / ward, do you have any plan(s) related to sustainability of this program, If yes, explain how and if not explain why?----------

---

8.0 How the Partnership arrangements (the Implementing Partners, The Government and the Health System in general) enhance sustainability of these programs?

(1)é é é é é é é é é é é é é é é .é é é é é é é é é é é é é é é é é

é é é é é é é é é é é é é é é é é é ..é é é é é é é é é é é é é é é

é é é é é é é é é é é é é é é é é é é ..é é é é é é é é é é é é é é

(2)é é é é é é é é é é é é é é .é é é é é é é é é é é é é é é é é é

é é é é é é é é é é é é é é é é é ..é é é é é é é é é é é é é é é é

(3)é é é é é é é é é é é é é .é é é é é é é é é é é é é é é é é é é

é é é é é é é é é é é é é é é é ..é é é é é é é é é é é é é é é é é

(4)é é é é é é é é é é é é é .é é é é é é é é é é é é é é é é é é é

é é é é é é é é é é é é é é é é ..é é é é é é é é é é é é é é é é é

(5)é é

é é é ..é é

(6)é é

é .é é

9.0 What are specific factors that have contributed to (or have affected) sustainability of CBHS program in your district /Ward and why?

(1)é é

é é

(2)é é

é é

(3)é é

é é

(4)é é

é é

(5)é é

é é

Appendix II: IDI guide for KIs

1. Brief introduction from KI

   1.1 Age

   1.2 Education level

   1.3 Level of involving in CBHS (Providers Supervisor or PLHIV).

2. What is your understanding about the national CBHS programme?
3. For how long have you been utilizing CBHS or providing services to PLHIVs through CBHS? (for providers and supervisors)
4. What do you say about the involvement of the community and service providers in CBHS program implementation, planning and design of the program, in policy and regulation formation, in dialogues with key stakeholders, in programme monitoring and evaluation?
5. What are the reasons behind the success or failure of this CBHS program in your ward /village/district?
6. Any information you want to discuss about factors that affect sustainability of the national CBHS programme in Tanzania?