THE ROLE OF COMMUNITY HOME BASED CARE IN DELIVERY OF HIV/AIDS SERVICES IN CHAKE CHAKE DISTRICT

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THE ROLE OF COMMUNITY HOME BASED CARE IN DELIVERY OF HIV/AIDS SERVICES IN CHAKE CHAKE DISTRICT

By

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A dissertation submitted in partial fulfilment of requirement for the Degree of Masters of Public Health (MPH)

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CERTIFICATION

The undersigned certify that we have read and hereby recommend for acceptance a dissertation entitled "**The role of community home based care in delivery of HIV/AIDS services in Chake Chake district**, submitted in Partial fulfillment of requirements for the degree of Master of Public (MPH) of the Muhimbili University of Health and Allied Sciences.

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Date

DECLARATION AND COPYRIGHT

I, **Mokili Sebe**, declare that this dissertation 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 degree award.

Signature _____ Date_____

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DEDICATION

I would like to dedicate the success of this study to my wife, children, parents, brothers, sisters and friends for their continued support in the process of carrying out the study and subsequently giving encouragement during the development of this report. Their ideas and moral support gave me strength and energy to accomplish this study.

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LIST OF ABREVIATIONS

AIDS:	Acquired Immunodeficiency Syndrome
CVR:	Content Validity Index
EDs:	Emergency Departments
HIV:	Human immunodeficiency virus
HSSP:	Health Sector Strategic Plan
MoH:	Ministry of Health
MDGs:	Millennium Development Goals
NGOs:	Non-Governmental Organisations
PLWHAs:	People living with HIV/AIDS
THIS:	Tania HIV Impact Survey
THMIS:	Tanzania HIV and AIDS and Malaria Indicator Survey
UN:	United Nations
WHO:	World Health Organization
SDGs:	Sustainable Development Goals
SPSS:	Statistical Package for Social Scientists
ZHSHSP:	Zanzibar Health Sector HIV and AIDS Strategic Plan
ZIHHTLP:	Zanzibar Integrated HIV, Hepatitis, Tuberculosis and Leprosy Programme

DEFINITION OF KEY TERMS

Budgeting: It is a process of compiling budget and subsequently adhering to them as closely as possible (Blocher, Blocher and Cokins, 2010).

Home Based Care: Defined as any form of care given to ill people in their homes. Such care includes physical, psychosocial, palliative and spiritual care (Malale, 2011).

Health service delivery: It is the way health inputs are combined to allow the delivery of a series of interventions or health actions (IEG, 2018).

Morbidity: (from Latin morbidus 'sick, unhealthy') is a condition of illness, disability, or poor health due to any cause (Bohner, 2010).

Palliative care: It is improvement of the quality of life of patients and that of their families who are facing challenges associated with life-threatening illness, whether physical, psychological, social or spiritual (Radbruch *et al.,* 2020).

Planning: It is the process of deciding in advance what is to be done, what is to be done ,who is to do it and how it is to be done and when it is to be done(Viera Valencia and Garcia Giraldo, 2019).

Treatment of HIV/AIDS: It is the management of HIV/AIDS patient normally includes the use of multiple antiretroviral drugs as a strategy to control HIV infection (Leplingard *et al.*, 2003).

ABSTRACT

Background: In 1983, Tanzania had three cases diagnosis and reported of HIV/AIDS in Kagera region, and by 1986 all regions had reported of Human immunodeficiency virus (HIV) cases and continued spread since. Different approaches of service delivery against HIV have been used. Currently Community Home Based Care (CHBC) services have been provided in all 11 districts of Zanzibar. Since, the beginning of using CHBC in Zanzibar, less is known on its roles, strengths and challenges attached to CHBC. Therefore, this study intends to fill that existing gap.

Objective of the study: To assess the roles of the CHBC in delivery HIV/AIDS services, strengths and the challenges faced on delivery these services.

Materials and Methods: The descriptive cross-sectional design was used with both qualitative and quantitative methods. In depth interview was used in qualitative data collection while questionnaire was used in quantitative data collection. Purposively sampling technique was used on qualitative part, while systematic random sampling was used on quantitative part.

Results: The study found that provision of health education, psychosocial support, client monitoring and follow up, identification and referral as significance services delivered by CBHC. Despite its implementation, the study found challenges facing CHBC which include shortage of community health workers, lack of privacy and confidentiality, poor perception and stigma.

Conclusion: The study highlights the essential services provided by Community Home-Based Care (CHBC) in the Chake Chake district, including health education, psychosocial support. The successful implementation of these services has been bolstered by the collaborative efforts of NGOs, government support. However, significant challenges remain, such as a shortage of community health workers, and persistent stigma that affects client perceptions of the program

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CHAPTER ONE

INTRODUCTION

1.0 Chapter overview

This chapter presents the introduction, background to study, problem statement, purpose of the study, general and specific objectives, research questions, scope of the study, significance of the study and the conceptual frame work.

1.1 Background

Initially in many countries rapid extremely spread of HIV at the early of 1980s. Worldwide 39.9 million people across the globe with HIV in 2023. Of these, 38.6 million were adults (>15 years old), and 1.4 million were children (<15 years old). In addition, 53% were women and girls(UNAIDS, 2024). More than two-thirds of the total infected worldwide 35 million people were Africans, of whom 15 million have already died (Sisay Mulugeta and Getachew Wassihun, 2022). Eastern and southern Africa remains the most affected region, with 20.6 million people,54% of all people living with HIV in the world (UNAIDS, 2022). The burden has raised number of death and lowered life expectancy(UNAID, 2022).

In 1983, HIV/AIDS began with the three cases in Kagera region were diagnosis and reported. The HIV case has continued to be spread in all regions by 1986. Its number increases and opportunistic infections arising from suppressed immune systems(United Republic of Tanzania, 2020).

There has been cumulative marked of increases number of cases, from 2500 cases in 2002 and 3926 cases in 2004. The general population is estimated prevalence of 0.6% (2002 validation survey). The rate of prevalence in female is higher five times higher than male in Zanzibar(Zanzibar AIDS Commission (ZAC), 2019). Zanzibar, 2016-2021 National Strategic Plan III (ZNSP III) on HIV and AIDS planning to have equality of services to meet the 95-95-95 targets HIV/AIDS services expanded closer to the people, by the end of 2016, there was 12 healthcare facilities offering care and treatment services nationwide were established. And in

2020, two more increases and make 14 service delivery sites (Ministry of Health Zanzibar, 2019).

CHBC has a long history in Tanzania mainland and Zanzibar, dating back to the year 1967 where Arusha declaration spearheaded by Hon. Mwalimu Julius K. Nyerere, the first President of the United Republic of Tanzania and furthered through the Alma Atta declaration of 1978. Community health care has been deeply rooted in Tanzania's health system. Over the years, a wide range of community-based health programmes and initiatives have been carried out throughout the country, addressing critical health issues such as maternal, child and neonatal health, HIV and AIDS, Nutrition, Malaria, Tuberculosis and adolescent sexual and reproductive health. Community Based Health Programmes have often lacked sufficient coordination and have been programme specific, donor-dependent and hence unsustainable(MoHCDGEC, 2021; United Republic of Tanzania and MOHCDGEC, 2021).

CHBC was introduced so as to assist, health facilities to cope with increasing number of HIV/AIDS patients. CHBC reduces the burden of health facilities by shifting certain health care workers tasks to community health workers to assist patients at their residence(Knettel *et al.*, 2021).

It ensure the families and community at large take responsibility for the care of infected and affected members at community level (Qalinge, 2022). The HIV/AIDS services delivered through Community Home Based Care, includes, prevention, Care and Treatment services such as distribution of ARVs, nutritional and psychical-social treatment at community, client follow up. These services are done in collaboration Care and Testing Center (CTC), or integrated with general services such as Dispensary, Health, District Hospital or Regional Hospital and Shehia Health Committee which serve the link between the health facilities, households and individuals (NASP, 2019).

The provision on CHBC programs of HIV/AIDS services are based on existing information such as National HIV/AIDS guidelines, National HIV/AIDS policy, CHBC standard operating procedures, HIV/AIDS education and HIV/AIDS training manuals (NASP, 2019).

In line with the National Health Policy, the following guideline principles must be adhered: Community participation and ownership, Complementarity of role between community workers and multilevel partnerships to ensure optimum working environment for service provision, Social inclusion of vulnerable and special groups(Tanzania Ministry of Health, 2021). Continuum of care to guides and tracks patients over time, Integration to assure optimal combination of services packages that benefits clients and service providers, Evidence-based approach guided by reliable evidence-based data, Transparency and accountability and confidentiality(Tanzania Ministry of Health, 2021).

The aim of this study is to assess the role of Community Home Based Care on the HIV/AIDS patients and the challenges they face on playing their roles.

1.2 Statement of the problem

HIV/ADS Prevalence is estimated 1.2 percent in Unguja Island and 0.3 percent Pemba Island. Kaskazini Unguja and Mjini Magharibi have the highest (0.6% followed by Kusini Pemba (0.3%). In the other two regions are negligible Kusini Unguja and Kaskazini Pemba (Ministry of Health Zanzibar, 2018). Lack of adhering to HIV/AIDS treatment and loss of follow up reduces life expectance to the PLWHAs. The soluation was to use Community Health Care in providing HIV services(Revolutionary Government of Zanzibar and Ministry of Health Zanzibar, 2013).

Previous studies have recommended that several approaches can be used to cater the service including Community Home BC could improve the situation (Delhi, 2004). The role CHBC service is to improve quality of life and reduces the burden of care on the family (UNAID, 2022).

In 1988, the government of Zanzibar through the ministry of health started using CHBC in delivering HIV related services in the Island to avert the challenges of CHBC. Community Home Based Care services are implemented in all 11 districts of Zanzibar. The implementation involves community volunteers and peers from PLWHAs, who are working under supervision of the facility-based CHBC providers. Increased access to care and

treatment has strengthened Home Based Care services and awareness and acceptance of HIV/AIDS (Ministry of Health Zanzibar, 2018).

Since, the beginning of using CHBC in Zanzibar, less is known on its roles, strengths and challenges attached to CHBC. Therefore, this study intends to fill the existing gap.

1.3 Conceptual framework

1.3.1 Description of the model

Community Home Based Care service is an effective method of providing cost-effective to those infected and affected by HIV and AIDS. It provides support to families to cope with HIV / AIDS. By involving community members in prevention, care, and support efforts to brings issues surrounding HIV /AIDS into the open and creating opportunities to reduce stigma, Clients Follow up, ART Delivery, Nutritional Delivery and CHBC Educational Delivery (Roudsari, Larki and Latifnejad Roudsari, 2020).

Socio-demographic variables include, for example, age, sex, education, migration background and ethnicity, religious affiliation, marital status, household, employment, and income. Different index variables are formed on the basis of socio-demographic variables such as socio-economic status, which combines information on education and income (Aslany *et al.*, 2021).

HIV/AIDS Service delivery focused on people's health needs; adhere to HIV/AIDS care and treatment, differentiated ART delivery models, frequency of clinic visits and medication pickup (World Health Organization, 2023).

Service delivery is about delivering services as effectively and efficiently as possible to the satisfaction and delight of the customer/ public (Preko, Agbanu and Feglo, 2014). On delivering of services there are several factors which may facilitating or hindering Community Home Based Care services which including funding, infrastructure, transportation, cultural burrier, income status and educational (Paudel SD, 2015).

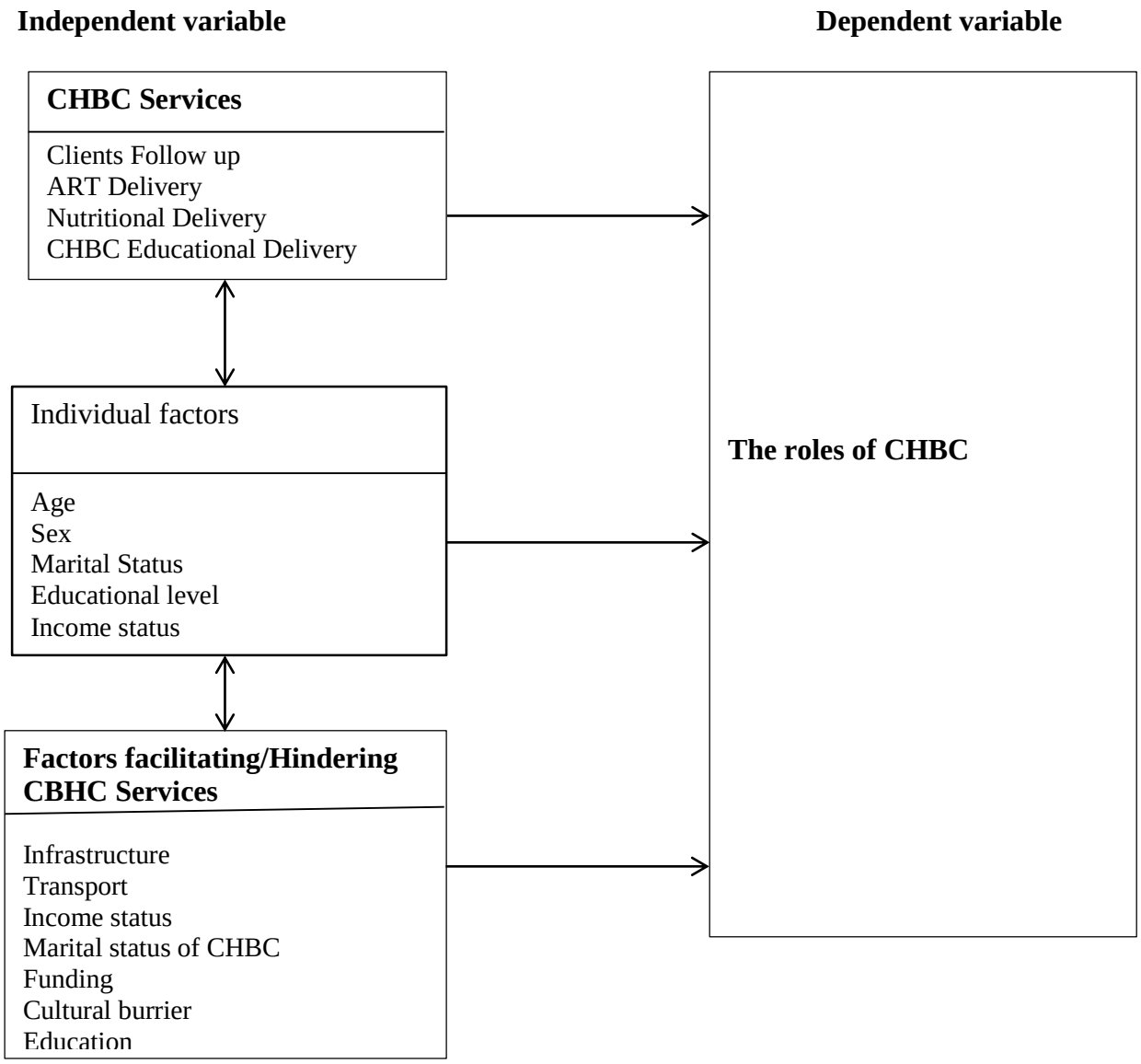


Figure 1: Conceptual framework describes the role of community home based care in delivery of HIV/ADS services and the factors limiting the provision of services

1.4.1 Rationale of the study

The study findings provide a clearer picture of how CHBC can effectively meet the needs of people living with HIV/AIDS (PLWHIV). This understanding is crucial for optimizing service delivery and ensuring that patients receive comprehensive care. The findings will contribute to the development of more effective and sustainable HIV/AIDS services that meet the needs of the PLWHIV at community level. Additionally, the study findings will also be utilized for further research.

1.5 Research Questions

1.5.1 Main Research Question

What are the roles, strengths and challenges of Community Home Based Care in delivery of HIV/AIDS Services in Chake Chake District?

1.5.2 Specific research questions

i. What are the individual factors of HIV/AIDS Patients related to receiving HIV/AIDS services by the Community Home Based Care in Chake Chake District?
ii. How HIV/AIDS services are delivered by Community Home Based Care in Chake Chake District?
iii. What are the factors that affecting the Community Home Based Care delivery HIV/AIDS services in Chake Chake District?

1.6 Objectives of the study

1.6.1 Broad objective of the study

To investigate the role, strengths and challenges of Community Home Based Care in delivery of HIV/AIDS Services in Chake Chake District

1.6.2 Specific objective

i. To determine the individual factors of HIV/AIDS Patients related to receiving HIV/AIDS services by the Community Home Based Care in Chake Chake District.

ii. To find out how HIV/AIDS services are delivered by Community Home Based Care in Chake Chake District

iii. To explore the factors that affecting the Community Home Based Care delivery HIV/AIDS services in Chake Chake District

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction.

Community Home-based care has been promoted in many countries, especially those in which health-care services are overburdened (Wood *et al.*, 2018). In sub-Saharan Africa, health-care services are generally overburdened owing to the HIV/AIDS epidemic, weak public health infrastructures, spiraling health costs, and lack of resources. Hence, Community Home-based care is very necessary in this region. Home-based care at the community level has become central in the provision of HIV/AIDS care. Facilities are often burdened beyond their capacity to care for people living with HIV/AIDS and their families comprehensively. It includes physical, psychosocial, palliative, and spiritual serves (MoH, 2021). It is achieving the highest quality of life and managing the medical condition and aid to recovery after an illness, injury, or hospitalization.

2.2 The individual factors of HIV/AIDS Patients related to receiving HIV/AIDS services by the Community Home Based Care.

The study done on socio-economic status and access to HIV services in low-income communities reported that individuals from lower-income backgrounds may lack transportation or financial resources to access care, leading to underutilization of available services(Kang, D., 2020). Studies indicate that younger patients are more likely to engage with community services due to lower stigma levels compared to older individuals who may experience more societal discrimination (Kidia *et al.*, 2014; Mugo *et al.*, 2023)

The based on age group in HIV care and services is limited however explanation on findings on individual factors age group(25-34) are more familiar with the health care system with the comparison with age group (18-24) (Lubogo *et al.*, 2015). The demographic characteristics in the study home based care services done in Kenya for the people living with HIV, the findings reported that female are more likes to access the services than men at community level (Mungai, 2016). A narrative review on Home-Based Care, the Missing Link in Caring of

Patients Living with HIV/AIDS and Their Family Members reported that patients have knowledge and good understanding on HBC services and live with positive attitude towards CHBC services on HIV/AIDS (Kang, D., 2020).

2.3 HIV/AIDS services delivered by Community Home Based Care.

CHBC is characterized by its focus on providing health services in a patient's home or community setting. It encompasses a range of services, including medical care, psychosocial support, education, and adherence to antiretroviral therapy (ART)(NACP, 2019). Studies indicate that CHBC can enhance access to care, particularly for marginalized populations who may face barriers in traditional healthcare settings (Angwenyi *et al.*, 2021).

A crucial component of CHBC is the provision of psychosocial support. Caregivers often play a vital role in helping patients manage the emotional and social implications of living with HIV/AIDS(NACP, 2019). Studies have highlighted that psychosocial interventions, such as counseling and support groups facilitated by community health workers, enhance mental health and reduce stigma associated with the disease (Spaan *et al.*, 2018).

The study done in South Africa shows that the community home based care is essential in supporting people living with HIV and ADS. These supports includes nutrition knowledge and nutritional, social, psychological and basic nursing care Others also dispense ARVs and treat opportunistic infections (Masia *et al.*, 2020). The study done in Tanzania on assessing knowledge on attitude and practices on care giver among family at Ukonga home-based care for people living with HIV/AIDS; assessment of knowledge, attitude and practice among family care givers at Ukonga shows the CHBC is part of integrated approaches supported linked with various facilities and groups (Malale, 2011). The study done by Wood reported that improved medical care, ART delivery, and enhanced psychological wellbeing are all provided. The social benefits and reduction of stigma effect which would enhance the access of support and adherence ART and testing (Wood *et al.*, 2018)

2.4 The factors affecting HIV/AIDS services delivery at the CHBC.

The review conducted in low- and middle-income countries reported that insecurity in terms of personal safety and the demand for financial and material support by households within the community were negatively affecting HIV/AIDS services delivery at CBHC(Ogutu *et al.*, 2021). Mental health issues, including depression and anxiety, are prevalent among individuals living with HIV/AIDS and can significantly affect their engagement with healthcare services(Ji *et al.*, 2024). A study done on Mental health and HIV/AIDS: the need for an integrated response found that psychological distress often correlates with poor adherence to treatment and decreased utilization of CHBC services(Remien *et al.*, 2019). The stigma associated with HIV/AIDS can exacerbate mental health issues, creating a cycle that further isolates patients from necessary care stigma(Asrina *et al.*, 2023; Mahlalela *et al.*, 2024).

Cultural beliefs and practices significantly influence how individuals perceive HIV/AIDS and the associated healthcare services. In many communities, traditional beliefs about illness and healing can conflict with biomedical approaches to healthcare(Sundararajan *et al.*, 2021). For instance, some patients may prefer traditional healers over formal healthcare systems, which can result in lower utilization of CHBC services. Understanding these cultural contexts is essential for tailoring interventions that respect local beliefs while promoting effective healthcare practices(Matungwa *et al.*, 2022).

The presence of robust social support networks has been shown to enhance the likelihood of accessing CHBC services. Support from family members, friends, or community organizations can mitigate feelings of isolation and encourage individuals to seek care(Li *et al.*, 2021). Conversely, a lack of social support can lead to increased feelings of stigma and fear, which may deter individuals from utilizing available services(Babel *et al.*, 2021).

Inadequate infrastructures and logistics supply of ART lead to operational bottlenecks to community home base care. Lack of resources and public health infrastructure weakening inconsistent drugs supply(Belay *et al.*, 2022). In poor low and middle income countries health services still limited and numerous of obstacle such as poor services poor payment staffs or no

paid for months (Anselmi, Lagarde and Hanson, 2015). The gender inequality, insufficient funding and lack of disclosure are the main factors which affecting the services delivery by community home based care to the PLWHAs at community leve(Buh *et al.*, 2023).

The effectiveness of home based care to deliver health services with the people living with HIV face challenges to execute the role under hard situation includes vulnerability, physical and emotional burden(Bouabida, Chaves and Anane, 2023).

Another study done in Kenya on supportive supervision of close-to-community providers of health care: Findings from action research conducted in two counties in Kenya found that that lack or poor supervision and unsupportive environment are the main factors to hinder services in community home based care(Karuga *et al.*, 2019). The study done on Botswana reported the challenges facing in implementation CHBC services in developing countries are inadequate medical facilities, poor referral infrastructures, and sociocultural issues(Ministry of Health and Wellness, 2020),

2. 5 Knowledge Gap

Community home-based care has been studied by researchers globally, focusing on HIV/AIDS service delivery, from which various guidelines, tools, and protocols have been developed. There is limited data on how services are being delivered to people living with HIV (PLWHIV) at the community level, as well as on facilitating factors globally. In Zanzibar, few studies have been conducted on the journey of Zanzibar's Digitally Enabled Community Health Program to national scale, but no single study has examined the roles of community home-based care (CHBC) in delivering HIV/AIDS services, the strengths of these services, and the challenges faced in delivering them.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presents the research methodology that applied in conducting the study. It involved the research design, target population, sampling design and sample size, data collection procedures and instrument, determination of reliability and validity as well as data analysis techniques.

3.2 Research Design

A descriptive cross-sectional study design employing mixed methods in data collection was used to obtain information on the role of CBHC in Chake Chake District. Both approaches qualitative and quantitative were used in data collection. Descriptive cross-sectional design was used to obtaining a broad understanding of a population towards the CBHC services. Moreover, the design was valuable for its efficiency and ability to provide essential insights into a population's current state (Aggarwal and Ranganathan, 2019).

3.2.1 Quantitative approach

Quantitative approach was used in the study. The approach was used to determine the individual factors of HIV/AIDS Patients related to receiving HIV/AIDS services by the Community Home Based Care in Chake Chake District.

3.2.2 Qualitative approach

Qualitative data collection approach was used to obtain data. The approach was used to investigate the phenomenon and get a deeper understanding on how HIV/AIDS services are delivered by Community Home Based Care and factors that affecting the Community Home Based Care delivery HIV/AIDS services in Chake Chake District.

3.3 Study Area

This study was conducted in Chake Chake district in Zanzibar. Site selection was randomly selected among the districst in Zanzibar. Chake Chake district has a population of 136,298

people, male are 65,386 and female 70,912. The total patients received home based care services are 3,158 patients out of them 1,255 are HIV-positive, and women 817 and 438 (Zanzibar-Health-Bulletin,_2018). In Chake Chake, the HIV epidemic has stayed low (below 1%) in the general population since 1986, when the first three HIV clients were diagnosed but Zanzibar especially Chake Chake is known for its concentrated HIV epidemic, which is most noticeable in Female Sex Workers (FSWs), and People Who Inject Drugs (PWIDs). Additionnally, the area was chosen due to presence one CTC services(Mshenga and Tang, 2024).

3.4 Study population

All healthcare professionals, namely the CTC, medical officers, clinician and nurses implementing HIV in the community level were involved in this study. The study included healthcare providers from CTC because they regularly help track the progress of patients and identify any complications early through community health workers. Furthermore, they are the ones who train community health workers and volunteers in best practices for HIV care, enhancing the overall quality of care delivered and providing ongoing support and supervision to ensure that community caregivers are effective and confident in their roles. Also involved are patients living with HIV who are receiving health services at community level, and community health workers who provides HIV services to patients at community level from Chake Chake District in Zanzibar.

3.5 Sampling technique

3.5.1 In qualitative part

Purposive sampling was used to select to health care providers who offer HIV services at Chake Chake Hospital, community health workers who delivery HIV services at community level to patients. Also, purposive sampling was used selecting the district and the hospital administrative leaders as key informants.

3.5.2 In quantitative part

The systematic random sampling was used in getting patients living with HIV who are receiving health services at community level from Chake Chake District in Zanzibar. PLWHIV who were accessing HIV services at CHBC were selected. By collaborating with healthcare providers from the CTC at Chake Chake District Hospital and HBC providers, we obtained lists of clients. We ensured that the list was as inclusive as possible while protecting confidentiality. Moreover, we made sure that the identity of participants was protected throughout the sampling and data collection processes. We clearly explained the purpose of the study and obtained informed consent from participants.

3.6 Sample size

3.6.1. Qualitative sample.

A 20 key informants, including 7 patients living with HIV who are receiving health services at community level, 5 health care providers from Chake Chake hospital at CTC section, 5 community health workers who provides HIV services to patients at community level and 3 district and hospital leaders. The information collected based on the saturation level where by no new information is obtained by conducting more interviews. These key informants were purposely selected for this study because they have rich information and also are responsible for Community Home Based Care in HIV/AIDS Services.

3.6.2. Quantitative sample.

For quantitative, the study involved people living with HIV who receive HIV services at community level. The sample obtained by using a formula for a single proportional sample size according to Cochran's formula. This was used to determine the sample size assuming 95% confidence level.

$$n = \frac{(z^2 \times pq)}{e^2}$$

Where: n = desired sample size

z = standard normal deviate, usually set at 1.96 which corresponds to 95% confidence level

p = proportion of target population estimated to have a particular characteristic to be measured which is 50% if the proportion is unknown.

q = 1 – p

e = permitted error (5%, if the confidence level is 95%) = 0.05

Applying the formula, the required sample size was

$n=1.962\ (0.5)\ (0.5)/0.05^2 = 384.$

Because the target population is 1,255 (i.e., less than 10,000), therefore the final sample estimated was nf = n/ {1 + (n/N)} = 384/ {1+ (384/1123**)**} = 295.

3.7 Data collection methods

The study involved quantitative and qualitative approaches where by qualitative part was involve in depth interview with patients with HIV who are receiving HIV services at community level, health care providers from Chake Chake Hospital at CTC section, district and hospital leaders and health community workers who are providing HIV services to HIV patients at community level.

3.7 Data Collection tools

3.7.1 In-depth Interview tool

Researcher designed the tool for data collection which is the interview guide. Designed in English, administered in Kiswahili before responses being translated back to English. An open-ended question that addresses the study's goal was made the interview guide. Data for research objectives 2&3 gathered through interviews. The interview was used to collect data from 20 participants including people living with HIV who are receiving health services at community level, health care providers from Chake Chake hospital at CTC section, community health workers who provides HIV services to patients at community level and district and hospital leaders. The interview lasted 45 to 60 minutes per participant. Additionally, the interview guide was used maintain consistency across interviews by ensuring that each participant is asked the same questions, which improves the comparability of

responses. Also, the interview guide was used to allows for flexibility. Interviewers can probe deeper or adapt questions based on the participant's responses, enhancing the richness of the data collected.

3.7.2 Questionnaire

The information of respondents were obtained through the structured questionnaire (Buchanan, 1981). These enable to gain ample time and enhance the validity (accuracy) of responses (Tiberious, Mwania and Mwinzi, 2016). The questions were designed in English, administered in Kiswahili before responses being translated back to English. Questionnaire method involving HIV patients receive CHBC services at community level. This was self-administered questionnaire because respondents were more comfortable providing honest answers, especially on this sensitive topic of HIV as well to minimize biases related to interviewer influence or social desirability, allowing respondents to answer more freely. Self-administered questionnaires lasted 5 to 10 minutes per participant. The questionnaire method was used to collect data for study objective 1.

3.8 Eligible Criteria of study

3.8.1 Inclusion

An inclusion criterion of the sample was the patients living with HIV/AIDS who are receiving HIV services at community level, health care providers from Chake Chake hospital at CTC section, and community health workers who provide HIV services to patients at community level.

3.8.2 Exclusion

The exclusion criteria are the people in population living with HIV/AIDS and receiving HIV/AIDS services at the health facilities.

3.9 Data management

Data generated from the in-depth interviews was daily cleaned, verified and checked for quality and consistency, sorted, transcribed and organized carefully. The interview guides were labeled to identify code amount of interviewee identification numbers. The tape recorder

was used in collecting data and other collected data was kept in a safe box accessed by the principal investigator alone. The recorded information was transcribed by principal investigator using the F 4 transcription software. The computer files were given serial numbers and location based on the dates of interviews. This was done to ensure that all information from the interview was recorded and documented effectively. Management of data was at a high level of confidentiality.

3.10 Trustworthiness

The trustworthiness in qualitative study was used to ensure quality of data and accuracy of the results. Four Concepts were used to assure trustworthiness: credibility, transferability, dependability and conformability.

Credibility refers to how congruent the findings of this study are with reality. In this study in-depth interview was used because it is an appropriate and well recognized research method for exploring of information from the study participants. Triangulation was also being done using data collection methods, by combining two main methods of data collection: in-depth interviews and questionnaire; involving different types of participants from community and health facility.

Transferability was concerning with the extent to which the findings of this study can be applied to other situations. For this study to be transferable detailed background data to establish context of study in question was done.

Dependability means if this study is to be repeated, in the same context, with the same method and with the same participants, similar results was obtained. In order for this study to be a dependable in-depth methodological description of the study was done for enabling a future researcher to repeat the work.

Conformability is the degree of neutrality or objectivity in the findings of qualitative studies. It means that the findings obtained from the study are based on participants' responses and not any potential bias or personal motivations of the researcher. In order for this study to be conformable, triangulation was used to reduce effect of investigator bias. Triangulation was involve method of data collection and study. Also, the usage of research assistants reduced

researcher's bias. The reasons for favoring one approach over the others were explained, and weaknesses in the techniques employed were admitted.

Reliability and validity were being considered through developing questions consistent to existing studies; The structure, arrangement and contents of structured questions was developed consistent to the previous studies. The structured questions developed were submitted to supervisors at MUHAS and other experts in research and HIV services delivery through CHBC for vetting and search of third expert views.

3.12 Data Analysis

3.12.1 Qualitative data analysis

A thematic analysis approach was used in analysing the study's findings, and the use of this approach implies that data was analysed through the examination and categorization of respondents' opinions. The analysis was carried out in three stages: firstly, the line-by-line coding of field notes and transcripts; secondly, the in-depth examination and interpretation of the resultant codes and their categorization into descriptive and analytical themes; and, thirdly, the development of an overarching. Thematic analysis was done in analysing the study objective number 2&3. An example of the analysis of the data in the study is as illustrated in Table 3.1.

3.12.2 Quantitative data analysis plan

This study was used Microsoft Excel 2013 to clean and code the data and SPSS version 20 where by the data analysis was employ a descriptive analysis of the frequency distribution and study variable percentages.

3.13 Ethical Consideration

The proposal was submitted for ethical clearance to Muhimbili University of Health and Allied Sciences (MUHAS) Ethical Review Committee. All ethical issues was adhered to and addressed accordingly. Written consent was obtained from the participants before the data collection. Participants were declined to be interviewed and those interviewed were free to end

the interview at any point. Every interviewee was required to give permission and consent to participate in the study both verbally and in writing and they were given strong assurances that the information they provided were kept confidential and be used solely for scientific purposes. This information was communicated in clear, easily understandable language. During the informed consent process, potential participants were made aware of potential benefits they may derive from their involvement in the study, including contributing to a better understanding of CHBC services in Chake Chake district. They were also be apprised of potential risks, including any emotional discomfort arising from discussing their experiences. All efforts were made to minimize these risks and provide the necessary support for participants.

CHAPTER FOUR

RESULTS

4.1 Introduction

This chapter presents the study findings. Thus, it presents the individual factors of HIV/AIDS patients related to receiving HIV/AIDS services by the Community Home Based Care in Chake Chake District. Moreover, chapter presents the findings that emanated from analysis in-depth interview data. The analysis of the data generated eleven analytical themes related to HIV/AIDS services are delivered by Community Home Based Care and the factors that affecting the Community Home Based Care in delivery HIV/AIDS services in Chake Chake District. The chapter is structured in accordance to the specific objectives.

Table 4.1 Illustrative development of Codes, Descriptive theme and Analytical theme

Codes	**Descriptive themes**	**Analytical themes**
Health education to PLWHIV	Comprehensive Health Education for PLWHIV	**Provision of health education for PLWHIV**
Topics covered: nutrition, prevention, treatment, stigma, side effects, PrEP		
Peer educators	Diverse Delivery Channels	
Use of posters and brochures		
Individual and group sessions		

4.2 Demographic characteristics for the study participants for qualitative part

The qualitative part involved 20 participants, whereas the majority of the study participants were in the age group 25-34 (40%), followed by the age group 15-24 (30%). More than half of the study participants were female (60%), while most of them had secondary education or above (55%). More than three-quarters of the participants were residing in urban areas (80%),

three-quarters of the study participants were married (75%), and more than half of the participants were employed (70%) as shown in table 4.1.

Table 4.2: Demographic characteristics for the study participants for qualitative part (n=20)

Variable		Frequency (n)	Percentage (%)
Age group	15-24	6	30
	25-34	8	40
	35-44	4	20
	45 and above	2	10
Sex	Male	8	40
	Female	12	60
Education level	Informal education	3	15
	Primary	6	30
	Secondary and above	11	55
Marital status	Unmarried	5	25
	Married	15	75
Residence	Rural	4	20
	Urban	16	80
Occupation	Unemployed	6	30
	Employed	14	70

4.2 The individual factors of HIV/AIDS Patients on receiving HIV/AIDS services by the Community Home Based Care

The study involved 295 participants with a mean age of 35.75 years. Key individual factors affecting HIV/AIDS service reception through Community Home Based Care included age, sex, education level, marital status, residence, occupation, and annual income. Most participants (35.9%) were aged 25-34, predominantly female (69.8%), and over half (58.6%) had only primary education. A majority were married (55.5%), with widowed participants making up 15.9%. Additionally, 60% lived in rural areas, and 60.7% reported an annual income of Tshs 500,000. Most participants were self-employed (67.1%).as shown in Table 4.2.

Table 4.2: The individual factors of HIV/AIDS Patients on receiving HIV/AIDS services by the Community Home Based Care (n=295

Variable		Frequency	Percentage
Age group	15-24	43	14.6
	25-34	106	35.9
	35-44	79	26.8
	45 and above	67	22.7
Sex	Male	89	30.2
	Female	206	69.8
Education level	Primary	173	58.6
	Secondary	113	38.3
	College	9	3.1
Marital status	Married	164	55.6
	Single	41	13.9
	Divorced	43	14.6

	Widow/widower	47	15.9
Residence	Rural	177	60
	Urban	118	40
Occupation	Student	21	7.1
	Retiree	2	0.7
	Unemployed	57	19.3
	Self-employed	198	67.1
	Government employee	9	3.1
	Private employee	8	2.7
Annual income	Less than Tshs 500,000	179	60.7
	Tshs 500.001-Tshs 900,000	65	22.0
	Tshs 900,001- Tshs 5,000,000	38	12.9
	Tshs 5,000,001 and above	13	4.4

4.3 HIV/AIDS services delivered by Community Home Based Care

The study participants were asked about HIV/AIDS services delivered by Community Home Based Care. Analysis of the findings generated four analytical themes as described below; provision of health education, psychosocial support, client monitoring and follow up, identification and referral.

Table 4.3: Illustrative Sections and Analytical themes of the study.

Sub-section	Analytical themes
HIV/AIDS services delivery at CHBC	Provision of health education for PLWHIV
	Psychosocial support
	Identification and referral
	Client monitoring and follow up
Enablers	Involvement of NGOS to support CHBC
	availability of medical equipment and drugs
	Government support through MOH
	Availability of both healthcare providers and community health workers
Barriers	Shortage of community health workers,
	Lack of privacy and confidentiality
	Poor perception and stigma

4.3.1 Provision of health education for PLWHIV

The study participants reported that community home-based care programs in Chake Chake are involved in providing health education to people living with HIV and their families. They indicated that the health education covers topics such as nutrition, HIV/AIDS prevention, treatment, stigma management, side effects management, and care for individuals living with HIV/AIDS, as well as the use of Pre-Exposure Prophylaxis (PrEP). The participants revealed that health education under the community home-based program is offered through peer

educators, as well as various posters and brochures. Additionally, they noted that this health education is provided to individuals, groups, or specific target groups. As one study participant reported:

> *"We, as service providers here at the CTC (Care and Treatment Clinic), collaborate with the community health workers to provide education to HIV patients. At times, the patients may also need counselling, so we set aside time to talk to them either here at the facility or through the community health workers who follow up with them at their homes."* **(KI 04, health care provider).**

4.3.2 Psychosocial Support

The study participants further reported that, in collaboration with healthcare providers from health facilities, such as nurses and psychologists, they offer counseling and emotional support to help individuals cope with the challenges of living with HIV/AIDS. The participants added that they provide a safe space for patients living with HIV to express their feelings, share their concerns, and process their emotions in a supportive environment. They noted that the Community Home-Based Care (CHBC) programs facilitate peer support, connecting individuals with shared experiences or similar health challenges. This allows them to share stories, provide encouragement and validation, and learn from each other's coping strategies. One study participant reported that;

> *"In addition, in providing health education to people living with HIV through the community home-based care program, we go a step further by offering counselling and emotional support to help these people cope with their condition. Specifically, we utilize peers to offer encouragement, comfort, and assistance in alleviating feelings of isolation and anxiety"* **(KI 02, district/hospital leader).**

4.3.3 Client monitoring and follow up

The key study participants reported that community home-based care, through community health workers, conducts regular visits to individual homes to monitor health status, provide ongoing support, and ensure adherence to medication regimens. They noted that community health workers may also provide reminders, monitor medication usage, and address any barriers to adherence. Additionally, the participants mentioned that follow-ups are made for those who had poor attendance or did not collect their medicines at all. This involves identifying the reasons behind the lack of adherence and intervening to help patients overcome the barriers they face. This approach helps improve treatment adherence and ensures that HIV patients receive the right medication at the right time. One study participant reported that;

> *"We particularly follow up on those who have poor attendance or do not attend at all to collect their medicines."* **(KI 09, community health worker).**

4.3.4 Identification and Referral

The study participants reported that community health workers identify individuals living with HIV within the community and serve as a link between the individual and the CTC (Care and Treatment Clinic) at Chake Chake hospital. This is done by coordinating referrals to the hospital, as well as ensuring continuity of care for patients receiving home-based services. The study participants added that through the community healthcare workers, they are able to accompany HIV patients to the CTC to ensure they are able to access the necessary services. One study participant reported that;

> *"Additionally, through the community health workers, new HIV patients are identified from within the community and then directed to the CTC (Care and Treatment Clinic) to initiate treatment."* **(KI 07, health care provider).**

4.4 The factors affecting HIV/AIDS services delivery at the Community Home Based Care.

The interviewed participants were asked about the factors affecting HIV/AIDS services delivery at the Community Home Based Care. Analysis of the findings generated two themes as described below: enablers and barriers.

4.4.1 Enablers

The interviewed participants were asked about the enablers for HIV/AIDS services delivery at the Community Home Based Care. Analysis of the findings generated four analytical themes as described below: Involvement of NGOS to support CHBC, government support, availability of medical equipment and medicine and availability of both healthcare providers and community health workers.

4.4.1.1 Involvement of NGOS to support CHBC.

The study participants reported on the availability of the NGOs such as AMREF that support and enhance the capacity and reach of the community home-based care program in Chake Chake district. The study participants reported that the NGOs have been playing a vital role through the provision of additional resources, technical support, and expertise. One study participant reported that;

> *"Currently, we have community health workers, especially these peer educators, who are working under contract through AMREF to support services at the community level"* (**KI 01, district/hospital leader).**

4.4.1.2 **Government support through MOH**

The study participants reported that the government of Zanzibar through ministry of health of Zanzibar currently plays a key role in facilitating the community home-based care by providing policies, guidelines, and funding to support the implementation of community health programs. The study participants added that currently the government offers stipends

and training opportunities to the community health workers towards the implementation of the community home-based care program. One study participant reported that;

> *"Currently, we are seeing significant changes in the issue of community home-based care (CHBC) because these community health workers are now being paid by the government, compared to the past when they were working solely on a voluntary basis. This has brought increased motivation and improved the performance of the community health workers"* (**KI 05, healthcare provider).**

4.4.1.3 Availability of medical equipment and medicine

The study participants reported on the continuous supply of medical equipment and drugs at the Chake Chake Care and Treatment Clinic (CTC), such as antiretroviral therapy (ART), antibiotics, blood pressure monitors, ultrasound machines, urine test kits, and personal protective equipment. This has enabled accessibility of the services for people living with HIV. The study participants reported that the availability of medical equipment and medicines gives the community health workers the assurance to continue referring patients to the CTC for HIV services, thus continuing to improve performance at the community level. The key informant mentioned that the presence of the necessary medical equipment and supplies has given them the assurance regarding the continuous availability of ART from the community level to the CTC. One study participant reported that;

> *"The availability of medical equipment and drugs has significantly helped to improve performance at the community level, and also to deliver timely and appropriate healthcare services to the local population living with HIV."* **(KI 13, community health worker).**

4.4.1.4 Availability of both healthcare providers and community health workers

The study participants reported that the availability and collaboration of healthcare providers and community health workers have been encouraging them, motivating, and advising them to cope with the situation. The study participants added that the presence of healthcare workers plays a critical role in facilitating home-based care through the provision of health education, care coordination and referral, monitoring and follow-up, and screening of HIV patients. The interviewed participants added that the positive attitude of healthcare providers and their dedication to serve them without discrimination have facilitated their access to both CHBC and CTC services. Furthermore, the friendly language used by healthcare providers and community health workers has piqued their interest in HIV/AIDS services. One participant reported;

> *"The presence of service providers, especially those in the community, has made us love to access ART services because of how they care for us, but also the good language we use when talking to them. They show concern and appreciation for the situation you are in"* (**KI 18, patient).**"

4.4.2 Barriers

The participants interviewed were asked factors affecting HIV/AIDS services delivery at the Community Home Based Care. Analysis of the findings generated three analytical themes as described below: Shortage of community health workers, lack of privacy and confidentiality, poor perception and stigma

4.4.2.1 Shortage of community health workers

The study participants reported on the shortage of community health workers in Chake Chake district. They stated that in each Shehia (administrative unit), there are only two community health workers. The study participants added that such a small number of community health workers is not enough at the moment to cope with the increasing number of people living with HIV, who still have great needs in terms of being served by HBHC. One study participant reported that;

"The community health workers are currently not sufficient due to the increasing number of people. In our Shehia, we currently have only two community health workers. Therefore, there is a need for the government to increase the number of community health workers in order to reduce the workload, but also to be able to reach the community to a greater extent by identifying new clients." **(KI 01, district/hospital leader).**

4.4.2.2 Lack of privacy and confidentiality

The study participants reported a lack of privacy at the CTC (Care and Treatment Clinic) when patients are being referred by community health workers for services. This lack of privacy and confidentiality was caused by the small service delivery room where all services, such as counselling and treatment, are provided in the same space. The study participants reported that due to the lack of privacy and confidentiality, some patients are hesitant to come and access the services on time, as they fear being seen by others when entering the facility. Moreover, many patients struggle to speak openly about their conditions because the room is small, with significant overlap with other clinics such as CT (Reproductive and Child Health) and OPD (Outpatient Department). One study participant cemented that;

"Due to the lack of privacy caused by the small service delivery room, another person might come and waste time because they will see that someone is there. They may hide in a corner until the other person leaves, or they may come in a hurry to receive the service quickly and leave, so that they are not seen" **(KI 11, community health worker).**

4.4.2.3 Poor perception and stigma

The study respondents reported that poor perception among community members affect the delivery of services at the community level, as people still believe that someone living with HIV/AIDS is promiscuous. The study participants reported that the community judges people living with HIV/AIDS in a negative way. This has led people to avoid accessing services through the surrounding CBHC (Community-Based Health Care) and instead decide to seek services at the CTC (Care and Treatment Clinic) in other district hospitals. There are some

who are residents of Chake Chake, but because of this stigmatized perception, they have decided to go and get services in the Mkoani district or Wete, so that they are not recognized. One study participant cemented that;

> *"For example, currently we have many clients from the Mkoani district and Wete who are receiving our HIV services here, and this is due to the negative perceptions and norms from the surrounding community. As a result, they have decided to seek services from elsewhere*" **(KI 13, community health worker)**

CHAPTER FIVE

DISCUSSION

5.1 Introduction

In this section the study findings are interpreted and discussed with a comparison of what was reported by other studies. Under this study, the roles of the Community Home Based Care (CHBC) in delivery HIV/AIDS services, strengths and the challenges faced on delivery these services were assessed based on individual factors of HIV/AIDS Patients on receiving HIV/AIDS services, HIV/AIDS services delivered by Community Home Based Care and the factors affecting HIV/AIDS services delivery at the Community Home Based Care.

5.2 The individual factors of HIV/AIDS Patients on receiving HIV/AIDS services by the Community Home Based Care

The study found that most age group 25-34 were mostly likes to receive HIV /AIDS services at community home based care. Previous studies have reported that younger adults in this age group may have a stronger preference for maintaining confidentiality about their HIV status. Community-level services may be perceived as offering more privacy and discretion (Kidia *et al.*, 2014; Mugo *et al.*, 2023). Community Home Based Care are more convenient to young adult, as eliminate the need to travel, wait in long lines, or take time off work or school(Otara, Chebor and Raballah, 2024). The study findings suggest to collaborate with community-based organizations, youth groups, and influential community members to disseminate information about available HIV services at community level. Moreover, the preference for Community Home-Based Care services among individuals aged 25-34 highlights a significant opportunity to enhance the effectiveness of HIV/AIDS interventions. The study findings are in line with the previous study conducted in clients in the age group 25–34 years were more likely to access community HIV care services (Lubogo *et al.*, 2015).

The study found that female was mostly likes to receive community home based care compared to men. Studies have shown that women tend to have higher healthcare-seeking behaviours compared to men, often being more proactive in accessing healthcare

services(Stefan, 2015; Latunji and Akinyemi, 2018). The study findings highlight to ensure that community home-based care services are designed and delivered in a gender-responsive manner, addressing the unique needs and preferences of both men and women. The study findings are consistently with previous studies which reported that female are more likes to access the services than men at community level (Mungai, 2016). The study findings differ from other studies which indicated that male was more using HIV/AIDS services at community compared to female(Mills *et al.*, 2011, 2013). The possible explanation for such variation could be geographical location, study population and level of awareness among the study population.

The findings revealed that that patient residing in rural areas were mostly receiving HIV /AIDS services at community home based care compared to urban dwellers. The studies reported that CHBC programs have been widely implemented as a strategy to expand the reach of HIV/AIDS services and address the needs of patients in remote and underserved communities (Kumah and Agyei, 2023). The possible explanation could be patients in rural areas often have limited access to health facilities and specialized HIV/AIDS services, which are typically more concentrated in urban centres. The distance and transportation challenges to reach urban-based healthcare facilities can be significant barriers for rural patients, especially those with limited resources (Fauk *et al.*, 2023). The study findings suggest to allocate more resources and support to CHBC programs to ensure they can effectively reach and serve patients in rural communities (Kumah and Agyei, 2023). The study findings vary from the study conducted in Uganda which reported that urban dwellers were more likely to use CHBC compared to patients residing in rural areas (Lubogo *et al.*, 2015). The difference in findings compared to other studies might be due to geographical location and differences in the study populations.

5.2 HIV/AIDS services delivered by Community Home Based Care

The study findings indicated that health education was being delivered through Community Home Based Care. The study conducted in in Tanzania reported that health education delivered through CHBC equips people living with HIV with the knowledge and skills to

effectively manage their condition, leading to improved adherence to treatment and regular follow-up visits (Malale, 2011). CHBC education program and support reduce HIV stigma and exploring healthy HIV disclosure(Knettel *et al.*, 2021). The study findings are align with the study conducted in South Africa which reported that community home based care was essential in supporting people living with HIV/ADS through provision of health education such as nutrition knowledge (Masia *et al.*, 2020).

Moreover, the study found that CHBC through CHWs involved in client monitoring and follow up. The WHO recommends that nurse-led teams can deliver most interventions including initiating and monitoring ART, managing uncomplicated opportunistic infections and providing primary mental health and neurological care(World Health Organization, 2020). Studies conducted elsewhere reported that consistent monitoring and follow-up help to maintain client engagement and retention in the CHBC program as well as help to identify specific needs and challenges faced by clients, such as social, economic, or psychological barriers to adherence(Wang *et al.*, 2010; Williams *et al.*, 2014). The study findings corroborate with the study done by Wood which reported that CHWs through CHBC have been playing are great role on client monitoring and follow up to ensure adherence to medication and retention (Wood *et al.*, 2018).

5.3 The factors affecting HIV/AIDS services delivery at the Community Home Based Care

The study found the shortage of community healthcare workers. The studies reported that shortage of community health workforce shortage remains a significant contributor to lack of access to healthcare at community level. Community healthcare workers deficiencies in numbers, quality and performance continue to be a challenge in achieving UHC globally (Glenton, Javadi and Perry, 2021). The possible explanation could be lacking in long-term career prospects, leading to high turnover rates and difficulty in maintaining a stable workforce as well as CHBC programs suffer from insufficient funding and resources allocated by the government or donor agencies to support and sustain a robust CHW workforce(Perry *et al.*, 2021; Smithwick *et al.*, 2023). The study findings suggest increasing and stabilizing

funding for CHBC programs and CHW remuneration and strengthening the recruitment, training, and support mechanisms for CHWs, including ongoing supervision and mentorship. The study findings corroborate with the previous studies conducted in Africa which reported on the shortage of community health workers (Laurenzi *et al.*, 2020; Ndu, Andoniou and Mcnally, 2022).

The study findings found poor perception and stigma among community members. The previous study reported that stigma and discrimination against PLHIV create a fear of being identified as HIV-positive, leading to reluctance among community members to participate in CHBC activities (Roudsari, Larki and Latifnejad Roudsari, 2020). The possible explanation for poor perception and stigma could be limited understanding of HIV/AIDS, its transmission, and treatment among community members can lead to misconceptions and perpetuate stigma(Asrina *et al.*, 2023; Mahlalela *et al.*, 2024). The study findings suggest to implement comprehensive anti-stigma and discrimination campaigns to raise awareness and challenge the negative perceptions surrounding HIV/AIDS and CHBC. The study findings are consistent with previous studies which reported that poor perception and stigma have a significant impact on Community-Based HIV Care (CHBC) programs, particularly among people living with HIV/AIDS (PLHIV)(Saki *et al.*, 2015; Faidas *et al.*, 2024).

5.4 Study limitations and mitigation

The study was involved people living with HIV whereby might have withheld some details for fearing to know their health status. The researcher assured participants of their confidentiality, and participants were asked to treat shared information as privileged and confidential.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

In conclusion, the study highlights the essential services provided by Community Home-Based Care (CHBC) in the Chake Chake district, including health education, psychosocial support, and client monitoring. The successful implementation of these services has been bolstered by the collaborative efforts of NGOs, government support, and the availability of medical resources and personnel. However, significant challenges remain, such as a shortage of community health workers, issues surrounding privacy and confidentiality, and persistent stigma that affects client perceptions of the program. To enhance the effectiveness of CHBC and address these challenges, it is imperative for the government, particularly through the Chake Chake district hospital, to invest in infrastructure improvements, such as constructing dedicated facilities for Care and Treatment Clinics (CTC). This would not only provide a safe and private space for clients but also strengthen the overall healthcare framework in the region. By addressing these gaps, the CHBC program can continue to improve health outcomes for the community and foster an environment where individuals feel supported and empowered to seek care without fear of stigma. Ultimately, a holistic approach that integrates community needs, adequate resources, and supportive policies will be crucial to the sustained success of CHBC in Chake Chake.

6.2 Recommendations

1. The ministry of health of Zanzibar through Zanzibar AIDS Commission should develop targeted recruitment strategies to attract and retain qualified community health workers to work in CHBC programs for HIV patients in Chake Chake district. This can involve offering competitive salaries, incentives and opportunities for career advancement.
2. The government through Chake Chake district hospital management should conduct community sensitization and awareness campaigns to educate community members about HIV, reduced stigma and challenge misconceptions about the disease through radio, community meetings, and social media.

Areas for further studies

- In the future, it would be reasonable to conduct a research to determine the involvement stakeholders in CHBC in Chake Chake district, Zanzibar.

REFRENCES

Aggarwal, R. and Ranganathan, P. (2019) 'Study designs: Part 2 - Descriptive studies', *Perspectives in Clinical Research*, 10(1), pp. 34–36. Available at: https://doi.org/10.4103/picr.PICR_154_18.

Angwenyi, V. *et al.* (2021) 'An evaluation of self-management outcomes among chronic care patients in community home-based care programmes in rural Malawi: A 12-month follow-up study', *Health and Social Care in the Community*, 29(2), pp. 353–368. Available at: https://doi.org/10.1111/hsc.13094.

Anselmi, L., Lagarde, M. and Hanson, K. (2015) 'Health service availability and health seeking behaviour in resource poor settings: evidence from Mozambique', *Health Economics Review*, 5(1). Available at: https://doi.org/10.1186/s13561-015-0062-6.

Aslany, M. *et al.* (2021) 'Systematic review of determinants of migration aspirations', *QuantMig Project Deliverable D2.2.* [Preprint], (870299).

Asrina, A. *et al.* (2023) 'Community stigma and discrimination against the incidence of HIV and AIDS', *Journal of Medicine and Life*, 16(9), pp. 1327–1334. Available at: https://doi.org/10.25122/jml-2023-0171.

Babel, R.A. *et al.* (2021) *Stigma, HIV Risk, and Access to HIV Prevention and Treatment Services Among Men Who have Sex with Men (MSM) in the United States: A Scoping Review*, *AIDS and Behavior*. Springer US. Available at: https://doi.org/10.1007/s10461-021-03262-4.

Belay, Y.A. *et al.* (2022) 'Barriers and facilitators to the implementation and scale up of differentiated service delivery models for HIV treatment in Africa: a scoping review', *BMC Health Services Research*, 22(1), pp. 1–23. Available at: https://doi.org/10.1186/s12913-022-08825-2.

Blocher, Edward J., Blocher, E. J. and Cokins, G. (2010) *Cost Management a stra tegic emphasis Fifth Edition, The McGraw-Hill Companies, Inc.*

Bohner, M. (2010) ‘Resorbable biomaterials as bone graft substitutes’, *Materials Today*, 13(1–2), pp. 24–30. Available at: https://doi.org/10.1016/S1369-7021(10)70014-6.

Bouabida, K., Chaves, B.G. and Anane, E. (2023) ‘Challenges and barriers to HIV care engagement and care cascade: viewpoint’, *Frontiers in Reproductive Health*, 5(July), pp. 5–8. Available at: https://doi.org/10.3389/frph.2023.1201087.

Buchanan, M.E. (1981) ‘Methods of data collection’, *AORN Journal*, 33(1). Available at: https://doi.org/10.1016/S0001-2092(07)69400-9.

Buh, A. *et al.* (2023) *Barriers and facilitators for interventions to improve ART adherence in Sub-Saharan African countries: A systematic review and meta-analysis*, *PLoS ONE*. Available at: https://doi.org/10.1371/journal.pone.0295046.

Delhi, N. (2004) ‘Comprehensive Community- and Home-based Health Care Model Community-’, (40).

Faidas, M. *et al.* (2024) ‘Stigma and discrimination faced by adolescents living with HIV and experiencing depression in Malawi’, *BMC Global and Public Health*, 2(39), pp. 2–15. Available at: https://doi.org/10.1186/s44263-024-00072-3.

Fauk, N.K. *et al.* (2023) ‘Understanding the quality of life of people living with HIV in rural and urban areas in Indonesia’, *PLoS ONE*, 18(7 July), pp. 1–19. Available at: https://doi.org/10.1371/journal.pone.0280087.

Glenton, C., Javadi, D. and Perry, H.B. (2021) ‘Community health workers at the dawn of a new era : 5 . Roles and tasks’, *Health Research Policy and Systems*, 19(3), pp. 1–17. Available at: https://doi.org/10.1186/s12961-021-00748-4.

IEG (2018) ‘World Bank Group Support to Health Services Achieve me nts a nd Challe nge s’.

Ji, J. *et al.* (2024) ‘People who living with HIV/AIDS also have a high prevalence of anxiety disorders: a systematic review and meta-analysis’, *Frontiers in Psychiatry*, 15(February), pp.

1–12. Available at: https://doi.org/10.3389/fpsyt.2024.1259290.

Kang, D., et al (2020) 'Socioeconomic Status and Access to HIV Services in Low-Income Communities.', *Global Health Action*, 13(1), p. 1801234.

Karuga, R.N. *et al.* (2019) 'Supportive supervision of close-to-community providers of health care: Findings from action research conducted in two counties in Kenya', *PLoS ONE*, 14(5), pp. 1–19. Available at: https://doi.org/10.1371/journal.pone.0216444.

Kidia, K.K. *et al.* (2014) 'HIV status disclosure to perinatally-infected adolescents in Zimbabwe: A qualitative study of adolescent and healthcare worker perspectives', *PLoS ONE*, 9(1). Available at: https://doi.org/10.1371/journal.pone.0087322.

Knettel, B.A. *et al.* (2021) 'The Role of Community Health Workers in HIV Care Engagement: A Qualitative Study of Stakeholder Perspectives in Tanzania', *Journal of the Association of Nurses in AIDS Care*, 32(6), pp. 682–692. Available at: https://doi.org/10.1097/JNC.0000000000000267.

Kumah, E. and Agyei, E. (2023) 'Advancing the Global Fight Against HIV / Aids : Strategies , Barriers , and the Road to Eradication', *Annals of Global Health*, 89(1), pp. 1–6. Available at: https://doi.org/10.5334/aogh.4277.

Latunji, O.O. and Akinyemi, O.O. (2018) 'Factors Influencing Health-Seeking Behaviour Among Civil Servants in Ibadan, Nigeria.', *Annals of Ibadan postgraduate medicine*, 16(1), pp. 52–60. Available at: http://www.ncbi.nlm.nih.gov/pubmed/30254559%0Ahttp://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=PMC6143883.

Laurenzi, C.A. *et al.* (2020) 'Balancing roles and blurring boundaries : Community health workers ' experiences of navigating the crossroads between personal and professional life in rural South Africa', *Health & Social Care in the Community*, 29(5), pp. 1–11. Available at: https://doi.org/10.1111/hsc.13153.

Leplingard, F. *et al.* (2003) *FWM-Assisted Raman Laser for Second-Order Raman Pumping*, *Optics InfoBase Conference Papers*.

Li, Y. *et al.* (2021) 'Social support status and associated factors among people living with HIV/AIDS in Kunming city, China', *BMC Public Health*, 21(1), p. 1413. Available at: https://doi.org/10.1186/s12889-021-11253-2.

Lubogo, D. *et al.* (2015) 'Factors associated with access to HIV care services in eastern Uganda: the Kumi home based HIV counseling and testing program experience', *BMC Family Practice*, 16(1), pp. 1–9. Available at: https://doi.org/10.1186/s12875-015-0379-6.

Mahlalela, N.B. *et al.* (2024) 'The Association Between HIV-Related Stigma and the Uptake of HIV Testing and ART Among Older Adults in Rural South Africa: Findings from the HAALSI Cohort Study', *AIDS and Behavior*, 28(3), pp. 1104–1121. Available at: https://doi.org/10.1007/s10461-023-04222-w.

Malale, K. (2011) 'Home Based Care for People Living with HIV/AIDS; Assessment of Knowledge, Attitude and Practice among Family Care Givers at Ukonga Ward in Ilala District', *Dar Es Salaam Medical Students' Journal*, 18(1), pp. 23–31. Available at: https://doi.org/10.4314/dmsj.v18i1.70925.

Masia, T.A. *et al.* (2020) 'Nutrition knowledge and care practices of home-based caregivers in Vhembe District, South Africa', *African Health Sciences*, 20(2), pp. 912–922. Available at: https://doi.org/10.4314/ahs.v20i2.46.

Matungwa, D.J. *et al.* (2022) 'Understanding the role of traditional healers in the HIV care cascade: Findings from a qualitative study among stakeholders in Mwanza, Tanzania', *PLOS Global Public Health*, 2(8), pp. 1–15. Available at: https://doi.org/10.1371/journal.pgph.0000674.

Mills, E. *et al.* (2013) 'Increased mortality among HIV-positive men on antiretroviral therapy: survival differences between sexes explained by late initiation in Uganda', *HIV/AIDS - Research and Palliative Care*, 2013(5), pp. 111–119. Available at:

https://doi.org/10.2147/hiv.s42521.

Mills, E.J. *et al.* (2011) 'Male gender predicts mortality in a large cohort of patients receiving antiretroviral therapy in Uganda', *Journal of the International AIDS Society*, 14(1), pp. 1–7. Available at: https://doi.org/10.1186/1758-2652-14-52.

Ministry of Health and Wellness (2020) *National guideline for implementation ofcommunity-based health services in Botswana*. Gaborone: Government of Botswana. Available at: https://www.moh.gov.bw/Publications/ICBHS_Guidelines-v7.pdf#:~:text=The National Guideline for Implementation of Integrated Community-,a multidisciplinary team through an extended collaborative process.

Ministry of Health Zanzibar (2018) 'ZHSHSP III Monitoring and Evaluation Plan 1', pp. 1–76.

MoH (2021) 'Tanzania Health Sector Strategic Plan 2021-2026', *Tanzania Health Sector Strategic Plan 2021-2026*, 2026(July), p. 104.

MoHCDGEC (2021) *The guide for training community health workers*. Dar es Salaam: MoHCDGEC-HPS-PRINTING PRESS DSM.

Mshenga, M.M. and Tang, W. (2024) 'A call for change: addressing the implementation strategy using pre exposure Prophylaxis for combating the escalating HIV crisis in Zanzibar's key populations', *AIDS Research and Therapy*, 21(1), pp. 21–23. Available at: https://doi.org/10.1186/s12981-024-00597-5.

Mugo, C. *et al.* (2023) 'Adolescent experiences, perceptions, and preferences for the process of HIV status disclosure in Kenya', *Frontiers in Public Health*, 11(1165557), pp. 1–11. Available at: https://doi.org/10.3389/fpubh.2023.1165557.

Mungai, N.N. (2016) *Demographic characteristics and home-based care services for people living with HIV/AIDS: A case study of Thika Municipality, Kenya.*

NACP (2019) *National Guidelines for Community and Home Based Care (CHBC)*.

NASP (2019) ‘National Guidelines for the Management of Hiv and Aids’, *Development*, 7(5,371,780,231.09), pp. 2,274,923,575.00-29.08.

Ndu, M., Andoniou, E. and Mcnally, S. (2022) ‘The experiences and challenges of community health volunteers as agents for behaviour change programming in Africa : a scoping review’, *Global Health Action*, 15(1), pp. 1–21. Available at: https://doi.org/10.1080/16549716.2022.2138117.

Ogutu, M. *et al.* (2021) ‘Factors influencing the performance of community health volunteers working within urban informal settlements in low- and middle-income countries: a qualitative meta-synthesis review’, *Human Resources for Health*, 19(1), p. 144. Available at: https://doi.org/10.1186/s12960-021-00691-z.

Otara, D., Chebor, A. and Raballah, E. (2024) ‘Factors Influencing Uptake of HIV/AIDS Care and Support Services among HIV Infected Adults in Baringo County, Kenya’, *African Journal of Health Sciences*, 36(5), pp. 535–546. Available at: https://doi.org/10.4314/ajhs.v36i5.6.

P, S. (2015) ‘Barriers in Service Provision and Service Seeking Regarding CHBC for People Living With HIV/AIDS in Pokhara, Nepal’, *Journal of Human Virology & Retrovirology*, 2(6), pp. 190–200. Available at: https://doi.org/10.15406/jhvrv.2015.02.00060.

Perry, H.B. *et al.* (2021) ‘Community health workers at the dawn of a new era: 11. CHWs leading the way to “Health for All”’, *Health Research Policy and Systems*, 19(3), pp. 1–22. Available at: https://doi.org/10.1186/s12961-021-00755-5.

Preko, A., Agbanu, S.K. and Feglo, M. (2014) ‘Service Delivery, Customer Satisfaction and Customer Delight in the Real Estate Business. Evidence from Elite Kingdom Investment and Consulting Company Ghana’, *European Journal of Business and Management*, 6(3), pp. 71–83.

Qalinge, L. (2011) ‘Community home-based care programme: A marginalised key community resource’, *Social Work*, 47(1), pp. 51–58. Available at: https://doi.org/10.15270/47-1-142.

Radbruch, L. *et al.* (2020) 'Redefining Palliative Care—A New Consensus-Based Definition', *Journal of Pain and Symptom Management*, 60(4), pp. 754–764. Available at: https://doi.org/10.1016/j.jpainsymman.2020.04.027.

Remien, R.H. *et al.* (2019) 'Mental health and HIV/AIDS: The need for an integrated response', *Aids*, 33(9), pp. 1411–1420. Available at: https://doi.org/10.1097/QAD.0000000000002227.

Revolutionary Government of Zanzibar and Ministry of Health Zanzibar (2013) *The Zanzibar Health Sector Strategic Plan III (2013/14 - 2018/19). Retrieved from https://health.eac.int/publications/zanzibar-health-sector-strategic-plan-iii-2014-18#gsc.tab=0*.

Roudsari, L.R., Larki, M. and Latifnejad Roudsari, R. (2020) 'Home-Based Care, the Missing Link in Caring of Patients Living with HIV/AIDS and Their Family Members: A Narrative Review', *A Narrative Review. IJCBNM*, 8(3), pp. 190–208. Available at: https://doi.org/10.30476/ijcbnm.2020.82771.1085.

Saki, M. *et al.* (2015) 'Perception of Patients With HIV / AIDS From Stigma and Discrimination', *World Journal of AIDS*, 17(6), pp. 1–7. Available at: https://doi.org/10.5812/ircmj.23638v2.

Sisay Mulugeta, S. and Getachew Wassihun, S. (2022) 'Prevalence of HIV/AIDS Infection among Sexually Active Women in Ethiopia: Further Analysis of 2016 EDHS'. Available at: https://doi.org/10.1155/2022/8971654.

Smithwick, J. *et al.* (2023) '"Community health workers bring value and deserve to be valued too:" Key considerations in improving CHW career advancement opportunities', *Frontiers in Public Health*, 11(9). Available at: https://doi.org/10.3389/fpubh.2023.1036481.

Spaan, P. *et al.* (2018) 'Psychosocial interventions enhance HIV medication adherence: A systematic review and meta-analysis', *Journal of Health Psychology*, 25(10–11), pp. 1326–1340. Available at: https://doi.org/10.1177/1359105318755545.

Stefan, E. (2015) ‘Gender differences in health information behaviour: A Finnish population-based survey’, *Health Promotion International*, 30(3), pp. 736–745. Available at: https://doi.org/10.1093/heapro/dat063.

Sundararajan, R. *et al.* (2021) ‘Traditional healers as client advocates in the HIV-endemic region of Maputo, Mozambique: results from a qualitative study’, *Sahara J*, 18(1), pp. 77–85. Available at: https://doi.org/10.1080/17290376.2021.1909492.

Tanzania Ministry of Health (2021) ‘The United Republic of Tanzania Ministry of Health National Operational Guideline for Community-Based Health Services, 2021 Towards Sustainable Community Health and Social Welfare Services Leaving No One Behind’, p. 93.

Tiberious, M., Mwania, J.M. and Mwinzi, J. (2016) ‘The Influence of Financial Resources on the integration of the National Goals of Education’, *International journal of Education and Research*, 4(9), pp. 51–62.

UNAID (2022) ‘IN IN IN IN IN IN IN IN IN IN U NAID S G l oba l A I D S U p d a t e 20 22 DANGER DANGER DANGER DANGER DANGER DANGER DANGER DANGER DANGER’, pp. 1–376.

UNAIDS (2024) *Fact sheet 2024 - Latest global and regional HIV statistics on the status of the AIDS epidemic*. Available at: https://www.unaids.org/en.

UNAIDS, 2022 (2022) ‘Unaids, 2022’, *Urban Affairs Quarterly*, 25(2), pp. 200–211.

United Republic of Tanzania and MOHCDGEC (2021) *National Operational Guideline for Community-Based Health National Operational Guideline for Community-Based Health*. Available at: https://hssrc.tamisemi.go.tz/storage/app/uploads/public/636/259/2d6/6362592d642dd250982263.pdf.

United Republic of Tanzania, U. (2013) *Tanzania HIV/AIDS and Malaria Indicator Survey 2011-12*. Available at:

http://linkinghub.elsevier.com/retrieve/pii/S2214109X14703389%5Cnhttp://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=3990612&tool=pmcentrez&rendertype=abstract%5Cnhttp://www.nejm.org/doi/abs/10.1056/NEJMe1410977%5Cnhttp://www.ncbi.nlm.nih.gov/pubmed.

Viera Valencia, L.F. and Garcia Giraldo, D. (2019) '**済無**No Title No Title No Title', *Angewandte Chemie International Edition, 6(11), 951–952.*, 2.

Wang, H. *et al.* (2010) 'Effects of nurse-delivered home visits combined with telephone calls on medication adherence and quality of life in HIV-infected heroin users in Hunan of China', *Journal of Clinical Nursing*, 19(1), pp. 380–388. Available at: https://doi.org/10.1111/j.1365-2702.2009.03048.x.

Williams, A.B. *et al.* (2014) 'Efficacy of an Evidence-Based ARV Adherence', *AIDS Patient Care and STDs*, 28(8), pp. 411–417. Available at: https://doi.org/10.1089/apc.2014.0070.

Wood, E.M. *et al.* (2018) 'Nurse led home-based care for people with HIV/AIDS', *BMC Health Services Research*, 18(1), pp. 1–13. Available at: https://doi.org/10.1186/s12913-018-3002-4.

World Health Organization (2020) *END HIV / AIDS by 2030.HIV/AIDS: Framework for action in the WHO African region, 2016 - 2020*.

World Health Organization (2023) *What worked? What didn't? What's next?: 2023 progress report on the global action plan for healthy lives and well-being for all*.

'Zanzibar-Health-Bulletin_2018' (no date).

Zanzibar AIDS Commission (ZAC) (2019) *Follow-up to the Declaration of Commitment on HIV/AIDS (UNGASS). UNGASS Indicators Country Report Template.*

APPENDICES

Appendix 1: Informed Consent form (English version)

Introduction

Greetings!

I am Mokili Sebe, a student pursuing Master of Public Health (MPH) at Muhimbili University of Health and Allied Sciences (MUHAS). Currently, I would like to talk with you about the Role of Community Home Based Care In Delivery of HIV/AIDS Services in Chake Chake District

Purpose of the study: To investigate the role, strengths and challenges of Community Home Based Care in delivery of HIV/AIDS Services in Chake Chake District.

Confidentiality: Your information and identity will be kept private and the researcher will be the only one with access to it.

Risks: Although we think that there won't be any risk or negative effects from this research, some of the questions might be sensitive. You shouldn't feel obligated to respond, and kindly I invite you to contact me if you have any questions or issues any time throughout the survey process

Benefits: While your participation in this study won't directly benefit you, it will help us learn more about the role, strengths and challenges of Community Home Based Care in delivery of HIV/AIDS Services in Chake Chake District.

Contact: In case of any question or query concerning this study, please contact**:** If you have any questions concerning your right as a participant, you may contact **Dr. Nahya Salim** Chairperson of Research and Publication of MUHAS, contacts P. o. Box 65001, Dar es Salaam, Tanzania. Tel: +255-022-2152489, Fax +255-022-2152489, Email drp.muhas.ac.tz.

Agreement

Can I please have your consent to continue with the conversation?

Yes: ☐ No: ☐ (Tick appropriate)

I…..…….have read and understood clearly the contents in this form. My questions have been answered. I agree to participate in this study.

Signature of the participant ……. Date……

Signature of Investigator ……... Date…….

Appendix II: Questionnaire to patients

Section A: Individual factors of HIV/AIDS Patients related to receiving HIV/AIDS services by the Community Home Based Care

Please tick ☑ on the appropriate answer below.

1. What is your age?

☐ 15-24 years old

☐ 25-34 years old

☐ 35-44 years old

☐ 45-54 years and above

2. What is your sex?

☐ Male

☐ Female

3. What is your education level?

☐ Primary education

☐ Secondary

☐ College

☐ University

4. What is your marital status?

☐ Married

☐ Single

☐ Divorced

☐ Widow/widower

5. What is your residence?

☐ Rural

☐ Urban

6. What is your occupation?

☐ Student

☐ Retiree

☐ Unemployed

☐ Self-employed

☐ Government employee

☐ Private sector employee

7. What is your annual income?

☐ Less than Tsh 500,000

☐ Tsh 500,001 – Tsh 900,000

☐ Tsh 900,001 - Tsh 5,000,000.

☐ Tsh 5,000,001 and more

End of the questionnaire

Appendix III: Interview guide to patients

1. Demographic characteristics

(i) Sex……

(ii) Age …….

(iii)Education level…….

(iv)Marital status……...

(v) Religion…….

2. Based on your opinions/experience what are strengths of HIV/AIDS services delivered through Community Home Based Care?

Probe on HIV/AIDS services delivered by community-based home care

Probe how ART services are delivered by Community Home Based Care

Probe how nutritional services are delivered by Community Home Based Care

Probe how education is delivered by Community Home Based Care

Probe how psychosocial support are delivered by Community Home Based Care

Probe how Community Home Based Care are conducting follow-up to clients

3. What are the factors affecting HIV/AIDS services delivery by CHBC?

Probe on the availability of the service

Probe on the family support (parents, partners, relatives)

Probe on the availability of drugs

Probe on the environment for provision of services

Probe on the availability of community health workers

Probe on the myths and misconception

Probe on the confidentiality and privacy

Probe on the discrimination

Probe on the issue of religion

4. **Based on your experience what are your recommendations on areas that can be improved in providing HIV services through CHBC?**

Probe on adding more Health provider/CHWS

Probe on services provided

Probe transportation

Probe on providing incentive to CHWs

Probe on system used

Appendix IV: Interview guide to Community health workers

1. **Demographic characteristics**

(i) Sex……

(ii) Age …….

(iii)Education level…….

(iv)Marital status……...

(v) Working experience ……

2. **What rare the HIV/AIDS services delivered by Community Home Based Care?**

Probe on HIV/AIDS services delivered by community-based home care

Probe how ART services are delivered by Community Home Based Care

Probe how nutritional services are delivered by Community Home Based Care

Probe how education is delivered by Community Home Based Care

Probe how psychosocial support are delivered by Community Home Based Care

Probe how Community Home Based Care are conducting follow-up to clients

3. **What are the factors affecting HIV/AIDS services delivery by CHBC?**

Probe on the availability of the service

Probe on the family support (parents, partners, relatives)

Probe on the availability of drugs

Probe on the environment for provision of services

Probe on the availability of community health workers

Probe on the myths and misconception

Probe on the confidentiality and privacy

Probe on the discrimination

Probe on the availability of trainings among community health workers

Probe on the availability of fund

Probe on the availability of transport

4. **Based on your experience what are your recommendations on areas that can be improved in providing HIV services through CHBC?**

Probe on adding more Health provider/CHWS

Probe on providing incentive to CHWs

Probe on services provided

Probe transportation

Probe on system used

Appendix V: Interview guide to Health care provider at Chake Chake Hospital

1. Demographic characteristics

(vi)Sex……

(vii) Age …….

(viii) Education level…….

(ix)Marital status……...

(x) Working experience ……

2. What are the HIV/AIDS services delivered by Community Home Based Care?

Probe on HIV/AIDS services delivered by community-based home care

Probe how ART services are delivered by Community Home Based Care

Probe how nutritional services are delivered by Community Home Based Care

Probe how education is delivered by Community Home Based Care

Probe how psychosocial support are delivered by Community Home Based Care

Probe how Community Home Based Care are conducting follow-up to clients

3. What are the factors affecting HIV/AIDS services delivery by CHBC?

Probe on the availability of the service

Probe on the family support (parents, partners, relatives)

Probe on the availability of drugs

Probe on the environment for provision of services

Probe on the availability of community health workers

Probe on the number of health care providers

Probe on the myths and misconception

Probe on the confidentiality and privacy

Probe on the discrimination

Probe on the availability of trainings among community health workers

Probe on the availability of trainings among health care providers

Probe on the availability of fund

Probe on the availability of transport

Probe on the commitment and cooperation from CHWs

4. **Based on your experience what are your recommendations on areas that can be improved in providing HIV services through CHBC?**

Probe on adding more CHWS

Probe on adding Health providers

Probe transportation

Probe on providing incentive to CHWs

Appendix VI: Interview guide to district and hospital leaders

1. **Demographic characteristics**

(xi)Sex……

(xii) Age …….

(xiii) Education level…….

(xiv) Marital status……...

(xv) Working experience ……

2. **What the HIV/AIDS services delivered by Community Home Based Care?**

Probe on HIV/AIDS services delivered by community-based home care

Probe how ART services are delivered by Community Home Based Care

Probe how nutritional services are delivered by Community Home Based Care

Probe how education is delivered by Community Home Based Care

Probe how psychosocial support are delivered by Community Home Based Care

Probe how Community Home Based Care are conducting follow-up to clients

3. **What are the factors affecting HIV/AIDS services delivery by CHBC?**

Probe on the availability of the service

Probe on the family support (parents, partners, relatives)

Probe on the availability of drugs

Probe on the environment for provision of services

Probe on the availability of community health workers

Probe on the number of health care providers

Probe on the myths and misconception

Probe on the confidentiality and privacy

Probe on the discrimination

Probe on the provision of trainings to community health workers

Probe on the availability of trainings among health care providers

Probe on the availability of fund

Probe on the availability of incentives to CHWs

Probe on the adequate health care providers for CHBC

4. **Based on your experience what are your recommendations on areas that can be improved in providing HIV services through CHBC?**

Probe on adding more CHWS

Probe on adding Health providers

Probe transportation

Probe on providing incentive to CHWs

Probe on system

Kiambatanishi V: Fomu ya Ridhaa (Kiswahili)

Idhini ya kushiriki katika utafiti:

Utangulizi: Ninaitwa Mokili Sebe ni Mwanafunzi wa shahada ya uzamivu ya Afya ya Jamii (MPH) kutoka Chuo Kikuu cha Afya na Sayansi Shirikishi Muhimbili, Dar es salaam. Ningependa kuzungumza na wewe juu ya Majukumu ya wahudumu wa afya ngazi ya jamii katika utoaji wa huduma za VVU na Ukimwi wilaya ya Chake Chake.

Lengo la Utafiti: Kutathimini majukumu, nguvu na changamoto za wahudumu wa afya ngazi ya jamii katika utoaji wa huduma za VVU na Ukimwi wilaya ya Chakechake.

Usiri: Usiri mkubwa wa taarifa zako na hakuna mtu asiyeidhinishwa atakayeweza kuziona,isipokuwa timu ya utafiti tu, taarifa utakazotoa na utambulisho wako utahifadhiwa.

Madhara: Maswali kadhaa yatakayoulizwa inawezekana yasikupendeze, tegemea utafiti huu hautakuwa na madhara hasi yoyote ya kukupata, kwaajili ya ufafanuzi Zaidi haupaswi kujisikia vibaya au kusita kuuliza swali lolote.

Faida: Utafiti huu hauna faida za moja kwa moja kwako, lakini kushiriki wako katika utafiti huu unaturuhusu kupata maoni yako juu ya majukumu, nguvu na changamoto za wahudumu wa afya ngazi ya jamii katika utoaji wa huduma za VVU na Ukimwi katika wilaya ya Chakechake.

Mawasiliano: Kama utahitaji ufafanuzi zaidi juu ya utafiti huu usisite kuwasiliana **Dr. Nahya Salim,** ambaye ni mwenyekiti wa kamati ya utafiti na Machapisho, S.L.P 65001,chuo kikuu cha Afya na Sayansi shirikishi,Muhimbili S.L.P 65001 Dar es salaam au namba +255-022-2152489, Fax +255-022-2152489, barua pepe; drp.muhas.ac.tz.

Makubaliano:

Je! Unakubali?

Ndio ☐ Hapana ☐ (weka vema kwenye jibu sahihi)

Mimi ……. nimesoma na kuelewa yaliyomo katika fomu hii. Maswali yangu yamejibiwa. Ninakubali kushiriki katika utafiti huu.

Saini ya mshiriki……. Tarehe……

Saini ya mtafiti ……. Tarehe …….

Kiambatanishi VI: Dodoso kwa wagonjwa

Sehemu A: Sababu binafsi za wagonjwa wa ukimwi zinazohusiana na upokaji wa huduma za VVU na ukimwi katika ngazi ya jamii.

Tafadhali weka alama tick ☑ kwenye jibu lifaalo katika kisanduku hapa chini.

1. Una umri gani?

☐ Umri wa miaka 15-24

☐ Umri wa miaka 25-34

☐ Umri wa miaka 35-44

☐ Umri wa miaka 45 na zaidi

2. Jinsia yako ni?

☐ Mwanaume

☐ Mwanamke

3. Kiwango chako cha juu cha elimu ni kipi?

☐ Elimu ya msingi

☐ Elimu ya sekondari

☐ Elimu ya chuo cha kati.

☐ Elimu ya chuo kikuu

4.Ni ipi hali yako ya ndoa ?

☐ Umeoa/kuolwa

☐ Hujaoa/kuolewa

☐ Mtalaka

☐ Mgane/mjane

5.Unaishi wapi ?

☐ Kijijini

☐ Mjini

6. Kazi yako ni nini?

☐ Mwanafunzi

☐ Mstaafu

☐ Wasio na kazi

☐ Kazi binafsi/Mjasiriamali

☐ Mfanyakazi wa serikali

☐ Mfanyakazi wa sekta binafsi

7. Je, mapato yako ya mwaka ni nini?

☐ Chini ya Tsh 500,000

☐ Tsh 500,001 – Tsh 900,000

☐ Tsh 900,001 - Tsh 5,000,000.

☐ Tsh 5,000,001 na zaidi

Kiambatanisho VII: Dodoso kwa Wagonjwa

1. **Taarifa binafsi**
   (i) Jinsia…….
   (ii) Umri…….
   (iii)Kiwango cha elimu……
   (iv)Hali ya ndoa …….
   (v) Dini …….
2. **Je huduma za VVU na ukimwi katika ngazi ya jamii zinatolewaje?**
   Dadisi juu ya huduma za VVU na ukimwi zinazotolewa katika ngazi ya jamii
   Dadisi jinsi huduma ya dawa za ART zinavyotolewa katika katika ngazi ya jamii
   Dadisi jinsi huduma ya lishe inavyotolewa katika ngazi ya jamii
   Dadisi jinsi elimu inavyotolewa katika ngazi ya jamii
   Dadisi jinsi msaada wa kisaikolojia unavyotolewa katika ngazi ya jamii
   Dadisi jinsi ufatiliaji unavyofanyika katika ngazi ya jamii
3. **Ni zipi sababu zinazoathiri utoaji wa huduma za VVU na ukimwi katika ngazi ya jamii?**
   Dadisi juu ya upatikanaji wa huduma
   Dadisi juu ya msaada kutoka kwa famailia (wazazi, mwenza na ndugu)
   Dadisi juu ya upatikanaji wa dawa
   Dadisi juu ya mazingira ya utoaji wa huduma
   Dadisi juu uwepo wa watoa huduma ngazi ya jamii
   Dadisi juu ya mila potofu ana mitazamo katika jamii
   Dadisi juu ya usiri
   Dadisi juu ya unyanyapaaji
   Dadisi juu ya maswala ya kijamii

4. **Kwa uzoefu wako nini kifanyike ili kuboresha huduma za VVU na ukimwi katika ngazi ya jamii?**

   Dadisi kuongeza idadi ya watoa huduma za jamii

   Dadisi juu ya kuongeza idadi ya watoa huduma za afya

   Dadisi kuhusu usafiri

   Dadisi kuhusu motisha kwa watoa huduma katika ngazi ya jamii

   Dadisi kuhusu mfumo wa utoaji huduma za VVU na Ukimwi ngazi ya jamii

Kiambatanisho VIII: Dodoso kwa Watoa Huduma ya Afya ngazi ya Jamii

1. **Taarifa binafsi**
   (i) Jinsia…….
   (ii) Umri…….
   (iii)Kiwango cha elimu……
   (iv)Hali ya ndoa ……..
   (v) Dini ……..
2. **Je huduma za VVU na ukimwi katika ngazi ya jamii zinatolewaje?**
   Dadisi juu ya huduma za VVU na ukimwi zinazotolewa katika ngazi ya jamii
   Dadisi jinsi huduma ya dawa za ART zinavyotolewa katika katika ngazi ya jamii
   Dadisi jinsi huduma ya lishe inavyotolewa katika ngazi ya jamii
   Dadisi jinsi elimu inavyotolewa katika ngazi ya jamii
   Dadisi jinsi msaada wa kisaikolojia unavyotolewa katika ngazi ya jamii
   Dadisi jinsi ufatiliaji unavyofanyika katika ngazi ya jamii

3. **Je ni sababu zinazoathiri utoaji wa huduma za VVU na ukimwi katika ngazi ya jamii?**
   Dadisi juu ya upatikanaji wa huduma
   Dadisi juu ya msaada kutoka kwa famailia (wazazi, mwenza na ndugu)
   Dadisi juu ya upatikanaji wa dawa
   Dadisi juu ya mazingira ya utoaji wa huduma
   Dadisi juu uwepo wa watoa huduma ngazi ya jamii
   Dadisi juu ya mila potofu ana mitazamo katika jamii
   Dadisi juu ya usiri
   Dadisi juu ya unyanyapaaji
   Dadisi juu ya uwepo wa mafunzo wa watoa huduma ya afya ngazi ya jamii

4. **Kwa uzoefu wako nini kifanyike ili kuboresha huduma VVU na ukimwi katika ngazi ya jamii?**

   Dadisi kuongeza idadi ya watoa huduma za jamii

   Dadisi juu ya kuongeza idadi ya watoa huduma za afya

   Dadisi kuhusu usafiri

   Dadisi kuhusu motisha kwa watoa huduma katika ngazi ya jamii

   Dadisi kuhusu mfumo wa utaaji huduma za VVU na Ukimwi ngazi ya jamii

Kiambatanisho IX: Dodoso kwa watoa huduma ya afya Hospitali Chake Chake

1. **Taarifa binafsi**

(i) Jinsia……
.

(ii) Umri…….....
....

(iii) Kiwango cha elimu……

(iv) Hali ya ndoa ……..

(v) Dini……..

2. **Je huduma za VVU na ukimwi katika ngazi ya jamii zinatolewaje?**

Dadisi juu ya huduma za VVU na ukimwi zinazotolewa katika ngazi ya jamii

Dadisi jinsi huduma ya dawa za ART zinavyotolewa katika katika ngazi ya jamii

Dadisi jinsi huduma ya lishe inavyotolewa katika ngazi ya jamii

Dadisi jinsi elimu inavyotolewa katika ngazi ya jamii

Dadisi jinsi msaada wa kisaikolojia unavyotolewa katika ngazi ya jamii

Dadisi jinsi ufatiliaji unavyofanyika katika ngazi ya jamii

3. **Je ni sababu zinazoathiri utoaji wa huduma za VVU na ukimwi katika ngazi ya jamii?**

Dadisi juu ya upatikanaji wa huduma

Dadisi juu ya msaada kutoka kwa famailia (wazazi, mwenza na ndugu)

Dadisi juu ya upatikanaji wa dawa

Dadisi juu ya mazingira ya utoaji wa huduma

Dadisi juu uwepo wa watoa huduma ngazi ya jamii

Dadisi juu ya mila potofu ana mitazamo katika jamii

Dadisi juu ya usiri

Dadisi juu ya unyanyapaaji

Dadisi juu ya uwepo wa mafunzo wa watoa huduma za afya ngazi ya jamii

4. **Kwa uzoefu wako nini kifanyike ili kuboresha huduma za VVU na ukimwi katika ngazi ya jamii?**

   Dadisi kuongeza idadi ya watoa huduma za jamii

   Dadisi juu ya kuongeza idadi ya watoa huduma za afya

   Dadisi kuhusu usafiri

   Dadisi kuhusu motisha kwa watoa huduma katika ngazi ya jamii

   Dadisi kuhusu mfumo wa utoaji huduma ya VVU na Ukimwi ngazi ya jamii

Kiambatanisho IX: Dodoso kwa Viongozi wa Wilaya na Hospitali

1. **Taarifa binafsi**

(i) Jinsia……
.

(ii) Umri…….

(iii) Kiwango cha elimu……

(iv) Hali ya ndoa ……..

(v) Dini……

2. **Je huduma za VVU na ukimwi katika ngazi ya jamii zinatolewaje?**

Dadisi juu ya huduma za VVU na ukimwi zinazotolewa katika ngazi ya jamii

Dadisi jinsi huduma ya dawa za ART zinavyotolewa katika katika ngazi ya jamii

Dadisi jinsi huduma ya lishe inavyotolewa katika ngazi ya jamii

Dadisi jinsi elimu inavyotolewa katika ngazi ya jamii

Dadisi jinsi msaada wa kisaikolojia unavyotolewa katika ngazi ya jamii

Dadisi jinsi ufatiliaji unavyofanyika katika ngazi ya jamii

3. **Je ni sababu zinazoathiri utoaji wa huduma za VVU na ukimwi katika ngazi ya jamii?**

Dadisi juu ya upatikanaji wa huduma

Dadisi juu ya msaada kutoka kwa famailia (wazazi, mwenza na ndugu)

Dadisi juu ya upatikanaji wa dawa

Dadisi juu ya mazingira ya utoaji wa huduma

Dadisi juu uwepo wa watoa huduma ngazi ya jamii

Dadisi juu ya mila potofu ana mitazamo katika jamii

Dadisi juu ya usiri

Dadisi juu ya unyanyapaaji

Dadisi juu ya uwepo wa mafunzo wa watoa huduma ya afya ngazi ya jamii

4. **Kwa uzoefu wako nini kifanyike ili kuboresha huduma za VVU na ukimwi katika ngazi ya jamii?**

   Dadisi kuongeza idadi ya watoa huduma za jamii

   Dadisi juu ya kuongeza idadi ya watoa huduma za afya

   Dadisi kuhusu usafiri

   Dadisi kuhusu motisha kwa watoa huduma katika ngazi ya jamii

   Dadisi kuhusu mfumo wa utoaji huduma za VVU na Ukimwi ngazi ya jamii

Appendix X: Ethical Clearance Letter

UNITED REPUBLIC OF TANZANIA

MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

OFFICE OF THE DIRECTOR – RESEARCH, PUBLICATIONS AND INNOVATION

Ref. No.DA.282/298/01.C/2183 Date: 25/03/2024

MUHAS-REC-03-2024-2183
MOKILI SEBE MAGWE
SCHOOL OF PUBLIC HEALTH AND SOCIAL SCIENCES, MUHAS.

RE: APPROVAL FOR ETHICAL CLEARANCE FOR A STUDY TITLED: THE ROLE OF COMMUNITY HOME BASED CARE IN DELIVERY OF HIV/AIDS SERVICES IN CHAKE CHAKE DISTRICT.

Reference is made to the above heading.

I am pleased to inform you that the Chairman has on behalf of the University Senate, approved ethical clearance of the above-mentioned study, on recommendations of the Senate Research and Publications Committee meeting accordance with MUHAS research policy and Tanzania regulations governing human and animal subjects research.

APPROVAL DATE: 25/03/2024
EXPIRATION DATE OF APPROVAL: 25/03/2025

STUDY DESCRIPTION:
Purpose:

The purpose of this study is to determine the role of community home based care in Delivery of HIV / AIDS services in Chake Chake District.

The approved protocol and procedures for this study is attached and stamped with this letter, and can be found in the link provided: https://irb.muhas.ac.tz/storage/Certificates/Certificate%20-%2015316.pdf and in the MUHAS archives.

The PI is required to:

1. Submit bi-annual progress reports and final report upon completion of the study.
2. Report to the IRB any unanticipated problem involving risks to subjects or others including adverse events where applicable.
3. Apply for renewal of approval of ethical clearance one (1) month prior its expiration if the study is not completed at the end of this ethical approval. You may not continue with any research activity beyond the expiration date without the approval of the IRB. Failure to receive approval for continuation before the expiration date will result in automatic termination of the approval for this study on the expiration date.
4. Obtain IRB amendment (s) approval for any changes to any aspect of this study before they can be implemented.
5. Data security is ultimately the responsibility of the investigator.
6. Apply for and obtain data transfer agreement (DTA) from NIMR if data will be transferred to a foreign country.
7. Apply for and obtain material transfer agreement (MTA) from NIMR, if research materials (samples) will be shipped to a foreign country,
8. Any researcher, who contraveries or fail to comply with these conditions, shall be guilty of an offence and shall be liable on conviction to a fine as per NIMR Act No. 23 of 1979, PART III section 10 (2)
9. The PI is required to ensure that the findings of the study are disseminated to relevant stake holders.
10. PI is required to be versed with necessary laws and regulatory policies that govern research in Tanzania. Some guidance is available on our website https://drp.muhas.ac.tz/.

Dr. Nahya S. Masoud

For Chairperson, MUHAS Research and Ethics Committee

University of Health and Allied Sciences
DIRECTOR
Research & Publications
Box 65001

REVOLUTIONARY GOVERNMENT
OF ZANZIBAR

Ref: NO. ZAHREC/02/ST/APR/2024/92 15th April, 2024

Mokili Sebe Magwe,
Student Researcher,
MUHAS.

RE: ETHICAL CLEARANCE FOR CONDUCTING HEALTH RESEARCH IN ZANZIBAR

This is to certify that the research protocol titled "**The Role of Community Home Based Care in Delivery of Hiv/Aids Services in Chake Chake District.**" was received and reviewed on the 11th of March, 2024.

We would like to inform you that your proposal has been "**Approved**" for implementation.

Sites of Research: Chake Chake Pemba

The Principal Investigator has to:

i. Submit your progress report and a final report upon completion of Research.
ii. Seek permission for Publication of results from ZAHREC.
iii. Submit Copies of the final Publications to ZAHREC.
iv. Seek approval for any changes made to the approved protocol prior to their implementation

Any researcher who deviates or fails to comply with these conditions shall be guilty of an offence and shall be liable **Six months: 15/04/2024 - 14/10/2024**

Thanks in advance.

ZANZIBAR HEALTH RESEARCH INSTITUTE
23 APR 2024
P.O. Box 216, ZANZIBAR

Bernard F. Mfuta,
ACTING CHAIR- HRCC,
ZANZIBAR HEALTH RESEARCH INSTITUTE,
BINGUNI,
ZANZIBAR.

Ahmed S. Mohamed,
DIRECTOR GENERAL,
MINISTRY OF HEALTH,
ZANZIBAR.

Appendix XI: Introduction letter

UNITED REPUBLIC OF TANZANIA
MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR – POSTGRADUATE STUDIES

In reply quote;
Ref. No. HD/MUH/T.770/2020

27th March, 2024

The District Commissioner,
P.O BOX 200,
Chake Chake,
PEMBA.

RE: INTRODUCTION LETTER OF MOKILI SEBE MAGWE.

We would like to inform you that the carrier of this letter is Mokili Sebe Magwe with registration number HD/MUH/T.770/2020 a student in the School of Public Health and Social Sciences at Muhimbili University of Health and Allied Science (MUHAS), pursuing Master in Public Health.

As part of his studies, he will be doing a research titled **"THE ROLE OF COMMUNITY HOME BASED CARE IN DELIVERY OF HIV/AIDS SERVICES IN CHAKE CHAKE DISTRICT".**

The Ethical Clearance for doing the said research has been given by the University.

Kindly request your assistance and cooperation to our student.

Yours Sincerely,

Ms. Victoria Mwanilwa
For: DIRECTOR, POSTGRADUATE STUDIES

cc: Mokili Sebe Magwe

9 United Nations Road; Upanga West; P.O. Box 65001, Dar Es Salaam; Tel. G/Line: +255-22-2150302/6; Ext. 1015; Direct Line:+255-22-2151378;Telefax:+255-22-2150465;E-mail:dpgs@muhas.ac.tz;Web:https://www.muhas.ac.tz

Appendix XII: Ruhusa ya kufanya utafiti



SERIKALI YA MAPINDUZI YA ZANZIBAR
AFISI YA MAKAMU WA PILI WA RAIS,

22279 Barabara ya Vuga,
Vuga, S.L.P. 239,
70460 Mjini Magharibi, Zanzibar

Tovuti : www.ompr.go.tz
Barua pepe : info@ompr.go.tz

CA.33/411/01-L/05 09/04/2024.

MHESHIMIWA,
MKUU WA WILAYA
WILAYA YA CHAKCHAKE,
PEMBA,

KUH: RUHUSA YA KUFANYA UTAFITI

Kwa heshima, naomba uhusike no mada ya hapo juu.

Serikali ya Mapinduzi ya Zanzibar imemruhusu **Ndg. Mokili Sebe Magwe** mwanafunzi kutoka **Chuo cha Kikuu cha Afya na Sayansi Shirikishi Muhimbili** anaesomea **Shahada ya Uzamili** katika fani ya **Afya ya Jamii** kufanya utafiti katika maeneo inayohusiana na **"The Role of Community Home Based Care in Delivery on HIV/AIDS Services in Chakechake Districts"**. Utafiti huo utafanyika katika baadhi ya Shehia zilizomo ndani ya Wilaya yako kuanzia tarehe **08/04/2024** mpaka **07/07/2024**. Tunaomba asaidiwe ili aweze kukamilisha utafiti huo.

Kwa nakala ya barua hii mara baada ya kumaliza utafiti, mtafiti anatakiwa kuwasilisha nakala (copy) 3 za ripoti ya utafiti huo, Afisi ya Makamu wa Pili wa Rais - Zanzibar.

Naambatanisha na kivuli cha kitabali cha kufanyia utafiti.

Wako mtiifu,

Kombo

GHARIB H. KOMBO,
/KATIBU MKUU,
AFISI YA MAKAMU WA PILI WA RAIS,
ZANZIBAR.

NAKALA: 1. Ndg. Mokili Sebe Magwe (0712 515100).
2. Mratibu wa Shughuli za Serikalio Wilaya ya Chakechake, Pemba



SERIKALI YA MAPINDUZI YA ZANZIBAR
OFISI YA RAIS TAWALA ZA MIKOA SERIKALI ZA MITAA NA
IDARA MAALUM ZA SMZ.

S.L.P.200
TE.NO:024-52021
FAX: 024-52021

OFISI YA MKUU WA WILAYA,
CHAKE CHAKE,
PEMBA.

WCH. 2/6/VOL.16/...197

TAREHE: 20/05/2024.

SHEHA WA SHEHIA YA
..... CHAKE CHAKE.

PEMBA.

YAH: RUHUSA YA KUFANYA UTAFITI
ND, MOKILI SEBE MAGWE.

Kwa heshima naomba uhusike na mada ya hapo juu.

Ndg. **MOKILI SEBE MAGWE** ra mwanafunzi kutoka **Chuo cha Kikuu cha Afya na Sayansi Shirikishi Muhimbili** anasomea **Shahada ya Uzamili** katika fani ya **Afya ya Jamii** amerihusiwa kufanya utafiti katika mada inayohusiana na **"The Role of Community Home Based Care in Delivery on HIV/AIDS Services in Chake Chake Districts".** Utafiti huo utafanyika ndani ya shehia yako kuanzia tarehe 08/04/2024 mpaka tarehe 07/07/2024.

Naomba umpokee na umpe mashirikiano ili aweze kukamilisha utafiti huo kwa wakati.

Nategemea mashirikino yako mema.

Ahsante.

29 MAY 2024

(...Ormani...)
Kny: MKUU WA WILAYA,CHAKE CHAKE.
PEMBA

Nakla:- Mokili Sebe Magwe.



SERIKALI YA MAPINDUZI YA ZANZIBAR
OFISI YA RAIS TAWALA ZA MIKOA SERIKALI ZA MITAA NA
IDARA MAALUM ZA SMZ.

S.L.P.200
TE.NO:024-52021
FAX: 024-52021

OFISI YA MKUU WA WILAYA,
CHAKE CHAKE,
PEMBA.

WCH. 230/VOL.16/47

TAREHE: 20/05/2024

SHEHA WA SHEHIA YA KWA MKUU MAKUSUDI
CHAKE CHAKE.

PEMBA.

YAH: RUHUSA YA KUFANYA UTAFITI
NDG. MOKILI SEBE MAGWE.

Kwa barua hii mnaombwa mlinzike na msaada ya hapo juu.

Ndg. MOKILI SEBE MAGWE ni mwanafunzi kutoka **Chuo cha Kikuu cha Afya na Sayansi Shirikishi Muhimbili** anaesoma **Shahada ya Uzamili** katika fani **ya Afya ya Jamii** anaendesha/ana kufanya utafiti katika mada inayohusiana na **"The Role of Community Home Based Care in Delivery on HIV/AIDS Services in Chake Chake Districts".** Utafiti huo unafanyika ndani ya shehia yako kuanzia tarehe 08/04/2024 mpaka tarehe 07/07/2024.

Naomba ampokee na umpe mashirikiano ili aweze kukamilisha utafiti huo kwa wakati.

Nategemea mtashirikiana yako mema.

Ahsante.

Wako mtiifu,

20 MAY 2024

(Sulaiman Hamad Suleiman)
Kny : MKUU WA WILAYA CHAKE CHAKE.

Nakala : Mokili Sebe Magwe.