Community health workers (CHWs) play an essential role in HIV prevention, care, and treatment by improving linkages between those that need care and those that can provide it and by supporting retention in care and self-management for improved clinical outcomes. For this reason, the performance of CHWs in these roles is an important contributor towards increasing enrollment into care, reducing loss to follow-up, reaching care and treatment goals, and achieving the UNAIDS 90-90-90 targets.

The U.S. Government hosted an Evidence Summit in 2012 in which 49 experts reviewed over 400 publications to learn how best to support CHWs and optimize their performance. The final report from the summit concluded that “Despite many years of empirical inquiry on CHWs, the Summit found that the relationship between support—from both community and formal health systems—and CHW performance is still not well understood.” Current evidence does not provide answers to the questions of what are the most efficient and effective strategies to ensure optimal, sustained performance of CHWs at scale.

To help address the evidence gap for improving the performance and productivity of CHWs, the United States Agency for International Development (USAID), with funding from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), commissioned several studies through the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project to identify factors that increase CHW productivity and performance and facilitate evaluation and policy towards improvement in CHW performance.

This short report describes the main findings from two of these studies: the Swaziland CHW program performance evaluation, and the Uganda village health team productivity and performance study. Papers with complete findings are in preparation.
Improving community health worker performance and productivity: Findings from USAID-supported studies in Swaziland and Uganda

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