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Research Title: The perceived role of Community Health Workers (CHW) in Voluntary Medical Male Circumcision (VMMC) demand creation

A research report submitted in partial fulfilment of the requirement for the award of the degree of Master of Public Health

Faculty of Health Sciences
University of the Witwatersrand
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Declaration

This work has not been previously submitted in whole, or in part, for the award of any degree. It is my own work. Each significant contribution to, and quotation in, this dissertation from the work, or works, of other people has been attributed, and has been cited and referenced.

Signature: 

Date***: 4 June 2019***

Abstract

Background: South Africa is home to the largest population of PLHIV globally. Biomedical interventions such as the WHO and UNAIDS endorsed voluntary medical male circumcision (VMMC) are instrumental in strategies to prevent new infections and contain current rates. However, the nation has consistently failed to reach VMMC targets, in large part due to challenges in creating demand for the procedure. With community health workers (CHWs) at the centre of demand creation initiatives, literature surrounding CHWs roles within their contextual programmes and structures is pertinent. While studies have examined expert and management insight onto CHWs within disease prevention and primary health care support programmes, research on CHW in VMMC is limited, particularly the voices of CHWs themselves. Findings from this study contribute to said gaps by comparing managerial and CHW perceptions of their roles within VMMC programming.

Aim: This study aimed to describe the perceptions of both CHWs and key management staff at one VMMC implementing agency on CHW roles, enabling and hindering factors and impact during the period of June-July 2018.

Methods: A cross sectional qualitative research study design was employed through conducting IDIs with CHWs (a.k.a. recruiters) from two VMMC clinical sites in Gauteng and key management from head office. Interviews were recorded, transcribed and coded to enable thematic content analysis of both inductive and deductive codes. Ethical consideration was taken throughout all stages of research.

Results: A total of 13 IDIs were conducted with nine recruiters and four key informants employed by the VMMC implementing agency. All participants described the role of recruiters as canvassing the community through outreach activities to enlist patients for the procedure. This role was described as essential in improving overall health status of the community, while also achieving organisational goals. Central factors were described as organisational technical support and emotional incentives as well as motivations provided by the organisation. Community factors that enabled or inhibited their role consisted of the level of belonging and integration recruiters experienced within the community context. Recruiter motivation was a point of contrasting perceptions between the two study samples which resulted in a heightened importance being placed on the relationships recruiters have with higher management.

Conclusion: Study findings have shown roles of recruiters mirror those of CHWs deployed for PHC system support, as do their support need levels. Key factors for success of CHW programmes are concurrent literature however this study shows the influence of organisational relationships over evidenced-based approaches to programme design resulting in insufficient support provision. Thus, enhanced integration of single-scoped CHWs in government support systems is needed to enhance support and the use of evidence-based participatory approaches are recommended.

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Acronyms

CHW	*Community Health Worker*
DOH	*Department of Health*
HIV	*Human Immunodeficiency Virus*
HREC	*Human Research Ethics Committee*
HRH	*Human Resources for Health*
HTS	*HIV Testing Services*
IDI	*In-depth Interview*
KII	*Key Informant Interview*
KPA	*Key Performance Areas*
LMIC	*Low to Middle Income Countries*
MDG	*Millennium Development Goals*
MCH	*Maternal and Child Health*
PHC	*Primary Health Care*
PI	*Primary Investigator*
PLHIV	*People Living with HIV*
SBCC	*Social and Behaviour Change Communication*
SDG	*Social Development Goals*
UNAIDS	*United Nations Programme of HIV and AIDS*
USAID	*United States Agency for International Development*
VMMC	*Voluntary Medical Male Circumcision*
WASH	*Water and Sanitation Hygiene*
WHO	*World Health Organisation*
WBOT	*Ward-based Outreach Teams*

1 Introduction and Literature Review

1.1 Background

South Africa has the largest number of people living with HIV (PLHIV) globally (1). This constitutes 6.8 million people, approximately 13% of the national population (1) with a 16.6% prevalence rate in the most at risk age group of 15-49 (2). Motivated by evidence that Voluntary Medical Male Circumcision (VMMC) can reduce risk of male infection with HIV by 60% (3), the World Health Organisation (WHO) and United Nations Programme for HIV/AIDS (UNAIDS) presented VMMC as a global HIV/AIDS prevention approach in 2008 (4). The joint-agency initiative identified thirteen priority nations in Eastern and Southern Africa, including South Africa, for VMMC scale-up. The aim was to avert up to four million new infections by 2015 through the overall circumcision coverage target of 80% (5). As of 2015, South Africa had reached 43% of the allocated national target or 1.8 out of 4.3 million targeted circumcisions (1).

VMMC scale-up challenges that resulted in failure of target achievement include: funding constraints, low levels of service delivery capacity and insufficient VMMC demand (6). While all factors are essential, this study explored demand creation. Challenges in VMMC demand creation have been identified as the inconvenience of surgery on a healthy male, lack of community acceptance of the newly reported benefits of VMMC and lack of standardization of demand creation approaches (6). A core demand creation strategy revolves around the concept of community engagement (6), the pertinence of which is emphasized in the Social Development Goals (SGDs) and Alma Ata Declaration (6, 7).

Community Health Workers (CHWs) have emerged as an essential cadre in strengthening the primary healthcare (PHC) system on a whole (8) responding to, in part, the human resources for health (HRH) crisis (8). CHW programmes have been found to strengthen service delivery, uptake of services, filling gaps in said HRH crisis as well as information and education dissemination (8). As of 2008, the South African government has engaged CHWs as part of the Ward Based Outreach Teams (WBOTs) to strengthen the PHC system through increased PHC access nationally (9). Despite overlapping roles (8, 9), these ward-based CHWs are distinct from

those employed in single-scoped CHW programmes established with the principle aim of increasing VMMC service uptake (6) in that single-scoped programmes only address a single issue. This research examined a single-scoped VMMC programme employing CHWs and fills a literature gap on the role of CHWs in relation to their overall contribution to VMMC demand creation (6).

1.2 Problem Statement

VMMC scale up and uptake targets in South Africa have not been met: reaching only 43% (1). One core challenge in reaching said targets is insufficient demand creation success, in which CHWs are expected to play a pivotal role (6). While research and assessments on CHW programmes had been conducted, there remained significant information gaps highlighting CHW's perception on their role(s), factors of success, motivators and efficacy in VMMC demand creation (6). These gaps limit the potential for optimizing the development and management of said CHW programmes hence, limiting the sustainable impact they are intended to make.

1.3 Justification of Research

The literature assesses CHW motivations and influencers within the context of disease prevention and strengthening the PHC system (10). Such literature is considerably limited within the context of VMMC demand creation (6). Approaches to demand creation as a whole have historically lacked coordination and have not been evidence based (6). Through exploration of the perceptions of CHW and comparing these to those of implementing agencies in a single setting, this study sought to further inform initiatives to develop coordinated and evidence-based approach to VMMC demand creation. In addition, further analysis of points of similarity and contradiction between the perspectives of the implementing agency's management staff and those of the CHWs themselves were explored to provide insight on the design and management of CHW programmes in VMMC. Finally, this study enabled reflection on the comparison of CHWs within single-scoped programmes, such as VMMC, as an approach for demand creation and CHWs within government programmes responsible for a wider array of health and social issues.

1.4 Literature Review

While there is abundant literature on HIV/AIDS and VMMC as a prevention method, the information gaps on CHW programmes are extensive, even more so with regards to literature on CHW programmes in VMMC demand creation. Evidence-based research on CHW programmes has been conducted and published with regards to CHW programme origins (11), impact and outcome evaluations (11-13) as well as program management and implementation models (8, 14). While what has been published often articulates some insight into CHW motivations and cognitive individual factors towards efficacy (10, 15), this literature rarely represents the perceptions of the CHWs (16), but rather that of the programme manager, implementing agency and/or donor.

1.4.1 CHW Definitions and Origins

CHWs, or auxiliary health care providers that have been trained to some extent on an intervention and are lacking in tertiary education (11, 13), have been reported on as early as the 1950s in China as the *Barefoot Doctors*. They are often selected from the communities they serve, are answerable to the community they serve and are trained to respond to health or social needs of said communities(11). While the presence of CHW programmes declined to some extent during the global economic recession of the 1980s (11), they re-emerged, in part, due the emphasis of the MDGs, SDGs and Alma Ata Declaration on community engagement in health promotion (6, 7). To reinforce this, the current human resources for health (HRH) crisis has created newfound interest in CHW programmes to strengthen the capacity of the PHC system in low to middle income countries (LMICs) (8). CHW roles have shifted through the time, exchanging between social-change agents to more technical health provision and promotion roles (11).

1.4.2 Real and Perceived Roles of CHWs

Throughout the history of CHW programmes, the various roles of CHW have evolved and have often been vague. CHW roles can either be disease/programme-specific or they can be broader, consisting of multiple types of interventions and employing generalist CHWs responsible for a number of social and health interventions (11, 17).

Currently, public health agencies and organisations have engaged CHW programmes in two overarching roles: to increase community engagement and to strengthen the PHC system in response to the increasing HRH crisis in LMICs; this can also be seen as patient support and health system support (13). With regards to patient support, they have provided preventative and promotive care such as counselling, home-based care, adherence, and health education (8, 13, 18). The role they play in strengthening the PHC system includes screening services, referrals as well as surveillance in some instances (13). In addition, the WHO specifically recommends the promotion of service uptake as a critical task of CHWs (19). VMMC is one such service.

Health interventions that have utilized programme-specific CHW programmes include but are not limited to: Maternal and Child Health (MCH), Family Planning (FP), HIV/TB, Immunizations, Respiratory Infections, Water and Sanitation Hygiene (WASH) programmes, substance abuse, nutrition (20) as well as data collection in times of health crises (11, 17). In South Africa's push to increase access to PHC, CHWs in WBOTs have been performing tasks such as outreach activities, door-to-door visits, data collection, educational health promotion and facilitating trainings (20). These CHWs are also tasked with addressing social determinants of health, such as increasing access to social services and supporting income generating initiatives (20).

While literature is limited with regards to CHW perceptions of their roles, there are a few existing studies (16, 20-23). A study based in Haiti, Mexico, Peru and the USA on four HIV-care programmes found that CHWs perceived their role to be important in creating access to HIV Care and Treatment (16). Their perceptions of themselves ranged from being "rural peasants" and similar to the community they serve to being superior to community members with respect to both education and socio-economic status (16). They felt their impact on access and uptake of services was attributed to the fact that they provided encouragement, enhanced information on disease and that they built up community trust in the health facilities (16). CHWs saw themselves as friends to whom they counselled, a source psychological support, community representatives and a bridge between the community and health facilities (16).

A study based in rural South Africa exploring the self-reported CHW roles towards the community, placed CHWs in the categories of Identity Theory, finding an intricate mix of *insider*, *outsider* and *broker* (21). While, in many instances, CHWs identified with all three roles simultaneously, the roles are characterised distinctively. Those who described identifying as community *insiders* saw themselves as belonging, being embedded and proactive components of community structures (21). *Outsiders* reported on the challenges faced with a sense of mistrust from the community and the importance of maintaining community member confidence. Some felt that they were seen by the community as spies for the government or at times simply as professionals conducting duties as an outside party (21). The theme of mistrust from the community was also found in a Master's research study on traumatic experiences faced by ward-based CHWs (23). While this cadre of CHW is in fact distinct from those working in single-scoped CHW programmes, the social context they work in is parallel. This sense of mistrust was seen to be ameliorated over time once CHWs were accepted in the community (23). Those that identified as *brokers* emphasized a lack of resources and a lack of support from organisations in provision of the resources needed to support the community. Other saw themselves as brokers or referral partners to PHC services (21). One common theme was found with regards to altruistic tendencies being a large factor characterising the motivations to becoming or being a CHW (21, 23).

1.4.3 Enabling Factors and Barriers

There have been various articles indicating general motivations, enablers and limiting factors that affect CHWs ability to effectively perform their roles (10, 11, 13-15, 18, 20, 24-26). Much of the literature highlights that CHW motivations are both monetary and non-monetary in nature. Financial factors include salary or other forms of remuneration and financial investment such as the opportunity of future paid opportunities and investment in the required equipment to carry out their roles (20, 26). CHWs need for financial stability has been documented in terms of salary, future opportunity for higher paid positions and investment into training and the required equipment to carry out their roles (13, 15, 18, 20). Additionally, the non-financial incentives of respect, recognition, skill acquisition, support, personal growth, sense of accomplishment, as well as clear scopes of work have been cited as enabling and motivating factors at the individual level (11, 15, 18, 20, 26). Aforementioned factors, are mostly cited on the programmatic level

and are not specific to VMMC, however it can be inferred that they may be impactful on the individual and in the context of health promotion through behaviour change programmes (10, 11).

Literature broadly highlights the importance of financial investment into CHWs and the programmes they operate in. In studies based in a global context (15), Sub-Saharan Africa (13) and in South Africa specifically (18, 20) it was found that the impact of the programmes was greatest where the overall investment into the programmes were highest. Financial investment into higher salaries, extensive and continuous training as well as supervision and mentoring personnel noted to be success factors of the programmes (13, 18). Furthermore, there are often varying types of CHW contract statuses within a single CHW programmes (i.e. volunteer, part time and full time), resulting in differing remuneration schemes (15). These divisions often lead to disincentives of certain CHWs making less than their full-time counterparts (15). Unreliable payment schedules further exasperate the resulting demotivation (15).

Non-financial factors are seen to equally contribute to the enabling factors and barriers of CHW programme success. These are strongly rooted in job satisfaction stemming from clearly defined and manageable roles, positive working relationships, capacity building and support provided to CHWs (10, 13, 15, 20). Findings from a KwaZulu-Natal- based study (20) noted self-reported CHW identity, wellbeing and job satisfaction to be crucial in the success of CHW programmes. Those that had negative job satisfaction responses associated this dissatisfaction with "emotional exhaustion" stemming from inadequate supervision and counselling for the dangerous situation they face in the communities as well as the financial factors of inadequate remuneration and further opportunities. The notion of heavy work-loads burdening CHWs is supported by multiple other studies (10, 15, 18), indicating that generic CHWs in a system such the South Africa WBOT structure have broad scopes of work often beyond the capacity of any one individual (18).

In many instances, CHW-reported community understanding of CHW roles was a vital factor to programmatic success (10, 15, 20, 25). CHWs responded that community members' (mis)perceptions of CHW roles limited their ability to perform their duties such as the belief that

CHWs were in fact medical practioners or social workers resulting in further exasperation of their work-loads. On the other hand, CHWs were, at times, faced with mistrust and resentment from the community due to the belief that their roles were not impactful to truly support community needs (20). The lack of respect from the community has been seen to demotivate CHWs and in some cases; the community playing a role in their recruitment has addressed this challenge (13, 15). Additionally, further integration within the PHC system has provided the community-recognized backing of health facilities and local governance structures that enhance trust in the CHWs (13, 15)

With regards to the CHWs own understanding of their roles, it was reported that none of the CHWs in two WBOTs in KwaZulu-Natal were able to entirely identify all the roles they were tasked with, indicating their own lack of understanding (20). This lack of understanding may be, in part, a result of the reported inadequate training, supervision, support, feedback and reporting structures (20), programme components deemed as crucial for successful CHW programmes (10, 15, 18, 20, 25). Pertaining to the issue of adequate training, despite the fact that literature heavily portrays a largely underequipped South African CHW cadre (24), the study of the WBOT team in South Africa (20) found that over 90% of respondents felt their 5-10 day training session was adequate to perform their jobs (20). That being said, when asked specific questions about their training content, only seven percent were able to answer accurately. The issue of training is especially vital when considering the recognized disincentive of lack of further career opportunities (15, 26).

South African based CHW studies (18, 20) speak to organisational CHW support systems through supervision and feedback structures. Of the successful programmes, these components were reported by CHWs to be valuable and effective mechanisms. Where working relationships with supervisors were positive, CHWs received adequate support in their work resulting in a better understanding of their roles and how to improve their work. This support was also seen as a platform to emotionally work through and find practical solutions to overcome some difficult experiences from the field (18, 20). Supervision was seen to be less effective when the supervisor held dual roles at the organisation and was unable to adequately support their CHW teams (18). International literature supports this with the findings that high levels of support

often result in CHWs perceiving respect from their teams and being more involved in the decision-making processes (13, 15, 20).

1.4.4 Overall Impact of CHW Programmes

While the outcome evaluations of CHW programmes have been positive, there are various challenges that have been stressed (8). Multiple articles discuss programmatic level challenges. The articles strongly emphasize the limitation of little to no evidence-based standardization to development and implementation of programmes as well as unsustainability and high attrition rates (8, 11, 14). CHW programmes tend to be unsustainable at scale when there is poor planning, vague and/or extensive CHW scopes of work, lack of community and health system buy-in, resource scarcity, inadequate trainings, low incentives to the CHWs and poor supervision (10, 11, 18, 27).

With this in mind, a logic model (Figure 1) was proposed in an article to provide a means of creating a more enabling work environment for CHWs (14). The CHW Logic Model proposes a means of developing and implementing CHW programmes at the centre of and supported by both the community and health systems. It aims to create a more equitable and community centred health system (14). The logic model, along with other literature, stipulates that an enabling environment is a prerequisite for CHW programme success (14, 28). The model outlines various levels of indicators including: outputs, outcomes and impacts (14). The outputs represent more individual level psychomotor/cognitive, affective and behavioural measures, while outcomes are programme-attributed health shifts and impacts are seen in larger mortality and morbidity changes (14). With the limited literature on the individual CHW factors and perspective, this study focused on informing the outcome level of the model.

In this model, the recruiter level results, or outputs, are placed at the centre of the logic model due to its outlined change pathway, which posits that enhanced recruiter results are key in successfully affecting change in the community and societal spheres. Outputs are largely assessed through the measures of CHW knowledge, skills acquisition, self-efficacy, confidence, personal satisfaction (14). Additionally, the behavioural measures of at the outputs level are absenteeism, frequency and quality of the services rendered to the community as well as overall

efficiency of CHW productivity (14). Overall, the model posits that in order to achieve programme level success, CHWs must obtain the abovementioned measures, which are fostered through conducive, supportive and integrative health and community systems.

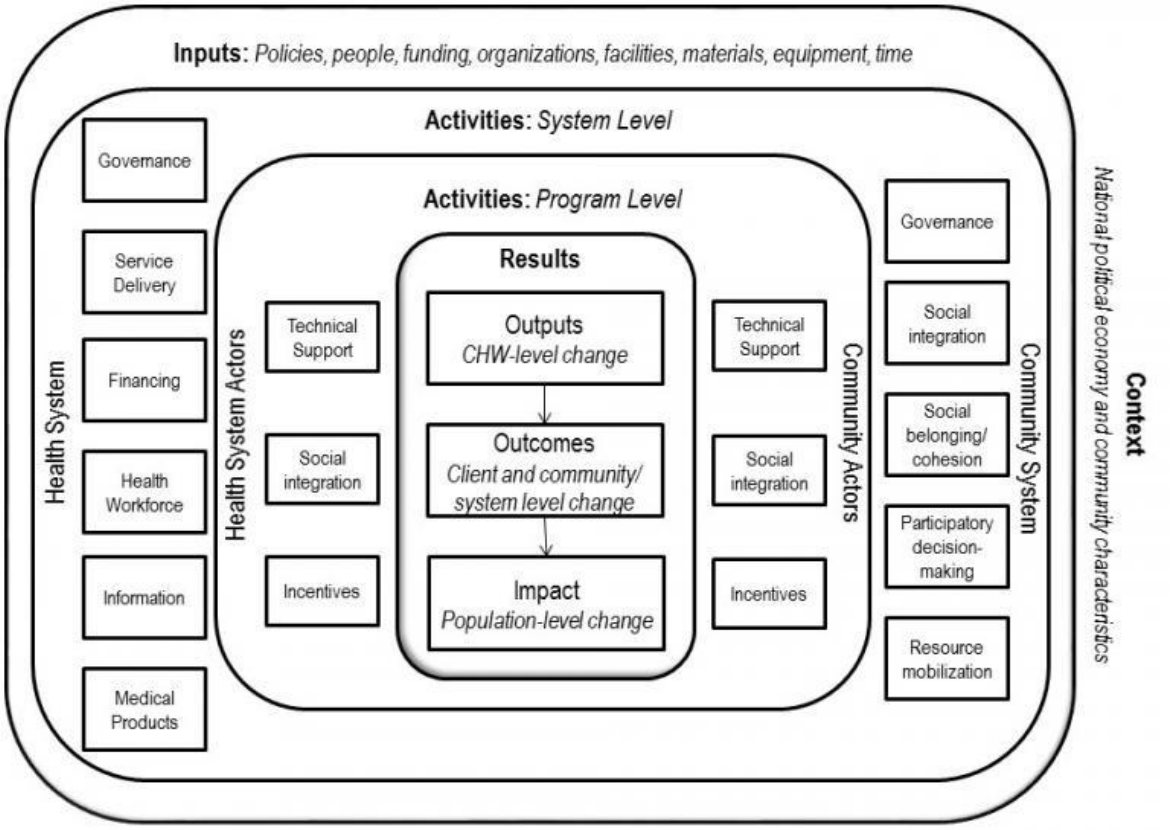


Figure 1. CHW Logic Model by Naimoli and colleagues (2014)

Despite management and implementing challenges in CHW programmes, if optimized, said programmes can play pivotal roles in enhancing the continuum of care through bridging the community and PHC system as well as strengthening the penetration and reach of the PHC system in LMICs; thus, responding to the HRH crisis (8). Utilization of CHW programmes have been seen to have positive impact on access to care, information dissemination and enhancement as well as in behaviour change and overall health outcome in numerous cases (12).

1.4.5 Impact on Access to Care & Behaviour Change

With regards to access to care, CHW programmes have improved the use of services as well as increased follow up visits (12). These successful output measures have been seen in increased cancer and pap smear screening, pre-natal care, child immunization as well as rate of follow up visitations in the case of diabetes and chronic illness (12). Similar impact has been found on morbidity and mortality rates mostly when pertaining to MCH (11, 12, 14). Additionally, CHWs have contributed to increasing the participant recruitment numbers in smoking cessation interventions (12).

1.4.6 CHW Impact in HIV Prevention Programmes

Literature on HIV/AIDS and VMMC scale up programmes in South Africa is plentiful (1-6), however research pertaining specifically to CHW impact in VMMC demand creation is less present. It is clear that demand creation is a key challenge in VMMC scale up and that CHW programmes are integral to strengthening said efforts (4, 6, 8, 29). Much of the literature examines factors contributing to national level scalability (8) and provide frameworks to better standardize CHW programmes (14).

Despite limited information on CHWs in VMMC demand creation, there is evidence on CHW program impact within other aspects of HIV prevention including program-attributable behaviour change such as increased condom use (12, 13). This evidence can lead to inferences of their potential impact on increasing healthy HIV-related behaviours such as VMMC. CHW programmes have increased rates of HIV testing services (HTS), disclosure and motivation to be tested (13). They have also increased adherence to ARV regimens and decreased risky behaviours (13). To support this, additional confirmation of behaviour change impact has been found in their attributed roles in decreased risky health behaviour of intravenous drug users and other key population HIV groups (12).

1.5 Study Aim and Objectives

1.5.1 Research Question

How do CHWs and implementing agencies perceive the role(s) of CHWs within VMMC demand creation?

1.5.2 Aim

To describe the perceptions of CHWs' and their employing implementing agencies on CHW role(s) within VMMC demand creation in Gauteng in 2018.

1.5.3 Specific Objectives

1. To describe CHW and an implementing agency's perceptions on CHW role(s) in VMMC demand creation in 2018.
2. To describe CHW perceptions on the barriers and enablers to effectively carry out CHW roles in VMMC demand creation in 2018.
3. To describe implementing agency perceptions on the barriers and enablers to effectively carry out CHW roles in VMMC demand creation in 2018
4. To explore CHW's and an implementing agency's perceived impact of CHW role(s) in VMMC demand creation 2017-2018.
5. To compare and contrast CHW and an implementing agency perceptions on CHW role(s), motivations, barriers and enablers and perceived impact.

2 Methodology

2.1 Study Design

The researcher employed a cross-sectional exploratory qualitative study design. The approach provided a flexible framework to explore and describe the perceptions of CHW and key informants within the implementing agency. In addition, the data collection methods and tools were designed to adequately explore the variations in CHW cadres and managerial roles. This enabled the potential for enriched analysis through thematic analysis of the dynamics within CHW teams and between them and the implementing agency (30, 31).

2.2 Study Site

There were three study sites: two of which were VMMC sites run by a private provider in Gauteng, South Africa, and the third was the head office of said private provider. Two of the selected sites are located in Soshanguve and Orange Farm and the third is located in Houghton.

The selection of sites was based on availability of teams as funding restrictions had limited the number of operating VMMC clinics and the number of the CHW's fitting the selection criteria. The implementing agency personnel Key Informant Interviews (KIIs) were conducted at head office.

2.3 Study Population

This study was comprised of two study populations: 1) CHWs employed at two VMMC clinic in Gauteng in 2018 and 2) key management staff from the implementing organisation employed during the same period of time.

2.4 Study Sample and Sampling

A total of thirteen interviews were conducted. Nine were CHWs and four were key informants. The inclusion criteria for the CHW sample were that the participant must: 1) be voluntarily part of the study, 2) be over the age of 18, 3) work in Gauteng and/or Tshwane during study period and 4**)** be English-proficient. The above-mentioned inclusion criteria were based on ethical age

considerations and feasibility of access. Purposive sampling methods were applied considering the maximised variation attributes of participant age and gender. Original plans to sample according to employment status (permanent vs three-month employment) were not possible due to a structural change in the CHW programme where by all recruiters were on one-month contracts. That being said, the varying insights of participants with more and less CHW-related experience were inferred in IDIs.

The above mentioned maximum variation attributes were selected in light of evidence that they are relevant in VMMC uptake behaviour (6) and male community member preferences between male and female CHWs (29). Studies show that men are more likely to get circumcised through the influence of a female partner (6, 29). In other instances, female CHWs were reported to make men uncomfortable and hesitant to discuss more sensitive topics (29). Older men are also often reluctant to receive messaging from younger female CHWs (32).

Key informants were recruited from the implementing organisation's management team based on their involvement in designing, staffing and supervision of the CHW programme components of VMMC demand creation. The KII participants represented four different levels of management: a senior manager responsible for demand creation strategic planning, a CHW programme manager involved in CHW recruitment, a deputy CHW programme manager closer to the field and a CHW team manager who directly managed and supervised a CHW team. This recruitment was intended to provide maximized variation with regards to the level of insight on and authority over the identified challenges in CHW programmes of strategic planning, management and implementation (8, 11, 12).

By design, managers were required to have been with the implementing organization for at least two years in order to provide insight into both the organisation's choices as well as dynamics between CHWs and other staff. Staff from the four different levels of management were recruited, ranging from those making strategic planning decisions to those directly supervising CHWs. An effort was make to identify staff who had previously been a CHW prior to their current role to better explore the dynamics between management and implementation of CHW and the programmes they work within.

2.4.1 Recruitment

The primary investigator (PI) contacted the CHW programme manager who alerted the CHW team managers to ascertain permission and convenient meeting times to introduce the study to the managers. The PI presented the study with participant information sheets to CHW Team Managers and recruited, together with Team Managers, based on inclusion criteria and maximized variation attributes. While including the team mangers in the study recruitment process may have induced a form of selection bias, their input was valuable in identifying the recruiters that met the selection criteria. From there, the researcher scheduled interview dates, times and locations for IDIs. On the day of interviews, the PI reviewed the Participant Information and Consent form with the CHWs. Four CHWs declined to participate due to discomfort with the nature of the study (n=1), discomfort with the audio recording (n=1) or because they needed to attend to potential clients (n=2). These four CHWs were all from the second IDI study site and the day they were approached was during the busy winter season, when recruitment targets were high.

The KII participants were recruited through head office. The PI scheduled a meeting with the Chief Executive Officer to identify the personnel in the desired positions. From there, contacts were obtained, and emails were sent to all personnel in said positions with the participant information sheet describing the scope and implications of the study and a volunteer participant enquiry. Once all cadres had at least one volunteer participant, the investigator scheduled interview dates and times and arranged for private and confidential KIIs.

2.5 Data Collection

2.5.1 Development of Tools

Two tools were employed in the study: an IDI guide (See Appendix 2) for CHWs and a KII guide for the implementing agency staff (See Appendix 3). The development of the interview guides was informed by the literature review and subject background obtained. IDI questions and proposed prompts were designed to inform the research question, aim as well as study objectives. CHWs were referred to both as "Recruiters" where speaking directly to recruiter respondents to align with commonly held jargon of the organisation and CHWs to align with the broader research aim and objectives.

2.5.2 Pilot

The study guides were piloted through one IDI and one KII. The participants were from the same VMMC implementing agency with one agency staff and one CHW. The pilot was used to refine the data collection tools and interview processes thus matched the prescribed structure and tools for the study. The pilot included the consent process, whereby the researcher presented the participation information sheet and obtained signed consent. The data from the pilots were included in the findings as they were valuable to the themes and adhered to the study protocol.

2.5.3 Collection of Data

Data were collected by the PI in English through thirteen 20-90 minute-long IDIs with nine CHWs and four KIIs with implementing agency staff on three separate dates between Monday 18, June 2018 and Thursday 24, July 2018. Participants were invited to elaborate in their local language when struggling to explain a concept or experience. Interviews were conducted during working hours and in a private and quiet location that was of convenience to the participant and confidential to encourage honesty and strengthen credibility of findings. Interviews were scheduled to minimise work duty disruptions. In all but one interview, the pilot KII, consent was given for recording of interviews. In the instance of the pilot KII, the PI chose to conduct the interview without a recording as assessing the efficacy of the assessment tool was prioritised. The PI included the consent process apart from the audio consent and took detailed notes and quotations as it was being conducted. Detailed field notes were taken to enhance recollection of

the participant responses and the responses of this key informant were included in the data analysis. In one other case, where the CHW participant did not consent to the audio recording, the researcher chose not to conduct the interview in respect of their request and to decrease recall bias of interviewer.

2.6 Data Management and Preparation

All but one pilot KII interview were recorded and detailed field notes were taken to provide context and any pertinent dynamic factors that were then analysed. Nine recordings were transcribed by a transcription company and four were transcribed by the researcher. The transcription company signed a confidentiality disclosure agreement to ensure confidentiality of in line with ethical considerations (Appendix 4).

2.7 Data Analysis

Once data were collected and transcribed, the researcher re-read transcripts, listened to recordings and applied thematic content analysis (33). The investigator extracted data based on deductive codes informed by objective themes and deciphered finer inductive codes from participant responses. The inductive codes emerged from insights informing analytic themes from the interview transcriptions and the subsequently found co-occurring themes of maximized variation attributes of participants. A code book was then developed. At this stage, the supervisor independently coded a sample of transcripts using the code book to check inter-coder reliability. Once initial analysis was established, the investigator employed a secondary stage of analysis where the use of field notes further enhanced analysis of data by situating responses in the contextual observations found in research sites and from KIIs and IDIs.

2.8 Researcher Positionality

Researcher reflexivity is a pertinent factor to consider. With this in mind, the researcher examined the potential for personal bias on the study content and findings. I had past experience both in working closely with CHW teams at various organisations for prolonged periods of time as well as having been previously employed by the specific private implementing agency with which this study was conducted. This experience has shaped my notions on how to best manage CHW programmes as well as shaped my perception that CHWs are often

undervalued and inadequately equipped and supported in the pertinent roles they play. While these notions are supported by the literature, it is possible that this was sensed by interview participants. While this could be seen as a bias, it was beneficial in some instances. A sense of compassion and understanding of their challenges enabled open responses and unprompted stories going beyond the initial interview guide questions. This also acted to mitigate the potential limitations caused by any mistrust of the researcher by participants fearing that responses would be reported to the organisation.

I worked at the head office of the organisation for two years, with work that was predominantly removed from demand creation initiatives and entirely removed from the field. As stated above, this still may have led to some degree of mistrust on the part of the participants. Additionally, it meant that the researcher held some pre-conceived notions on how organisational management perceptions of recruiter teams in the field. This may have negatively impacted interview guide creation, data collection processes and analysis. To guard against this bias, the supervisor reviewed the guides and conducted inter-coder reliability exercises in the analysis and report write up phases.

In addition to the above-mentioned points of positionality, I have worked in multiple international NGOs, all in the field and removed from headquarters. Through this experience, I have formed sensitivity to the exploitation of local employees in these international offices. This sense of exploitation further enhances the notion that local employees, employed in the field are often undervalued both in the sense of respect and financial incentive.

2.9 Ethical Considerations

Ethical approval was received from the University of the Witwatersrand Human Research Ethics Committee (HREC) prior to study commencement (See Appendix 5).

2.9.1 Participant Information & Consent

All potential participants were given a participant information sheet that covers the study objectives, risks (including the possibility of their site managers knowing they participated) and implications, with emphasis on confidentiality of information, stipulated by the qualitative

approach. IDI participant sheet (See Appendix 6) and KII participant sheet (See Appendix 7) guides differed considering varying confidentiality and potential insight considerations. All participants were asked for written informed consent (See Appendix 8) and written consent for audio recordings (See Appendix 9) prior to participation in the study.

2.9.2 Participant Anonymity

All personal information that could disclose identification of participants was removed from transcripts and identities are represented in pseudonyms in this report. Only the primary investigator has access to true identity of participants. Any information with said identifiers, such as signed forms, are kept in a password guarded computer and in a room that only PI has access to. They are stored separately from coded transcripts.

2.9.3 Trustworthiness

Qualitative researchers are ethically bound to consider trustworthiness in conducting research. To address the issue of *credibility* with the findings, we made efforts to ensure the comfort of participants during interviews. I also triangulated responses from different sources to identify nuances in experiences/perceptions. Issues of *transferability* were considered in how the sample was selected. Thick descriptions of the findings were applied to address the question of transferability, although, as the scope of the study was limited for degree purposes, limitations remain (see Discussion Chapter). The potential of personal bias of the researcher was considered (see Reflexivity) and steps were taken from the design of tools through analysis, as described, to ensure the *confirmability* of results. The double-coding of transcripts by the supervisor was also used to assess the degree of the study's dependability.

3 Results

3.1 Study Population Composition

Of the 13 interviews conducted, nine were CHWs, referred to as recruiters to align with organisational jargon, and four were key informants positioned at varying management tiers of the organisation. The recruiter study population composition was, in large part, equally representative with regards to age and gender demographics with four males and five females and five participants under the age of 30 and four above. Despite all recruiters being on temporary contracts at the time of interviews, the extent of recruiting experience ranged between one month to six years, allowing for findings reflecting perceptions of those new to the field and those with lengthier work experiences. The key informant population consisted of four management staff: two females and two males, all of whom had worked for the organisation for approximately eight years. Two key informants had experience as recruiters in the past and two did not. The management levels encompassed individuals who worked in direct and daily contact with recruiters, those who managed recruiter managers as well as those with little to no direct working relationships but rather oversaw strategic planning and management over recruiter teams and demand creation.

The in-depth interviews contributed to better understanding the perceptions recruiters and their managers held on recruiter roles in VMMC demand creation. They also contextualised their perceptions within the community and organisational environment in which they operated. The analysis of findings will be presented through the following five themes: 1) *Roles and Impact: Two Sides of the Same Coin,* 2) *Passion vs. Money: A false dichotomy of motivations,* 3) *Organisational Relationships, 4) Structural Factors, and, 5) Community Dynamics: The good, the bad and the ugly.* A comparison of recruiter and manager perspectives follows. Finally, I present a revised CHW Logic Model that synthesises the study findings in visual form.

3.2 Roles and Impact: Two sides of the same coin

The various responses surrounding recruiter roles provided by both sample groups imply a link in the perceptions regarding recruiter roles and their impact. While titles and tasks directly

described the components of the formal job descriptions, the surrounding narratives intrinsically linked how respondents perceived recruiters to impact on the communities they serve and the organisation they are employed by.

3.2.1 Roles, Titles and Tasks: Implications on Perceived Impact

Titles given to community health workers portrayed the broad array of roles they have traditionally played within the health and community ecosystems as well as the organisations in which they operate. In the context of this organisation, the primary task was to generate demand for VMMC through recruiting patients for increased uptake of the service. This was supported by the general responses surrounding job titles and tasks: 'Recruiters who recruit'. That being said, both recruiter and key informants provided alternative titles such as *Field Worker*, *Community Liaison Officer*, *Health Advisor*, *Social Mobiliser and Peer Motivator.* These complementary titles for recruiters emphasised that in the process of recruiting, recruiters were also, for example, motivators and mobilisers of the community.

> *I'm a peer motivator. I'm a mobiliser of the community. A role model. That's what I see in myself- and I came here in this world to make that difference yeah… At the end of the day, it is making me happy and each and every day I'll see that I made a change in someone's life.* - Scene, Female Recruiter | Age 25 | 1.5 Years Recruiting

A similar connection was found in responses regarding recruiter responsibilities. There was consistency in descriptions of the primary tasks from all participants, while recruiters highlighted tasks that they perform that went beyond the prescribed job descriptions in service of their communities. Primary duties involved all activities surrounding promoting VMMC and the technical aspects of getting the potential clients from the community to the clinic and onto the operating table. These duties were to persuade community members to elect to undergo VMMC through outreach activities such as educational health talks at schools, clinics, churches and community meetings as well as door-to door and mobile clinics. Recruiters noted that their positions provided a platform to support child headed households, care for the ill and link community members with social services. These additional roles often took a toll on recruiters, both in the form of job exhaustion and emotional reactions to the conditions community members face.

> *... we were at a school, then the principal said to us 'are you the ones who visits houses for helping*

and cleaning the houses?' Then we said 'no'. Then he said… 'I have a person I want you to go and check on him'… When we got there the person was bed-ridden, sleeping on the floor on a mattress… he had no food, his water was having insects inside. The person who looks after that sick person just went out. That's when I realised that this job has challenges that can break your heart like, you can be so traumatised, but at that moment you have to pick yourself up and help that person. – Feather, Female Recruiter | Age 31 | 2 Years Recruiting

3.2.2 Fundamental Roles in Organisational Success and Community Health

One of the study objectives was to explore perceptions of impact. Regardless of the descriptions of titles and tasks, both recruiters and key informants believed that the roles that recruiters play were immensely impactful on both the community and the organisation. Key informants made it clear that reaching donor targets would not have been feasible without the efforts of the recruiters and distinguished between the impact of community health workers in single-scoped programmes such as VMMC to broader scoped health programmes.

So, for us their impact has been massive, I think we've done more than 650,000 circumcisions since we started. I honestly believe we would not have been half way to that if we had not figured out how to work with community mobilisers… in all health programmes, there's a move towards again using community health workers a lot better. But in the MMC programme I think they've been absolutely critical in the success… If I look at them I think they have an enormous sense of pride if we've done well. They really own the success of the programme in many places. – BM, Key Informant

With the current funding scheme at this organisation, the recruiters were also vital to the organisational financial sustainability. The organisation was being paid by the donor per circumcision, making demand creation crucial to the financial sustainability of the organisation as a whole. Without the efforts of the recruiters in the field, there would be no clients thus less funding to pay other employees' salaries. This was fully acknowledged by key informants and was expressed with a sense of both pride and, at times, resentment of recruiters, when they felt this contribution was not appreciated.

We work in the streets, maybe we are least paid… Because honestly speaking we are less paid. I remember I once raised it in a meeting with [previous employer] and I said, 'maybe if we have a revised basic salary'. Well it was just brainstorming session as to what we can do to improve... So, they were like … 'what do you mean you want to be getting paid more? You're not doing much.' And I'm like' you know- without us. Without me. There's no circumcisions.' - Hotei, Male Recruiter/Team Monitor | Age 36 | 6 Years Recruiting

The roles recruiters played in the field was seen to improve health and wellbeing through information dissemination, shifting community health seeking mentalities and increasing

financial and physical access to health services. Recruiters saw themselves as part of the community, as most were originally from there or familiar with their catchment area. They participated in churches, community meetings and understood the needs of the community in their personal lives. They also positioned themselves as saviours, role models, informers and counsellors. They saw their role as crucial given that the health seeking behaviour of community members was marred by a lack of knowledge, overwhelming schedules and minimal resources to access health services.

> *So, I see myself as a God sent…Because there are people like who really appreciate what we do… We go to each household and then educate so it's much simpler to get people... I can say it's lack of knowledge or it's ignorance. Because you know the places[clinics] but then you never took the initiative to go and ask what's happening. So, field workers are there to fill you in with the information that you've always wanted to know but you never took the time to go and ask. -* Kinder Bueno, Female Recruiter | Age 23 | 3 Months Recruiting

There were various recruiter narratives on feeling they eased community access to information, which enabled improved health seeking behaviour. In other instances, they described helping community members to improve their lifestyles through bringing them to the clinic and discovering their health status whether that be related to HIV, high blood pressure or other conditions. In one case, this condition may have been fatal if they had attended an initiation school and been circumcised by a non-clinician traditional circumciser.

> *The father was [initially] refusing. 'You know in our tradition, you go to initiation school'. [But at the clinic] there was a complication with the penis. They couldn't circumcise… when he [the father] heard what he heard at the clinic, he was so thankful. 'If I was to give him to initiation school. They would have just cut and he would have bleed to death.'* – Bile, Male Recruiter/Team Monitor | Age 27 | 6 Years Recruiting

3.3 Passion vs. Money: A false dichotomy of motivations

In exploring perceived barriers and enablers for CHWs, motivation emerged as a critical theme. There was a distinction between recruiter and key informant perceptions on recruiter motivations; recruiters largely described their motivations and altruistic and/or personal and professional growth while key informants believed the primary motivation was financial. For key informants, recruiter motivations were pivotal in both the performance and impact as this equated to passion for their work. Key informant-held perceptions of recruiter motivations were a significant factor in what created both enablers and barriers described by both participant groups.

3.3.1 Altruism

The strongest motivations noted by recruiters were altruistic. They expressed a desire to help, alleviate suffering and improve the health conditions of their communities. Being from the communities they served was crucial as they knew and, often, lived the same conditions. For some recruiters, this understanding was intensified by personal experiences of family members and close friends who had suffered from the consequences of HIV, thus wanting to contribute to efforts in prevention, specifically VMMC promotion.

> *Truly speaking. My mother died of HIV… the reason was my step dad was uncircumcised… So, I knew that foreskin causes many sexual diseases. After that I was like, you know what? I'm going to tell people about this... I'm going to help people about this. I'm going to give information to people about this. You know and luckily, I got this job.* - Bille, Male Recruiter/Team Monitor | Age 27 | 6 Years Recruiting

3.3.2 Career and personal growth

Recruiters also expressed the desire to further their careers and grow as individuals. In some cases, they applied for their current positions with hope that it would be a stepping stone to either expand on their knowledge, skill-sets and progress in their careers. How and where recruiters wanted to progress differed. Most articulated wanting to advance within the health-field and less commonly they wanted to leave the field entirely. The perceived impact of growth opportunities was lessened when the recruiter's interest was to leave the field. This was portrayed by one recruiter who had been promoted and, despite this, expressed frustration in the lack of transferrable skills afforded by his position. More commonly however, recruiters wanted to remain in the health sector and become doctors and nurses in order to increase their impact on the community. This was at times centred in the desire to improve the treatment afforded to patients within the health system upon experiencing the current limitations and failures of this system.

> *… my dream, I wanted to be a doctor. Because I used to go to the clinic, and then we'll be sitting there in a queue for such a long time. When you are looking at the reception… they are busy chatting about this, that, the other things. Maybe drinking tea. People doesn't care about the clients or the patients.* – Pieces, Male Recruiter | Age 21 | 2 Months Recruiting

While motivations for the desired growth were largely to improve health conditions and positively impact their communities, the discourse surrounding growth was closely linked to dissatisfaction and sentiments of perceived stagnation in their current positions. There was a

clear perceived lack of structural growth pathways and limited access to opportunities for advancement.

> *Maybe you might just change from a recruiter to something better. That is what I was hoping for. Even if the opportunities come... you won't even reach it because you aren't even told about them… I believe that positions are the ones that can help the youth to go further. But if they are being closed and opening the positions for people from outside only. It's killing us… I came here to learn more. It was not only about money or all that.* - Scene, Female Recruiter | Age 25 | 1.5 Years Recruiting

3.3.3 How Much?

Distinct from recruiter responses on their motivations, key informants held the notion that the large majority of recruiters were primarily financially motivated. The current unemployment rate and socio-economic status of the recruitment pool for CHW positions made that an inevitable fact. That being said, the discourse surrounding this largely framed within the motif of passion vs. money. The introduction of these two categories portrayed the managerial sentiment that recruiters existed in one of these two distinct and mutually exclusive camps.

This motif extended to key informant discourse embedding the importance of recruiter motivation within the organisational recruitment strategy for VMMC recruiters in the demand creation teams. Very little was reported on the actually recruitment strategy, however there was an expressed desire to recruit for said passion and frustration with the inability to do so.

> *…Something we've wanted to do forever... was to look at those that are successful and see if we can look at, if we can find some personality trait or something like that that would determine whether they are [passionate], or that would predict better... if we can find a way of assessing what is, what is that quality that distinguishes them from the ones that don't make it, that would be gold, unbelievable.* - BM, Male Key Informant

While one manager acknowledges that passion could be created in those who were financially motivated, this sentiment around motivations greatly influenced the decisions making surrounding resource distribution to recruiters. Key informants held the belief that recruiters with passion performed despite the limited resources through exhibiting persistence and creativity to reach their targets.

> *…at this time people are jobless… when you conduct an interview people will be fair in telling*

you that 'I only applied because I need a job'. Then there you can see that there is no passion. He just wants money and nothing else. So, some of them they apply because maybe they love what we do… So, we have two groups of people. People that come here for money and people who have the passion. When we started, we didn't have any passion, but we built a passion along the way…There are people that can give you hundreds with R200 [airtime]. There are people who will give you zero with R200. -Mama, Female Key Informant

3.4 Organisational Relationships

Working relationships were central to the functionality of the recruiter teams and emerged as central to the underlying theme within the discourse of organisational enablers and barriers. For recruiters, they acted as enablers or hindrances on job satisfaction through the perceived level of respect and appreciation provided to them. These relationships, as mentioned above, simultaneously shaped management decision-making on how to provide support to recruiters. Recruiters described their team and organisational experiences as both enabling and in negative terms.

3.4.1 Recruiter and Management Relationship Dynamics

Relations between recruiter and management were complex. Feelings of mistrust were expressed from both sides. Recruiters described disrespect and exploitation by management and the organisation as a whole. In many cases, recruiters attributed negative manager-recruiter dynamics to unconstructive feedback sessions where factors out of their control were not considered in the reasons for their underperformance.

> *Because she's [my manager] that person who likes to shout a lot... she talk to you like a child or you don't know what you are doing. And not understanding that I can get fifteen clients but on the day of a pick-up I can get for maybe four clients.* – Pieces, Male Recruiter | Age 21 | 2 Months Recruiting

Despite the majority of recruiters describing negative relationships with their managers, one recruiter did not face this challenge.

> *Our relationship is fine… basically if you listen to your manager and do as she says and then your work and your relationship will be good… then there will be no conflicts.* –Bille, Male Recruiter/Team Monitor | Age 27 | 6 Years Recruiting

One key informant, to some extent, felt there was merit in recruiter-felt resentment towards being exploited. The fact that this manager had begun their career as a recruiter may have influenced their lens.

> *…to them they think that you are using them because that is what they often think... how is it that we got paid and somebody who generated money for us is not paid. They become mad. So, they are very important. They are next to my heart. So, I fight a lot [for them].* –Mama, Female Key Informant

Responses from key informants were varied when they spoke of how they perceived their relationships with recruiters. In some instances, management understood how important the roles recruiters played were and in others, responses indicated a sense of mistrust in both recruiter intentions and their efficacy levels.

> *We also discovered is that they're highly successful for a fairly short period of time… the best ones are very effective for about a year or so… they have a limited shelf-life… which sounds bad but it's what it is.* –BM, Male Key Informant

3.4.2 Clinical and Administrative Team Dynamics: Conflict

The roles the clinical and administrative team members played in scheduling transport, allocating clients to their respective recruiters and providing feedback to recruiters made constructive relations crucial to the functioning of the demand creation teams. Both recruiters and key informants noted that conflicts in these relationships were detrimental to recruiter performance.

> *They're not treated well by the admin… it's more difficult for them to find out how are they progressing in the field… the admin is not accommodating… sometimes there would be those instances whereby they feel that they're hated by admin…, I don't think I've got a good relationship with the admin…. we used to have admins that were scheming with a certain recruiter… the two of them would just have some scheme to say, 'please, all of those that would not know who recruited them, just give them to me.'…The two of them will share the money* – Halves, Male Key Informant

All but one recruiter described negative relationships with administrative teams. Less conducive relationships were attributed to unfair transport scheduling, limiting their ability to reach their targets. Recruiters gave numerous accounts of perceived favouritism on the part of managers and clinical teams, further inflaming their frustrations.

> *You know when people mix friendship and work, it doesn't work for some of us. So, this is one of the things that's killing us from inside because there is favouritism you know? So, I'm a hard worker... But the minute you don't champ me up, I won't produce good results for you because you won't see the good things that I do.* - Scene, Female Recruiter | Age 25 | 1.5 Years Recruiting

One recruiter emphasised the distinction between how recruiters were treated by higher up management staff and those that work on the admin and clinical teams. They expressed that those at the clinics exhibited more disrespect than those at head office. This recruiter ascribed this disrespect to a lack of transparency of recruiters' salaries or commissions.

> *…senior management can see us as important. But our colleagues in the upper ranks- like your nurses, your data capturers... they look down on us. I think if they didn't know how much we earn… they wouldn't look down on us.* – Hotei, Male Recruiter/Team Monitor | Age 36 | 6 Years Recruiting

3.4.3 Recruiter Teams

Recruiters largely described supportive and mutually respectful relationships with their team mates. In some cases, their fellow recruiters were the sole source of counsel in light of the challenges they faced in the field. Others perceived respect from their colleagues was a point of pride in their work.

> *I've made new good friends and the respect that they give me… the confidence they [other recruiters] have in me in terms of coming to me for advice… I love that.* - Hotei, Male Recruiter/Team Monitor | Age 36 | 6 Years Recruiting

While team dynamics were largely positive, some recruiters described animosity that resulted from the highly competitive nature of their jobs. This not only impacted recruiter team dynamics but was also seen to be detrimental to community interactions.

> *When you have went to a certain school… and another recruiter comes there and then they leave return slips on top of your return slips … At the end of the day I think it has a lot of negative impact… you find that there is no peace, it's like it's a competition, it's like we're divided… Remember the conflict, it doesn't only sit on us [the recruiters] …it also hits [the organisation]. Because people are going to find you quarrelling about, 'no this was my school'... And then the next thing they're [the community] is going to go like, 'this company is so bad.'* – Masks, Female Recruiter | Age 34 | 3 Months Recruiting

3.5 Structural Factors

In addition to, but not entirely unrelated to organisational relationships, there were numerous structural factors that affected recruiter experiences and hindered or enabled their ability to perform optimally. These factors consisted of both programmatic elements which framed the structures in which recruiters worked within as well as material and non- material support provided or not provided by the organisation.

3.5.1 Funding, Contracts, Incentive Schemes

Limitations and fluctuation in funding streams have resulted in personnel and scale down of sites. This has consequentially effected shits in the organisational human resource policies. Recruiters are now employed on one-month contracts rather than the previous three-month temporary or permanent contracts. With the new contract, came a new incentive scheme which

no longer included a basic stipend but rather is strictly performance based. While few recruiters spoke of the contracts, key informants felt this was an important structural factor for recruiter performance.

Key informants felt that the shorter contracts and new incentive scheme greatly benefited the organisation with respect to cost effectiveness in maximising on high performing recruiters while weeding out those who perform poorly or inconsistently. There was also a key informant sentiment that the lack of competition in the previous payment scheme was in fact a deterrent to recruiters' initiative and overall performance.

> *…now there is this new contract that we've just implemented… we've seen that if we give them three months to perform… we will be having nothing… So now we add month to month contract... Because these guys- the first month they give, they push. …But come second month, because they're contracted, they start lacking. But because they are on contract you have to pay them for doing nothing.* –Mama, Female Key Informant

On the other hand, when recruiters spoke of the one-month contracts, it was with reference to job insecurity. They feared that uncontrollable factors could lead to termination of their contract. Facing that every month was a point of anxiety for some recruiters.

> *But if ever the transport is not there to pick up my clients, I get to be fired. You understand, because of not reaching my target. Now it's painful because if I have to sign a contract each and every month. That means I can't say I'm working for [the organisation]. Eh? Because I'm not permanent.* -Scene, Female Recruiter | Age 25 | 1.5 Years Recruiting

In contrast to recruiters expressing job insecurity from shortened contracts, managers spoke of incentives in place for recruiters whom were especially proficient in areas other than reaching targets, such as attracting crowds during campaigns, facilitating educational talks and coordinating other recruiters.

> *You may not be able to meet your target, but you'd find that your messaging is positive. And you are creating more of awareness. We still keep such recruiters that we are realising that they are very good.* – Halves, Male Key Informant

While key informants acknowledged that losing the basic stipend was demotivating to some recruiters, the new incentive scheme was potentially lucrative for recruiters that succeeded to go above their targets.

> *They used to get a basic salary of a thousand and then we added an incentive scheme whereby if a person would do extra… the more money you get… for every ten clients, it amounts to your basic salary… But if you bring more clients then you would be paid slightly more.* – Halves, Male

Key Informant

3.5.2 Performance Measurement: Challenges in Client Allocation

The client allocation system was the central mechanism for performance measurement. When a community member was approached, recruiters documented their details and left their business cards. These cards were to be presented upon arrival at the clinic so that the administrative teams could allocate this client to a specific recruiter. Despite this system, complications arose when clients did not present the cards, or when more than one recruiter had approached this person. Recruiters expressed frustration when, despite having recorded this client, another recruiter was allocated this client, or the client was noted as a walk-in and not allocated to any recruiter.

> *…when we sometimes have to claim clients. We find that we spoke to the same person. And I claimed that person first. And you realise that you have a person in your book and decided to claim them. And it's going to be a long process… [Also], there's 105 walk ins. For the 105, how many were spoken to or recruited by me?... So, it becomes unfair to me… Why not crate me with 10, crate my colleague with 10, give those that have more than 30 say 5 or whatever. That's for us to have at least equal numbers, bigger numbers. You know it's not nice you work for a whole month for R1000.* – Hotei, Male Recruiter/Team Monitor | Age 36 | 6 Years Recruiting

3.5.3 Feedback and Support

The details of the organisational feedback mechanisms employed varied greatly, between the two populations and within them. Between both recruiters and key informants there was a combination of daily, weekly and monthly sessions where targets were assessed, and support and feedback were provided. This was either in person or through WhatsApp groups. The large majority of recruiters stated that they received minimal feedback and when they did it was negative. These recruiters were resentful as they often attributed their low performance to limited equipment provided.

> *Even when a child is at school and she has passed you say, 'Congratulations my child.' [We get] Nothing, nothing. We just get our stats. 'Okay, you have done two people. You're a disgrace.' Yoh. Those two people, you fought for them... Sometimes you get your two people and eight people were not first at the transport.* - Feather, Female Recruiter | Age 31 | 2 Years Recruiting

Negative feedback was a source of great job insecurity for. This was a point of contradiction between recruiters and key informants. Recruiters believed underperforming led to immediate non-renewal of their contracts while management described some leniency in the form of a three-month grace period before non- renewal as a tool for performance improvement and support for underperforming recruiters.

> *We've given them the chance of three sessions of counselling… [maybe] he is simply not performing because the outreach manager is too harsh… Or maybe if it's psychosocial, then we even go to an extent of referring this person to our social worker…But after three counselling… we officially have to let go of you.* -Mama, Female Key Informant

3.5.4 Equipment

Both recruiter and key informant samples indicated that the lack of equipment to carry out their jobs was a major barrier affecting recruiters at work. The organisation provides transport and airtime to recruiters to get clients to the clinics and to engage in follow-up calls, as this is pertinent in supporting recruiters to reach their targets. For recruiters, the lack of equipment translated into limited ability to reach their targets, having to spend their own money to accommodate these limitations and to some extent contributed to tense or unconducive relationships with both the community and within the organisation itself.

Recruiters regularly expressed frustration with the limited transport and consequential client cancellations. Negative dynamics and favouritism of those scheduling the transport led to great recruiter frustration.

> *… maybe there is favouritism somewhere, because I always make sure, if I have participants tomorrow, I make sure that tonight I post that I have people in this location…And I won't get any feedback. In the morning… I post again… Then somebody posts: 'Eh I have a client in...'' [Response of admin] 'Okay, tell that person to wait at 8:00.' What about me?!* - Feather, Female Recruiter | Age 31 | 2 Years Recruiting

Limited airtime was also a hindrance for recruiters. The large majority expressed that in many instances the only way to conduct follow ups and transport their clients was to pay for it themselves.

> *It's quite unfair for us because for a client, when he need a please call you, you have to use your own pocket… you have to use your own money so that you can get back to that client. Because, obviously, he's your client...* - Pieces, Male Recruiter | Age 21 | 2 Months Recruiting

Key informants acknowledged the limitations and the resulting hindrance it posed specifically on reaching targets. They additionally put forward means of addressing these limitations and, at times, expressed frustration that recruiters were seen to be abusive of company resources.

> *... we do offer transportation- sometimes they would feel let down by either the driver or the manager for not being at a pick-up point, as a result they lost the client... then also maybe we buy them airtime… there are those delays with the airtime that needs to be given to them. But equally you would find that they overused the airtime…it becomes too difficult to monitor.* –Halves, Male Key Informant

3.5.5 Training

The organisation provided training to recruiters however the description of said training differed depending on participant. The described duration of the trainings ranged between one to five days and the content of said training was unclear. Despite inconsistencies in the details between recruiters, one key informant clarified that all recruiters were supposed to undergo a training consisting of both theoretical and practical components.

> *We train them when they get to the malls, and when they get to the schools… We demonstrate how this system works using the footwork and everything else. So, we do a lot... it is us now trying to make sure that the recruiters that we have at least…all the skills that they need to go out there* – Mama, Female Key Informant

The lack of standardisation within the training structure was highlighted through recruiter responses describing varying training durations, content themes and for some a lack of training overall. Those recruiters that had received training emphasised the limitations in the content, duration and expressed frustration with the lack of refreshers. In addition, they had also received training at difference phases of their employment, meaning that some received training upon recruitment while others were in the field long before they received any training

> *… they just come with a booklet and then explain what circumcision is. But then it doesn't even take you somewhere whereby you'll be interested more about this thing… But then I feel like I'm not even learning anything because I'm the one that's finding information by myself. There's no one who's coming through to teach us more about it. We only went to training and then that was it.* –Scene, Female Recruiter | Age 25 | 1.5 Years Recruiting

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> *… training I received it after busy time was over, then you know already… that's when they took us because they realised that the numbers were dropping.* – Feather, Female Recruiter | Age 31 | 2 Years Recruiting

Where recruiters had not received any training, they undertook their own research to better understand their roles.

> *I never went to any training session where I would be trained to talk to people about all that. I never went anywhere- I just went to the internet. Looking up circumcision, read about it. Sat in the house and read and then came this side.* – Hotei, Male Recruiter/Team Monitor | Age 36 | 6 Years Recruiting

Key informants had varying perceptions about the utility and prescribed structure of training initiatives. Some felt training was imperative as it equipped recruiters when in the field while

others saw it as secondary to recruitment. They felt that training was not cost effective and did not have the desired outcomes on recruiters without passion and the innate interpersonal skills. For the managers who placed less importance on training, while it was important, it was fruitless and expensive when conducted too early.

> *Training it's good and it's a standard requirement. But invest on getting the right people, because otherwise you are wasting your efforts… you are training somebody that's not even interested. You know he's just doing it for money. But get the right person then worry about training later... we first have to commit this person.* – Halves, Male Key Informant

Those that believed training was crucial felt that the lack of refreshers hindered recruiter ability to conduct field work, specifically with regards to the quality of information and support provided to the community.

> *I think every time we need to refresh them… Now we've seen a gap- so we 'said you know what let's just train them on everything.' Should somebody have a question at least they will be able to duck and dive instead of saying I don't know anything I'm just here to recruit.* –Mama, Female Key Informant

3.5.6 Systematically Induced Delays: Hours of Operation

Another factor noted by both recruiters and key informants was clinic operating hours. When clinics only functioned on certain days or they were only operational for minimal hours, scheduling clients became difficult which resulted in cancellations. While this was not a current limitation for recruiters at the current site they worked at, a recruiter mentioned their old site was barely open.

> *…what I love most is that this side we circumcise every day… that side we only had days, they were telling me oh, we do circumcisions on Mondays and Fridays…So in-between those two that person changes his mind.* – Feather, Female Recruiter | Age 31 | 2 Years Recruiting

3.6 Community Dynamics: The Good, the Bad and the Ugly

Exploring the community environment was indicative of recruiter perceptions of their roles in relation to their community. Simultaneously, this discourse underscored that community behaviours and subjective norms (what the study participants believed the community expected of them) had the potential to be both conducive and detrimental to optimal recruiter productivity. While subjective norms and mentality limited recruiter-perceived ability to perform, positive reinforcement from the community provided a vital emotional incentive for recruiters.

3.6.1 Community Relationships

Community relationships were complex. While recruiters largely saw themselves as playing pivotal positive roles in the community, their narratives highlighted mixed relationships with community members. This discourse was largely surrounding notions of gratitude and appreciation received (or not) from community members, fuelling or hindering their job satisfaction.

> *… I meet another brother, so I tell him about circumcision… he telling me 'thank you so much my sister, if it was not you, eish, I don't know what is going to happen about me'. I said, 'I know, brother, it's the work', so that is why I like my job here… I like my job very much, even I work very hard.* - Cracks, Female Recruiter | Age 37 | 2 Years Recruiting

While the majority of recruiters perceived positive relationships with the community, there were also expressions of demotivation when they did not receive gratitude or faced disrespect to the point of public humiliation by community members they approach.

> *Most of the time when you approach males in a group, they always take circumcision as a joke… they're always pointing fingers, like you know you are the laughing stock.*
> – Kinder Bueno, Female Recruiter | Age 23 | 3 Months Recruiting

Recruiters partially attributed negative community perceptions of them to undermined reputations resulting from a lack of trust in the organisation and thus the recruiters themselves. Organisational limitations, such as a lack of uniforms and limited transport, led to lost community faith in the organisation. The above-mentioned competition conflict between recruiters in competition for clients further exhausted the lack of trust as community members questioned the motives of the organisation.

> *…I don't even have a name tag, I don't have a uniform. So sometimes it becomes a challenge if I go out there in the streets and educate people about circumcision, their response id like, how should we identify you...* – Kinder Bueno, Female Recruiter | Age 23 | 3 Months Recruiting

3.6.2 (Un)Safe Spaces

Another community challenge was the threat of physical violence towards recruiters by community members when conducting field work. Multiple recruiters narrated stories of physical danger, noted as both common and accepted as simply part of the job. When probed on what risk prevention or support mechanisms were in place to mitigate these incidents, recruiters

largely responded that there were none. In most instances, it was clear that they were left to their own devices to manage these situations.

> *…what I don't understand is that why had he had to become so furious instead of telling us nicely that no… This child… must go to the mountains… but then, all of a sudden [he] took... that stick that are mostly used by the Sotho cultures… then chase us and then got out the gate, run, run, run...*- Pieces, Male Recruiter | Age 21 | 2 Months Recruiting

> *… if you are in the field you should be strong and you should learn to be your own hero because… there's no one, it's only you.... When you get the chance to be alone… you break down… you pick yourself up… the only person you have in this is yourself… in the streets it's not safe...* – Kinder Bueno, Female Recruiter | Age 23 | 3 Months Recruiting

The riskiest environment noted was in people's homes during door-to-door outreach activities. While recruiters' canvas in teams, door-to-door visits require them to enter homes alone. Due to the incentive scheme, only one recruiter could claim the client found in that household.

> *If there is one child, or that one male wants to register into that house... We had to [go inside alone], we can't share, that foreskin is only one foreskin,* –Feather, Female Recruiter | Age 31 | 2 Years Recruiting

3.6.3 The Gender Factor: A Man's World

Another potential risk factor was the gender of the recruiter. While males faced the danger of physical threat in the field, the nature of the threat was distinct for women: both in the setting and nature of the danger. Female recruiters reported harassment that was commonly sexual in nature and was frequently over the phone during outreach activities.

> *… sometimes you meet people [men]… you tell him about circumcision… The minute [you] gave him your numbers, they no longer want to talk about circumcision. They now want to talk about other things. 'Since when after you've recruited me, I want to test drive.'* – Kinder Bueno, Female Recruiter | Age 23 | 3 Months Recruiting

Being a female recruiter in the field was less of a challenge for some than others. When female recruiters mentioned the gender factor, it was pertaining to the above-mentioned safety element, limited access to certain institutions such as churches, and the hesitation of male community members to speak to females about VMMC. This was not only a hindrance for female recruiters, but also female clinicians.

> *… if I'm going there to talk with old men, they say 'I don't want to talk with the woman about that [circumcision]… if I go there who's going to do this circumcision?... I want a man, a doctor, I don't want a lady or a young lady.'* –Cracks, Female Recruiter | Age 37 | 2 Years Recruiting

While this was noted as a challenge, there were female recruiters who did not perceive their gender to be a deterrent to their work. These recruiters shared mitigating tactics such as engaging with men on the phone, as this removed the peer humiliation element.

> *… it's mostly believed that a woman cannot educate or teach a man about circumcision since well you know nothing about a penis… The trick is to leave your business number or a pamphlet with your phone numbers. And then later you get a call.* - Kinder Bueno, Female Recruiter | Age 23 | 3 Months Recruiting

One key informant who initially believed women were ineffective expressed that being a female was in fact a benefit at times after seeing general success from female recruiters employed by the organisation. They went as far as to place the societally perceived feminine traits, such as stronger interpersonal skills, as conducive for the nature of recruiting work.

> *So initially when we started doing this we had male recruiters because we were saying 'maybe this is a difficult subject for women to engage with'… today we generally have more females than males and they're generally more successful… some of these females, what they brought to the table was just that they were much better at that interpersonal stuff than the guys.* –BM, Male Key Informant

3.6.4 Community Gatekeepers and Segmentation

While recruiters benefitted from a familiarity of the communities they work in, the communities are largely conservative and guarded by community gatekeepers. Key informants and recruiters both placed limited access to government and initiation schools as well as churches high on the community barrier list. While some recruiters made headway towards engaging with government schools through the heads of the schools, in many instances, recruiters were unable to conduct group educational sessions in churches and in schools. This significantly strained recruiters' ability to meet targets as they were limited to one-on-one interactions.

> *We get into some schools, some we don't… You tell them you're from [organisation]… they will tell you 'look. I don't' report to you. I report to Department of Education. So, get a letter from the district and I will give you my children.' And then the district says 'No, because you're going to speak to the parents... go give them the forms'… that's where we face a big challenge.* - Hotei, Male Recruiter/Team Monitor | Age 36 | 6 Years Recruiting

Recruiters presented those that adhered to traditional circumcision and older male segments of the population as the most difficult community members to engage with. Shifting mentalities and gaining access to those uncircumcised males guarded by community gatekeepers, in initiation schools for instance, was expressed on numerous occasions by both recruiters and key informants. Even in the instances that someone was convinced to circumcise, the traditional

constructs of seasonal circumcision continued to challenge recruiters. The large majority of the community believe that there was a lower risk of infection during the healing process in the winter resulting in overwhelming demands in the winter seasons which are dismally low in the summer. This limited the recruiter's ability to reach their targets in the summer season.

The responsibility of creating access to these institutions was taken on by both recruiters and key informants. While some recruiters expanded on means of entry points, key informants spoke about being available to support the field teams in this matter.

> *I may be on the standby for access [to materials or gate keepers] You know, maybe they are, they are gatekeepers in the field to community leaders refusing them maybe to operate or whatever.* – Halves, Male Key Informant

> *So, my wish now. I had a meeting with some guy who has connections in the head office. But he has not gotten back to me. My wish now is to meet the powers that be and say allow us to come into your churches and advocate for this*- Hotei, Male Recruiter/Team Monitor | Age 36 | 6 Years Recruiting

3.7 Vantage Points: Recruiter versus Key Informant Perspective

While the two study populations had a similar basic understanding of the themes highlighted, their differing vantage points resulted in contrasting perceptions surrounding the prioritisation of programme components and the means of implementing them. This was particularly the case recruiter motivations. Management views on recruiter motivations led to limited investment in stipends. This also resulted in shortening the length of contracts, reducing investment in skills acquisition and promoting competition between recruiters to theoretically ignite passion and efficiency. This, according to recruiter responses, did the polar opposite and created dissatisfaction, insecurity, limited capacity and provided emotional disincentives to carry out their work.

This fundamental misunderstanding of recruiter motivations may have been caused by a lack of supervisors and consequential information gap. Those making decisions on programme structure were, in large part, removed from the recruiters themselves. Additionally, those in middle-management and clinical teams were noted to have negative relationships with recruiter. As such, they would not be the best information sources. With this lack of interaction and

communication, supportive mechanisms such as constructive performance measurement and feedback were minimal and, in some cases, such as safety threats, key informants were unaware of recruiter support needs all together.

3.8 Revising the CHW Logic Model

The findings provide insight on the CHW Logic Model (Niamoli et al 2014), through highlighting findings unpresented by the Model. Figure 2 expands on recruiter level outputs (found at the centre of the model proposed by Niamoli and colleagues, triangulating between managerial and CHW accounts. The model elaborates on the sources of the challenges and successes of this specific CHW programme and enabling possible inferences on a means to optimise the programme.

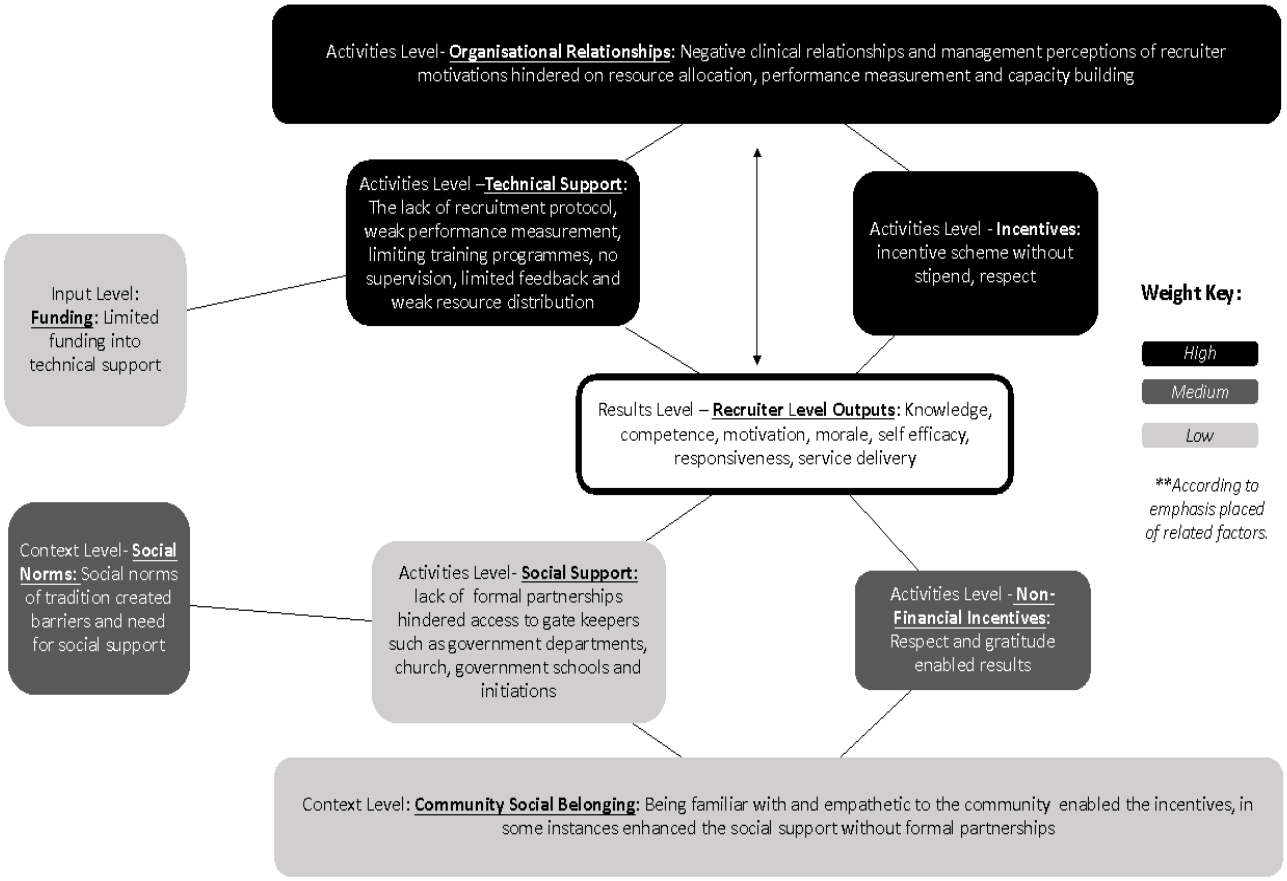


Figure 2. Applied Logic Model for Recruiter Outputs

Study participants largely identified important factors within the programmatic and individual recruiter experience. The broader environments were also influential in framing recruiter and key informant perceptions. Limited funding was detrimental to the programme at large and to recruiters through limited investment in technical support. This was one cause for the transition from longer term to monthly contracts and the provision of stipends to a strictly target-based incentive scheme. Societal norms also posed challenges for recruiters as they combatted the belief in traditional circumcisions over medical circumcision. These unconducive social norms deterred community uptake of the service. Conversely, community social belonging played a positive role in incentivising and integrating recruiters within the communities, even if through informal partnerships.

Organisational relationships were central to perceived roles. Negative relationships compounded by limited funding input had negative influences on programmatic factors such as high-level decision making surrounding contract and stipend structure as well as investment into skills acquisition and growth opportunities overall. This resulted in an under capacitated recruiter teams with job dissatisfaction and low self-efficacy to adequately respond to the community needs and provision of the service.

As visualised in Figure 2, these factors were interdependent. For instance, funding limitations and negative organisational relationships were compounded challenges in the provision of technical support and financial incentives. In other instances, the presence of factors bridged the gaps left by the absence of others as seen in the community social belonging providing recruiters the ability to form informal partnerships where limited social support hindered on their formal community collaboration. Social belonging additionally afforded the recruiters the incentives of respect and gratitude from the community.

Findings highlighted that CHWs' clear role was to recruit clients for VMMC. The means of performing that role were similarly largely agreed upon. Within the organisation, recruiters were to meet their targets through being counsellors, educators and at times the 'saviours' to the community to successfully recruit them to VMMC. Overall, all participants unilaterally perceived recruiter impact to be essential to both the organisation and the communities they

served. Factors influencing recruiters and their work surrounded relationships within the organisation and the community members, both of which were influential to the level and quality of provision of technical support as well as both monetary and non-monetary incentives. While key informants described these factors as crucial, they placed an emphasis on the recruitment processes and the need to find recruiters with passion over creating an environment which is conducive to creating said passion. The primary point of contrast between recruiters and key informants on recruiter motivations was largely detrimental to organisational relationships which in turn deterred the provision of supporting factors.

4 Discussion

This chapter discusses key study findings. Central to findings, are the importance of relationships both at the community and organisational levels. This chapter will discuss the identified factors from the results chapter in the context of the literature, the adapted CHW Logic Model (Figure 2) and said influential relationships. It will additionally speak to study limitations and their potential influences on temporal limitation of responses, issues of transferability, ability to link identified factors to actual recruiter performance and reflexivity limitations.

4.1 VMMC Recruiter Roles

Descriptions of VMMC recruiter roles enables comparison between single-scoped CHW programmes and those with broader scopes. The singular nature of VMMC recruiter roles resulted in strengthened role clarity, a commonly mentioned factor for success (10, 20). On the other hand, recruiters described commonly performing tasks outside of their job descriptions due to their desire to help the community. As a consequence, these VMMC recruiters face similar responsibility burdens as CHWs in broader programmes (20) and exhibit similar needs for personal and career growth support (11, 15, 18, 20, 26).

4.1.1 Role Clarity: Benefits of Single-Scoped CHW Programmes

With increased VMMC uptake being the programme aim, the recruiters fully understood that their sole responsibility is to canvas the community and persuade male community members to undergo the procedure. Government based CHWs placed within WBOTs provide a larger scope of services including not only health promotion and prevention, but curative and monitoring services (10, 15, 20, 26). This causes confusion surrounding their many roles (10) and results in increased risk of overburdening the CHWs (15). Role clarity has been defined in the literature as integral to successful CHW programmes (18, 20). Ideas on how to enhance clarity include defined job descriptions with limited tasks, provision of job aids and standardized protocols (10). While VMMC uptake is firmly within larger health system aims (34), the focused nature of the programme reduces the amount of services these recruiters are required to provide. This is one relative benefit of being employed by an NGO in service of only one health system aim.

The level of community understanding of CHW roles is also a factor in programmatic success (20). This was not a major challenge for CHWs in this study as the community knew them as VMMC recruiters. Unlike CHWs in larger programmes, VMMC recruiters did not face the challenge of community expecting them to serve as medical practitioners or social workers (20). On the other hand, one overlapping challenge is community expectation for recruiters to absolve financial costs (20). This was, in fact, not an issue of community expectations of recruiters, but more limited organisational provision of airtime for follow ups and patient transport to and from the clinics. The lack of resource provision resulted in recruiter inability to meet community expectations based on how the service was marketed. In order for the VMMC procedure to be free of cost, as advertised, it is the onus of the organisation to absorb such costs. In this study, community expectations did not distinguish between recruiter and organisational financial onus, which resulted in recruiters often paying for airtime and transport out of pocket due to insufficient organisational provision of resources.

4.1.2 Not as Distinct as Depicted: Universal Support Needs

Despite the organisation's singular focus, the tasks the recruiters actually conducted were similar to those of CHWs employed to support the PHC at large, such as the WBOT programme. WBOT CHWs have twelve distinct roles surrounding health promotion through outreach, disease prevention through treatment adherence support, screening and health assessments, as well community health monitoring for the DOH (20). The recruiters in this study were only *formally* responsible for two of these tasks: community mobilisation against disease and health promotion at the household level. Nevertheless, they mentioned the additional tasks of providing community counselling, support and stress relief, home-based care and referrals to social services.

In addition to having similar roles, VMMC recruiters and generalist CHWs describe the similar support needs of training (10, 15, 18) and formal growth pathways (20, 25). Structured skills acquisition is linked with career growth opportunities due to the matric qualification prerequisite to enter the formal CHW course (20). With a large number of VMMC recruiters not having their matric certificate, qualified entrance into the formal CHW cadre is limited. Furthermore, the lack of growth pathways, even for qualified CHWs, results in individuals seeking other qualifications,

such as nursing (20). The resulting high attrition rates threaten the overall sustainability of such programmes (20).

VMMC recruiters described their training as limited and management narratives indicated discrepancies in content, duration and overall structure of trainings. This is not unique to this study. While the WBOT training is more structured (24), similarities exist in challenges faced (20, 24). WBOT CHWs receive two ten day trainings spaced over two years including practicals and the addition of a NQF Level Three Health Promoter Qualification (24). This training structure, however, has been deemed inadequate in a rapid appraisal of the programme for the following reasons: varying levels of training within teams due to inconsistent timing of recruitment drives, uninformed development of content in relation to capacity and information gaps and lack of integration with formal qualification requirements (24). Unlike government CHWs, whose deployment is delayed until they have completed phase one of their training (24), this was not a requirement of the study organisation, explaining why many VMMC recruiters remained untrained.

Where VMMC recruiters largely described feeling underprepared, a South African based study on CHWs supporting the PHC noted CHW satisfaction with the level of training received (20). As noted in the Literature Review, however, when tested on the efficacy of their training, only seven percent were able to accurately respond to questions posed on training content (20). This indicates current limitations in capacity building mechanisms for both CHWs in single scoped programmes and those in larger programmes aimed at overall PHC support.

4.2 Organisational Relationships: Influential on Structural Factors

The importance of *Organisational Relationships* was central to study findings and highlights a literature gap in the description of influential factors for CHW programmes outcomes. Some studies highlight the importance of community relationships and the enabling effects of social belonging on recruiter ability to understand community member needs (14, 21). Additionally, while health facility clinical team relationships are seen as an integral factor in fostering CHW felt respect and recognition (15), very little has been discussed of the influence of the relationships between CHWs and organisation leadership. Factors surrounding the notion of

organisational relationships are present, such as health system social support within the CHW Logic Model. However, this refers more specifically to strategic partnerships with organisational actors rather than the relationship itself (14). Furthermore, a desk review conducted on increasing CHW productivity emphasises the importance of conducive work environments (10). While two of the highlighted elements of supervision, and respect (10) are linked to organisational relationships, they emphasise a means for enhancing relationships and the result of conducive organisational relationships more than the specific factor itself.

In this study, managerial perceptions of recruiter motivations significantly reduced the priority placed on organisational resource provision. This contributes to the CHW Logic Model by emphasising the level and means of influence the newly found factor of *Organisational Relationships* has. Study findings also provide insight on how weak relationships result in limited understanding of recruiter roles and needs, thus under-recognition through limited performance measurement metrics. Lastly, findings support the literature (10, 20, 25) by highlighting the instrumental nature of supervision in bridging the communication gap to foster understanding between CHWs and those developing the programmes they work in.

4.2.1 Motivation Mishaps: Unwillingness to Support and Unconducive Employment Structures

Misperceptions about motivations between study populations were the root cause of negative organisational relationships. This resulted in the structural and support barriers of shortened contract duration, loss of a basic stipend and limited investment into skills acquisition and growth opportunities. Despite little mention of the impact of leadership perceptions on provision of support, the literature does discuss the importance of the abovementioned financial and non-financial incentives which they influence (10, 13, 14, 18, 35-38), as described in the following paragraphs.

The importance of CHW contract status is limited in the literature. Despite this limitation, the 2016 CHW protests in South Africa against the legality and employment of fixed-term contracts portray the high levels of resentment and job dissatisfaction that temporary contracts cause (36, 38). Not only does this discourage conducive working environments, but poses a threat to the communities in need of CHW health services (34, 35).

Furthermore, the introduction of target-based incentives due to the study leadership's belief that recruiters are best motivated through profit and competition resulted in the removal of stipends. It has been seen in most studies that formal salaries or basic stipends are crucial factors to programmatic success (13, 15, 18). Where this is not provided, the literature is clear that inconsistent or insufficient remuneration schemes fragment CHW teams and result in job dissatisfaction, insecurity and consequently high attrition rates (13, 15, 18).

4.2.2 Recruiting versus Fostering Passion

The organisational leadership's belief that recruiters were either solely financially motivated or passionate resulted in skewed recruitment strategies. Their priority was thus to find a means to recruit passionate CHWs before training their current team as they were of the opinion that it was fruitless to train individuals without passion rather than seeing the two as interlinked. The detriments of limited capacity building systems have already been described in section 4.1.2 (20). Furthermore, capacity building is also central to job satisfaction, which is found to be integral in fostering employee passion (39). The limitations placed on training, were thus entirely counterproductive to increasing passion with CHW teams.

Minimal research has been conducted on how to best recruit passionate CHWs. However, the construct of passion in the workplace is an area of research in the fields of psychology and business management (39). What study management described as passion is seen in this research to be the combination of *job engagement* and *harmonious passion* for increased job performance and overall wellbeing of employees (39). These two components focus on the relationship between an employee and their work and the overlap of passion for work and passion in other areas of their life (39). They are fostered through the same influential factors to CHW programme success: resources to conduct their work (21, 39), performance feedback and support (20, 39), and manageable job demands (10, 21, 39). Thus, the hypothesis extracted from the field of business management and psychology is directly in line with the abovementioned determinants of CHW job satisfaction and programme successes. Moreover, it is consistent with the importance of organisational belonging or identity in enabling CHW level outputs.

Whether or not there is a means of recruiting for passion, this finding highlights a literature gap on standardised protocol for the CHW cadre. Very little literature speaks to optimal recruitment strategies for CHWs. Mentioned criteria have been broadly posed with two major elements: CHWs being from the community they work in and community participation in the recruitment and selection processes (11, 25). These criteria are set to enable social belonging and community acceptance of CHWs (14, 21). While the large majority of VMMC recruiters were from the communities they serve, in line with the literature, community participation is not explicitly part of their recruitment and selection (11, 25). This may have been a result of low levels of community social support, as the original CHW Logic Model (Figure1) suggests (14), resulting in barriers to community gatekeeper access.

4.2.3 Stifling Performance Measurement Metrics

Limited organisational understanding of the true scope of study recruiter tasks resulted in narrow performance measurement metrics. This is not uncommon, as single-scoped programmes have a tendency to limit performance measurement metrics to organisational functions (18). Research has found that organisations that use broader indicators which include successful community level change processes are largely more effective in that they measure organisational goal achievement while encompassing all the change process that ensure it (18). This also increases CHW motivation as they are acknowledged for successful efforts that may not have resulted in target achievement due to external factors. This indicates that not only does the organisation better understand what goes into reaching the targets but expands the potential reach towards community and societal outcomes and impact.

4.2.4 Disruptive Supervision Gaps

As supported by the literature, supervision relationships emerged as critical within this study. The elements of supervision and hands-on mentoring have been described as programme components that foster greater understanding of recruiter motivations and needs through a more informed feedback loop (10, 20, 25). Both international and national literature has found that supervision is crucial for recruiter productivity (10, 20, 25). The most efficacious supervisory support structures have been seen to be where there is a detailed supervision action plan, the supervisor has the single role of supervising CHWs, CHWs expectations of their supervisors are

clear and where CHWs receive continuous and frequent support and mentorship (10, 20, 25). An additional argument for supervision that has not been reported in the broader literature is related to safety. The lack of any mention of supervision resulted in management underestimating support needs, e.g. prevention of threats to personal safety.

4.3 Conducive Community Relationships: Importance of Social belonging

CHW-community relations were important in study findings, particularly in terms of social belonging contributing to enhanced recruiter performance. This theme further highlights the need for capacitation, resource provision and gatekeeper access to enhance community service provision and organisational target achievement. The findings were largely consistent with the broader literature.

4.3.1 Community Social Belonging, Social Support and Gatekeeper Access

The ways communities shape recruiter roles are elaborated on throughout the literature (14, 21). As described in the Literature review, a South African-based study posited that recruiter social belonging enables performance through a role described as the "insider" (21). Using this frame from Identity theory, the CHWs in this study largely exhibited this insider, role which stems from being from the communities and therefore able to commiserate and empathise (21). Social belonging enabled them to form informal partnerships within the community without having to first seek activity level community social support, as prescribed by the CHW model (14) and reflected in Figure 2. However, without formal partnerships that social support can facilitate, the challenge of limited access to community gatekeepers persists, which is a phenomenon also described by Naimoli as limited engagement with community actors such as civil society or traditional circumcision school leaders to foster cooperation (14).

4.3.2 Importance of Skills Acquisition for Community Relationships

The limited skills-building opportunities within the study implementing agency played a significant role in limiting the roles CHWs were able to play within the communities. As previously mentioned, the factor of skills acquisition is vital for programme success (10, 15, 18). In this instance however, it specifically constrained recruiter roles within the communities they were serving. Identity theory is clear; capacity building is central to CHW ability to play

additional roles of the "broker" and the "outsider"(21). These additional roles represent the ability to disconnect with the community to the extent that they are slightly elevated through heightened capacitation and having the resources required to provide community service (21). Without said capacitation and enhanced access to resources, CHWs are limited in their ability to perform. While VMMC recruiters benefited from social belonging through being from the communities, they struggled to obtain outsider and broker roles due to limited investment in training and insufficient provision of required resources.

4.4 Study Limitations

The cross-sectional study design is inherently limited in that it measures participant perceptions at one time and does not account for the potential shift over time. This has the potential to introduce a recall bias on the part of the participant. Furthermore, it allows for current mood or environment to influence responses. The time that interviews were conducted was during a very busy winter season, thus there were a number of recruiters who refused to participate, and some participants seemed to rush through the interviews. It was not clear why most refusals happened from one site. While the researcher attempted to gain insight on shifts by using temporal questions and prompts, study participants were expressing perceptions held at the time the study was conducted.

The involvement of Team Managers in the recruitment process for participants may have introduced a form of selection bias, leading to the inclusion or exclusion of recruiters based on preconceived notions on the value of their responses. The fact that the organisation supported this research with the aim of improving its management of the demand creation teams may have mitigated this. Restricting respondent to English in line with the researcher's skills may have also biased the findings. While the involvement of Team Managers in the recruitment process assisted in identify English proficient recruiter (also fluent in local languages) with rich insights on the research question, we cannot dismiss the possibility that there may have been systematic differences between them and recruiter who did not speak any English in terms of experiences.

True anonymity of the KII participants was limited as the roles only comprise one individual. For this reason, the organisation has not been named. Still, key informants may have responded with

a form of sponsor bias, responding to what they believed their organisation stood for in the case that responses were linked to them. Efforts to maintain confidentiality were communicated and maintained throughout the research process. Furthermore, the researcher's "closeness" (as will be discussed below) elicited candid responses from key informants, potentially mitigating the potential for sponsor bias.

Another limitation was seen in the fact that the study emphasised *perceptions* of enabling and hindering factors to success rather than the potentially influential organisational systems in place. This resulted in minimised analysis of how said systems may have influenced these perceptions. Furthermore, findings highlighted perceived factors of impact rather than comparing narratives to actual performance indicators. The missing components of the model are reflective of these limitations for it is difficult to translate findings into actual performance, community outcomes and societal impact.

As mentioned in Chapter 2, there was a potential bias stemming from personal preconceived notions of CHWs being undervalued formed in my years of working directly with CHWs in the field. Furthermore, my having been employed by the study organisation for over two years may have resulted in previous opinions on key programme components. Potential limitations were addressed with guidance from my supervisor in ensuring neutrality in the development of interview guides as well as inter-coder reliability in the analysis stage. Furthermore, in many instances my "closeness" to the participants was beneficial to the depth of responses obtained. Recruiters sensed my empathy with them which mitigated the potential for mistrust while management was able to speak candidly, seeing me as continually part of the team.

Lastly, the participants were from one implementing agency in only one operational district of the organisation. This may result in limited transferability of findings to other organisations or other geographic areas. Despite this potential limitation, there are commonalities surrounding CHW programmes, as discussed in this chapter, which could still add insight on CHW programmes overall.

5 Conclusion and Recommendations

Due to consistent failure to reach VMMC uptake targets in South Africa, this study aimed to investigate the perceived role of CHWs (recruiters) who are involved in demand creation. While literature on the topic has examined the roles of CHWs within the PHC system and disease prevention, it is limited in focusing on VMMC demand creation. Previous studies have also, in large part, failed to focus on the perspectives of CHWs themselves, rather reflecting the narratives of experts and management. This study probed both recruiters and key management staff at one South African VMMC implementing agency on their perceptions of the recruiter roles, what factors contribute to the efficacy of their work and what impact their roles foster to inform the optimisation of said programmes and better understand the roles of recruiters in single-scoped programmes in demand creation.

5.1 Conclusion

Study findings have shown that while the role of recruiters in VMMC are crucial in increasing uptake to the service, their roles are far more extensive than the literature indicates and even what implementing agencies may recognise. In fact, the scope of their responsibilities mirror those of CHWs deployed for PHC system support, as do their support need levels. As discussed in Chapter 4, the key factors for success of CHW programmes have been shown to be concurrent with literature with other CHWs programmes.

However, this study contributes to the CHW discourse by highlighting how organisational relationships may colour (and sometimes overlook evidenced based insights) related to how these factors are to be implemented. Points of contradiction, or misunderstandings, between key management staff and recruiters are central causes to inadequate provision of financial and non-monetary support. What resulted was a poorly coordinated approach to VMMC demand creation. Study findings indicate that this is a result of: 1) Limited inclusion of CHWs in the development of programmes to avoid uninformed prioritisation of structural elements.2) Limited integration of single-scoped CHWs in government provided technical support systems to adequately support the efficacy of this cadre, 3) Limited recognition of the influences that leadership perceptions on CHWs have on programme design and, 4) under prioritisation of supervisory support structures.

5.2 Recommendations

5.2.1 Participatory Programme Development: Inclusion of CHWs in Programme Design for Informed and Coordinated Approach to CHW Programme Management

The prevalent findings on the influences of contradicting perceptions between recruiters and organisational management on motivations and incentives resulted in the overwhelming discourse on individual challenges faced and the resulting barriers to target achievement as discussed in Chapter 4. The organisational discord strongly underscores the need to limit emotionally based decision-making and, rather, employ a participatory approach to designing, implementing and prioritising programme elements. In consideration of the impactful role they play in positive health behaviour change and health promotion overall (11, 12), it is pertinent to strengthen coordination and design of CHW programmes to bolster this impact. CHW participation in planning and design exercises could offset some of the oversights noted in the study.

The exclusion ofCHWs from programme development has been found to not only to place overall performance at risk, but exasperates the challenges discussed in Chapter 4 (40). A more participatory approach stands to strengthen the programme goal achievement by drawing on CHW-held critical insights with regards to informing challenge mitigation and prioritisation of critical programme elements such as supervision and resource allocation as well as providing the means for addressing practical discrepancies between policy and implementation (40). In addition to this, participatory approaches can also ameliorate the power dynamics (40) and consequential resentment (11, 15, 40) expressed by CHWs in this study and the broader literature. Altogether, including CHWs in the programme development would not only benefit the programme overall but reduce barriers to their impactful performance.

5.2.2 Deepened Integration of single-scoped CHWs in Government Provided Technical Support Systems and Inter-Sectoral Action for Amelioration of the HRH Crisis

VMMC recruiters in this study were affirmed as playing a critical role in demand creation for the procedure, organisational target achievement and community level health improvement. The findings indicate that the mechanisms they employ are similar to CHWs employed in PHC

supporting capacities as are their support needs. The study and literature however show that in most instances the needs of VMMC recruiters were left unmet. This is more so the case in single-scoped programmes with weaker support structures and limited financial capacity. A proposed means of enhancing support is to integrate CHWs from single-scoped programmes into existing government training and growth pathways. This could additionally support the current HRH crisis through increasing the pool of qualified health workers.

With limited resources to provide adequate technical support and growth opportunities, NGO based CHWs are not afforded the support provided to government CHWs. Considering many of these NGOs work towards national targets imposed by the government, this is a detriment to government health target achievement. It would behove government to afford these CHWs the opportunities their support structures provide. This would entail strengthening government support systems as they face challenges in their capacity building initiatives and are lacking in formal growth pathways. Nevertheless, integration of single-scoped programmes CHWs would still increase the much-needed increased coverage of skills and vital incentives throughout the cadre.

Furthermore, a large motivation for the increase of CHW programmes has been to bridge the gap caused by the HRH crisis (9). In South Africa, the HRH Strategy for Health (41) estimates that in 2020 the critical need gap will persist with a shortage of over 3000 formally qualified CHWs and over 2000 qualified Home-based Caregivers (41). An inter-sectoral approach is required to close this need gap. For instance, public and private partnerships with academic institutions could increase the number of qualified CHWs, in turn feeding back into filling gaps in public sector health worker positions. The added benefit of this upskilling strategy would be that CHWs' desire for career growth would be addressed.

Overall, the segregation between CHWs in the development sector and public sector undermines health improvement aims. Further integration would ameliorate seen challenges, provide CHWs with the conducive incentives to perform while potentially contribute to resolving the HRH crisis.

5.2.3 Organisational Policy Mandated Supervision Support: Bridging the Gap between Decision-Makers and CHWs

The strong influence of negative organisational relationships on structural components such as contract duration and remuneration schemes highlights the need for mediating actors such as supervisors. Not only are CHW programmes without supervision largely less successful overall (10, 20, 25), but close and continuous supervision is strongly shown to be instrumental in bridging the information gap and strengthening feedback (10, 20, 25). Furthermore, supervision is commonly seen to be the weakest link in the factors to CHW success, perhaps due to the extensive financial investment it requires (10).

Introducing supervision as an organisational policy mandate would not only potentially curb negative organisational relationships, but also ensure the provision of an indispensable programmatic factor for VMMC demand creation and overall CHW programme success. Best practice prescribes that supervision systems ensure supervisors have no responsibilities outside of their supervisory responsibilities, expectations of CHWs and Supervisors are clearly defined and understood, that supervision and mentoring be frequent and continuous. All of this is to be detailed in an action plan which is fully adhered to (10, 20, 25).

5.2.4 Further Research

Study findings indicate an uncoordinated approach to designing CHW programmes resulting in a largely under-motivated, under-supported and under-capacitated CHW cadre. Single-scoped programmes are largely siloed from support systems provided to the government based CHWs despite contributing directly to national health aims. Further research is required on the feasibility and implications of absorbing single-scoped programme CHWs into the government provided skills and growth pathway opportunities. This research should consider impact on productivity, implications on the HRH crises and how to strengthen the current government system through inter-sectoral collaboration between private, public and development sectors as well as academic institutions both for resource pooling for the initiative and mutually beneficial partnerships.

Furthermore, an initial review of CHW programmes and the study findings emphasise the fact that programmatic factors are intrinsically inter-independent and vital in augmenting CHW influence on community and societal level health outcomes and impact. While SBCC techniques have been proposed as a means of identifying the ideal combination of factors to do so, additional research is required to better understand the implications of placing CHWs as beneficiaries to the SBCC health interventions to enhance their ability to be change agents for the larger community.

In addition, findings would have been enhanced through a more detailed analysis of organisational structure and the influence this has on motivation and perception of working conditions. Further research on which systems promote higher recruiter motivation and performance levels would be beneficial to better understanding the ideal design of CHW programmes overall.

Lastly, while supervision is strongly supported by the literature at large as a crucial and often under prioritised CHW programme component, further research comparing the successes of CHW programmes with supervision and those without is needed to advocate for policy mandates and funding for this indispensable factor in overall CHW programme success.

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Appendices

Appendix 1: Plagiarism

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG | FACULTY OF HEALTH SCIENCES

PLAGIARISM DECLARATION TO BE SIGNED BY ALL HIGHER DEGREE STUDENTS

SENATE PLAGIARISM POLICY: APPENDIX ONE

I **Matata Nolene Diomande** (Student number: **1233699**) am a student registered for the degree of **Master's in Public Health** in the academic year **2019**

I hereby declare the following:

- I am aware that plagiarism (the use of someone else's work without their permission and/or without acknowledging the original source) is wrong.
- I confirm that the work submitted for assessment for the above degree is my own unaided work except where I have explicitly indicated otherwise.
- I have followed the required conventions in referencing the thoughts and ideas of others.
- I understand that the University of the Witwatersrand may take disciplinary action against me if there is a belief that this is not my own unaided work or that I have failed to acknowledge the source of the ideas or words in my writing.

Signature: _____ Date: 28 March 2019

26/04/2015

Appendix 2: In-depth Interview CHW Guide

Participant ID No Gender Male / Female Researcher Initials MND

Health facility number |__|__| Date |__|__/__|__/__|__|

Preparation Checklist

- ☐ *3 copies of participant information sheets and consent forms each*
- ☐ *Audio-recording device (extra batteries or charged)*
- ☐ *Interviewer notepad*
- ☐ *Confidential space to conduct interview*
- ☐ *Refreshments*

Consent Checklist

- ☐ *Information sheet has been provided and explained*
- ☐ *Both Interviewer and interviewee have a signed consent form*
- ☐ *Both Interviewer and interviewee have a signed audio consent form*

Matata N. Diomande: _____ **Date:**

Introduction

Thank you for agreeing to take part in this study. Your responses are greatly valued and I hope this can be a platform to voice your opinions to improve the programme overall.

As I mentioned in the participant information sheet, this interview will be very valuable to better understand your perception on your role, motivations, challenges and the impacts you make in VMMC demand creation. I will be interviewing around 15 recruiters at this site and 3 managers and this interview will be in English and will take between 60 and 90 minutes of your time.

Do you have any questions before we being?

Warm up [demographic & work history]

Can I ask some details about you and your job?

Job Title _____

Highest Educational Grade attained _____ *Year of graduation*_____

Duration of work at this facility: *Years*___ *Months*___

Are you full-time or on contract?

How old are you?

Are you originally from this area/district? □ Yes □ No

If you are ready, I will now ask you some questions about your experiences as a CHW in this facility.

Domain	
Perceptions of Role	**Role Key Questions:** ● What are your current roles at this site? ● What are the roles you perform that are part of your job description/not directly part of your job description? What is your role within the team? Community? **Probes on clinic**: What do you do when you are on site? How do you relate to your manager and other team members? **Probes in the community:** What do you do when you are in the field? What does the community ask of you? How do you see yourself in relation to the community?
Motivations	**Motivation Key Questions:** ● What motivated you to apply for this job? ● Why do you think you got the job? ● What inspires you now in your day to day? ● What motivations have changed from when you initially got the job and now? **Probes**: What is your favourite story of interacting with a client? What do you think is important to the organisation?
Perceptions of	**Barriers Key Questions:**

Barriers and Enablers	● What makes your job difficult? ● How do you overcome these challenges? ● Which challenges (clinic/community) are the most difficult to overcome? Why? **Probe at clinic**: What are some of the biggest challenges you face the clinic? What makes them challenging? What **Probes in community**: What sorts of challenges do you face in the community? **Enablers Key Questions:** ● What makes your job easier? ● How does the organisation measure your success? ● How does the organisation try to help you, if at all? **Probe**: What kind of feedback do you receive, positive or negative? When you have faced challenges (personal or professional), what has helped you? What are some ways that they have tried to assist but did not manage? What has helped with problems you have faced with the community? How respected do you feel at the clinic? How respected do you feel when you are in the community?
Perception of impact	**Impact Key Questions:** ● What kind of impact do you feel you are making? ● How does this help the organisation? community? ● How does the job impact you/family? **Probe**: What sorts of things have clients thanked you for? How do you feel you have helped them? In what ways have you seen clients' personal lives improve from VMMC and your support to them? (VMMC related or other)
Recommendations	What would you suggest to improve the programme?

Closing

Is there anything else you would like to share that we have not talked about?

- ✔ Summarise
- ✔ Thank participant
- ✔ Remind participant of additional sources of information

Adapted from ACT Consortium interview guide tools (42)

Appendix 3: In-depth Interview KII Guide

Participant ID No Gender Male / Female Researcher Initials MND

Date |__|__/__|__/__|__|

Preparation Checklist

- ☐ *Extra copies of Information Sheets*
- ☐ *Extra copies of consent sheets*
- ☐ *Audio-recording device with extra batteries or charged*
- ☐ *Interview notepad*
- ☐ *Confidential space to conduct interview*
- ☐ *Refreshments are available*

Consent Checklist

- ☐ *Information sheet has been provided and explained*
- ☐ *Both Interviewer and interviewee have a signed consent form*
- ☐ *Both Interviewer and interviewee have a signed audio consent form*

Matata N. Diomande: Date:

Introduction

Thank you for agreeing to take part in this study, your responses are greatly valued.

As I mentioned in the participant information sheet this interview will be very valuable to better understand CHW perceptions on their roles, motivations, challenges and the impacts they make in VMMC demand creation. I will be interviewing around 15 CHWs at this site and 3 managers and this interview will take between 60 and 90 minutes of your time.

Do you have any questions before we being?

Warm up [demographic & work history]

Can I ask some details about you and your job?

Job Title _____

How long have you worked in the position? Years Months: **Now I am going to ask you some questions about your experiences as a manager/supervisor in the demand creation programme.**	
Domain	
Perceptions of Role	**Roles Key Questions:** ● What are the current roles of CHWs in the demand creation programme? ● What roles do you think they play that is not in their job description? (site/ community? ● Why is their role important? ● How would you describe your management style? **Probes on site**: What does a day at work look like for a CHW? What do they do when on site? What are the roles you believe they provide that are not directly asked of them? How do you support your team? How would you describe your management style with the CHWs? **Probes (community):** What do CHWs do when they are in the field? What do you think the community expects from them? How do you feel they see themselves in relation to the community?
Perceptions of Motivations	**Motivation Key Questions:** ● What do you believe motivated CHWs to apply? ● How do you think their motivations may shift over time? ● What are their Key performance areas (KPAs)? How does the organisation help motivate staff? **Personal CHW Probes**: What reasons do you think someone would have to be a CHW? What do you think are their most enjoyable part(s) of their jobs? How do you think their motivation might shift over time? What would make these shifts occur? If you have been out in the field, what do you see them getting excited and passionate about? **Organisation Probes:** What ways does the organisation attempt to motivate and keep CHWs safe? How could the organisation do more?

	How does the organisation ensure their safety both financial and physical? What has worked well and what has not?
Perception of Barriers & Enablers	**Barrier Key Questions:** ● What makes CHWs' job difficult to accomplish? ● What are the challenges on site/in community? ● How does the organisation try to help them overcome these challenges? **Probe at site**: What are some of the most difficult tasks you believe they have? How and why are they challenging? **Probes in community**: What sorts of challenges do they face when working with the community? What sorts of uncomfortable situations do you feel they encounter? **Enabler Key Questions:** ● What makes their job easier? ● How do you think they would suggest to make their jobs easier? **Probe**: How does the organisation attempt to increase job performance? How do you feel this is perceived by the CHWs? What are some situations where the organisation has attempted to help but was unable to overcome potential barriers?
Perception of impact	Impact Key Questions ● What kind of impact do you feel they feel they are making? ● How do you feel their role impacts the org and the community at large**?** ● How do you think they perceive their impact**?** **Probe to organisation?** How does the role of CHWs support the organisation? How? How do you feel they perceive this impact? How would you want them to want to impact the organisation? Their team, their community? **Probe in community**: What sorts of things do you think the community is most grateful for? How do you feel they have helped them?
Recommendations	What would you suggest to improve the programme?

Closing

Is there anything else you think is important that we have not talked about?

1. Summarise
2. Thank participant
3. Remind participant of additional sources of information

Adapted from ACT Consortium interview guide tools (42)

Appendix 4: External Transcriber Disclosure

CONFIDENTIALITY AND NON- DISCLOSURE AGREEMENT
BY AND BETWEEN

Top Transcriptions ("THE RECIPIENT")

Registration Number: CK 2008/230998/23

And

Matata Diomande
("THE DISCLOSING PARTY")

Definitions

1. For the purposes of this agreement:
    1.1. "Top Transcriptions" means the company and operations of Top Transcriptions.
    1.2. "Transaction" means the provision of services to
    , by ***the recipient***.
    1.3. "Relevant Information" means:
        1.3.1. all information (whether oral, written or in any other form) relating to Matata Diomande and the Transaction which is supplied to ***the recipient*** or to ***the recipient's*** agents or to which these agents are allowed access or of which ***the recipient*** or ***the recipient's*** agents become aware of in the course of meetings or discussions with Matata Diomande.
        1.3.2. all information regarding the existence, nature or progress of any approach, negotiations or discussions relating to the Transaction; and
        1.3.3. in each case includes documents and information prepared or generated by ***the recipient*** or ***the recipient's*** agents from such information.

Terms of the confidentiality

2. All Relevant Information shall be kept strictly confidential and ***the recipient*** shall not disclose in whole or in part any Relevant Information to any person other than:
    2.1. those persons as are or are likely to be directly involved in the Transaction and who reasonably need to know the Relevant Information for the purposes of evaluating or negotiating the Transaction; and

2.2. those professional advisers engaged to advise ***the recipient*** in respect of the Transaction and who reasonably need to know the Relevant Information (or any part of it) in order to advise upon the Transaction.

3. The Relevant Information shall be used by ***the recipient*** and by any person to whom it is properly disclosed in accordance with paragraph 2 solely for the purpose of evaluating and negotiating the Transaction.

4. This agreement shall not apply to Relevant Information:
   4.1. which at the time of disclosure to ***the recipient*** is in the public domain; or
   4.2. which, after such disclosure, comes into the public domain otherwise than through an unauthorised disclosure by ***the recipient*** or their agents or by any other person in breach of any obligation of confidentiality; or
   4.3. which was lawfully in the possession of ***the recipient*** prior to such disclosure, as evidenced by the relevant party's written records, and which was not acquired directly from or indirectly from Matata Diomande; or
   4.4. which lawfully comes into the possession of ***the recipient*** from a third party on a non-confidential basis; or
   4.5. which ***the recipients*** are compelled to disclose by reason of any applicable law, order of the court or by applicable regulation.

5. If ***the recipient*** or any person to whom Relevant Information is properly disclosed in accordance with this agreement becomes compelled to disclose any Relevant Information ***the recipient*** shall inform Matata Diomande in writing of such request or obligation as soon as possible after ***the recipient*** are informed of it and, if possible, before any Relevant Information is disclosed, so that a protective order or other appropriate remedy may be sought by Matata Diomande and the cost thereof shall be borne by the party seeking such protective order. ***The recipient*** agrees to assist and co-operate in any appropriate action, which Matata Diomande may decide to take at the cost of Matata Diomande, as the case may be. If ***the recipient*** is obliged to make a disclosure, ***the recipient*** shall only make a disclosure to the extent to which ***the recipient*** are so obliged but not further or otherwise.

6. As soon as possible and in any event within five business days after receipt by ***the recipient*** of a written notice from Matata Diomande requesting it, ***the recipient*** shall return any and all Relevant Information and all copies thereof which have been made by or on behalf of ***the recipient*** or its directors or employees and ***the recipient*** will confirm to Matata Diomande, in writing, that this obligation has been complied with.

7. Each party acknowledges and agrees that damages would not be an adequate remedy for any breach of the undertakings contained herein and Matata Diomande shall be entitled, without

limitation, to the remedies of injunction and other equitable relief for any threatened or actual breach of the confidentiality obligations provided for herein.

8. This agreement contains all the express provisions agreed on by the parties with regard to the subject matter of the agreement and the parties waive the right to rely on any alleged express provision not contained in this agreement. A party may not rely on any representation, which allegedly induced that party to enter into this agreement, unless the representation is recorded in this agreement.

9. Notices under this agreement shall be given in writing to the relevant party at the address stated herein (or to such other address as it shall previously have notified in writing to all other parties).

10. This agreement shall be governed by and construed in accordance with South African law and any claims or disputes arising out of, or in connection with, this agreement shall be subject to the exclusive jurisdiction of the High Court of South Africa (South Gauteng Division)

THUS DONE AND SIGNED AT DURBAN AT THIS THE ....25th..... DAY OF ……September…… 2018



For and behalf of: Top Transcriptions

Per (full name of signatory): Paul Crowther

Capacity: Member

6 THUS DONE AND SIGNED AT **RIVONIA** AT THIS THE **25tH** DAY OF **SEPTEMBER 2018**



For and behalf of:

Per (full name of signatory): **MATATA DIOMANDE**

Capacity: **RESEARCHER**

Appendix 5: HREC Approval Letter

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

R14/49 Miss Matata Diomande

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

CLEARANCE CERTIFICATE NO. M180244

NAME: (Principal Investigator)	Miss Matata Diomande
DEPARTMENT:	School of Public Health Centre for HIV/AIDs Prevention Studies
PROJECT TITLE:	The perceived role of community health workers in voluntary medical male circumcision demand creation
DATE CONSIDERED:	23/02/2018
DECISION:	Approved unconditionally
CONDITIONS:	
SUPERVISOR:	Sara Nieuwoudt
APPROVED BY:	Professor CB Penny, Chairperson, HREC (Medical)
DATE OF APPROVAL:	01/06/2018

This clearance certificate is valid for 5 years from date of approval. Extension may be applied for.

DECLARATION OF INVESTIGATORS

To be completed in duplicate and **ONE COPY** returned to the Research Office Secretary on the Third Floor, Faculty of Health Sciences, Phillip Tobias Building, 29 Princess of Wales Terrace, Parktown, 2193, University of the Witwatersrand. I/we fully understand the conditions under which I am/we are authorized to carry out the above-mentioned research and I/we undertake to ensure compliance with these conditions. Should any departure be contemplated, from the research protocol as approved, I/we undertake to resubmit the application to the Committee. **I agree to submit a yearly progress report**. The date for annual re-certification will be one year after the date of convened meeting where the study was initially reviewed. In this case, the study was initially reviewed in **February** and will therefore be due in the month of **February** each year. Unreported changes to the application may invalidate the clearance given by the HREC (Medical).

Principal Investigator Signature Date

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

Appendix 6: CHW Participant Information Sheet

VMMC Demand Creation CHW Perception Study

I Introduction

Good day and thank you for taking the time to speak with me. I am Matata Diomande, from the School of Public Health at the University of Witwatersrand and am conducting a study on CHW perceptions of their roles in VMMC demand creation. I would like to invite you to consider volunteering for the abovementioned study.

It is crucial that you read and fully understand the following explanation of the purpose, procedures, benefits and risks of the study as well as your right to withdraw at any time before volunteering to participate. This information leaflet is to help you decide if you would like to volunteer. You also have the right to take an unsigned copy should you wish to take some time and think about participating in this study. If you have any questions, do not hesitate to ask me.

Once you have understood all the information, you will have the opportunity to refuse this interview however, if you choose to volunteer I will request that you sign and form stating that you accept. I will give you a copy of this form for your personal records.

It is important that you understand the following:

- Taking part in this study is completely voluntary.
- You may refuse to take part in this study or leave it at any time. By doing so, you will not lose any benefits you receive now or have a right to receive.
- Your decision to leave this study will not affect you professionally now or in the future.
- Your decision will not affect your ability to take part in other research studies.

II Purpose of Study

I invite you to partake in the study which is about how you see your role in the demand creation programme, what challenges you face, what you love most about what you do and what impact you have on the programme on a whole. It also seeks to understand how to improve the programme for you, your team, managers and the community members that you work with. To

do this, I am asking around 15 selected CHWs from this team about their perspective on the above-mentioned issues. I will also be interviewing selected managers at head office about their perspectives the above issues. The managers will have no knowledge of what you say or your identity. This information will help us understand your roles in the demand creation programme and how to improve the demand creation programme overall.

III Interview Process

Participating in this study involves taking part in one 60-90-minute interview with me. The interview will be conducted in English and is a one-time event; no further information will be required from you once it is complete. It will take place in a private room for your comfort and privacy. With your consent, I will be recording our discussion on an audio recording device and will also be taking some notes.

I will ask you a series of questions about the topics mentioned before. Your honest answers to the questions will be used to help me:

- Learn about your perception of your roles in the VMMC demand creation programme.
- Learn about what made you choose to be in the role of CHW for the VMMC demand creation programme
- Learn about your challenges and what enables you to do your job better
- Learn about what impact you see yourself having by being a CHW in the VMMC demand creation programme.
- Attempt to improve the programme and your working environment.

While I hope that you will feel comfortable enough to answer freely, you may skip any questions you don't want to answer

IV Confidentiality

Anything that you share in the interview will be kept confidential in the following ways:

- We will use a code instead of your name for any quotes, which will be transcribed directly from a transcription from the audio recording.

- Audio recordings and transcripts of the interview will be stored in locked and/or password protected files and destroyed three years after the study is complete.
- All information obtained during the course of this study, including personal data and research data will be kept strictly confidential. Data that may be reported in scientific journals will not include any information that identifies you as a participant in this study.
- This information will be reviewed by authorised academic supervisor.
- The information might also be inspected by the University of the Witwatersrand, Human Research Ethics Committee (HREC).

IV Risks and Benefits

The interviewer may ask questions or raise issues that are personal and of a sensitive nature that may make you feel uncomfortable or upset. There are no wrong answers in this type of interview. We are interested in your experiences and thoughts. However, you may skip any questions that you don't want to answer or discontinue the interview at any point. There may be other risks and discomforts that are not known at this time.

While your site managers may know that you have been interviewed, they will not know what information you choose to share. I will be interviewing multiple CHWs at this site and all information will be presented anonymously in the final report. The organisation will not know which CHW said what nor will they know which site the CHW works at. No information you share will put you at professional risk.

There are no direct benefits to partaking in this study or the interview process. There is no cost to you and you will not be paid to take part of the study. That being said, your responses are very valuable in improving the experience of CHWs in the organisation as well as the demand creation programme overall.

V Right as a Participant in this Study to Refuse to take part

This study is entirely voluntary. Please note that you can refuse to participate in the study at any point in time. Should you want to stop this interview please let me know and I will immediately stop recording and end the interview

VI Ethical Approval.

- This study protocol has been submitted to the University of the Witwatersrand, Human Research Ethics Committee (HREC) and written approval has been granted by that committee.
- The study has been structured in accordance with the Declaration of Helsinki (last updated: October 2008), which deals with the recommendations guiding doctors in biomedical research involving human participants. A copy may be obtained from me should you wish to review it.
-

VI Sources of Additional Information:

Please contact me, Matata Diomande, on 079-210-8906 or email me on diomandem@gmail.com if you have any questions or concerns. You are urged and welcome to ask me any questions about participating in the study before, during or after the interview should you give consent.

If you have any questions about your rights as a participant, you may contact Prof Peter Cleaton-Jones at the University of the Witwatersrand, Human Research Ethics Committee: Secretariat (011 717 1234)

Appendix 7: KII Participant Information Sheet

VMMC Demand Creation CHW Perception Study

I Introduction

Good day and thank you for taking the time to speak with me. I am Matata Diomande, from the School of Public Health at the University of Witwatersrand and am conducting a study on CHW perceptions of their roles in VMMC demand creation. I would like to invite you to consider volunteering for the abovementioned study.

It is crucial that you read and fully understand the following explanation of the purpose, procedures, benefits and risks of the study as well as your right to withdraw at any time before volunteering to participate. This information leaflet is to help you decide if you would like to volunteer. You also have the right to take an unsigned copy should you wish to take some time and think about participating in this study. If you have any questions, do not hesitate to ask me.

Once you have understood all the information, you will have the opportunity to refuse this interview however, if you choose to volunteer I will request that you sign and form stating that you accept. I will give you a copy of this form for your personal records.

It is important that you understand the following:

- Taking part in this study is completely voluntary.
- You may refuse to take part in this study or leave it at any time. By doing so, you will not lose any benefits you receive now or have a right to receive.
- Your decision to leave this study will not affect you professionally now or in the future.
- Your decision will not affect your ability to take part in other research studies.

II Purpose of Study

I invite you to partake in the study which is about CHWs' perceptions on their roles in the demand creation programme, what their barriers and enablers are in fulfilling those roles, and

what their perceived impact is. It also seeks to understand what you as managers believe their perceptions are on the above-mentioned in order to improve the programme for them, their teams, the community members that they work with and the programme outputs and outcomes on a whole. To do this, I am asking around 15 selected CHWs from this team about their perspective on the above-mentioned issues. I will also be interviewing 3 selected managers at head office about their perspectives on the above issues. This information will help us understand CHW roles in the demand creation programme and how to improve the programme overall.

III Interview Process

Participating in this study involves taking part in one 60-90-minute interview with me. The interview will be conducted in English and is a one-time event; no further information will be required from you once it is complete. It will take place in a private room for your comfort and privacy. With your consent, I will be recording our discussion on an audio recording device and will also be taking some notes.

I will ask you a series of questions about the topics mentioned before. Your honest answers to the questions will be used to help me:

- Learn what you believe CHW perceptions of their roles in the VMMC demand creation programme are.
- Learn about what you believe motivated them to be a CHW for the VMMC demand creation programme
- Learn about what you believe their challenges and enablers are to performing in their roles.
- Learn about what you believe their perceived impact is on the VMMC demand creation programme.
- Attempt to improve the programme on a whole.

While I hope that you will feel comfortable enough to answer freely, you may skip any questions you don't want to answer

IV Confidentiality

Anything that you share in the interview will be kept confidential in the following ways:

- I will use a code instead of your name for any quotes, which will be transcribed directly from a transcription from the audio recording.
- Audio recordings and transcripts of the interview will be stored in locked and/or password protected files and destroyed three years after the study is complete.
- All information obtained during the course of this study, including personal data and research data will be kept strictly confidential. Data that may be reported in scientific journals will not include any information that identifies you as a participant in this study.
- This information will be reviewed by authorised academic supervisor.
- The information might also be inspected by the University of the Witwatersrand, Human Research Ethics Committee (HREC).

IV Risks and Benefits

The interviewer may ask questions or raise issues that are personal and of a sensitive nature that may make you feel uncomfortable or upset. There are no wrong answers in this type of interview. We are interested in your experiences and thoughts. However, you may skip any questions that you don't want to answer or discontinue the interview at any point. There may be other risks and discomforts that are not known at this time.

There are no direct benefits to partaking in this study or the interview process. There is no cost to you and you will not be paid to take part of the study. Your responses are very valuable in improving the demand creation programme overall.

V Right as a Participant in this Study to Refuse to take part

This study is entirely voluntary. Please note that you can refuse to participate in the study at any point in time. Should you want to stop this interview please let me know and I will immediately stop recording and end the interview

- **VI Ethical Approval: This study protocol has been submitted to the University of the Witwatersrand, Human Research Ethics Committee (HREC) and written approval has been granted by that committee.**
- The study has been structured in accordance with the Declaration of Helsinki (last updated: October 2008), which deals with the recommendations guiding doctors in biomedical research involving human participants. A copy may be obtained from me should you wish to review it.

VI Sources of Additional Information:

Please contact me, Matata Diomande, on 079-210-8906 or email me on diomandem@gmail.com if you have any questions or concerns. You are urged and welcome to ask me any questions about participating in the study before, during or after the interview should you give consent.

If you have any questions about your rights as a participant, you may contact Prof Peter Cleaton-Jones at the University of the Witwatersrand, Human Research Ethics Committee: Secretariat (011 717 1234)

Appendix 8: Informed Consent Form

I, _____, hereby confirm that I have been informed of and agree to the following:

- I have been informed by the study staff on the nature, conduct, benefits and risks of the Voluntary Medical Male Circumcision Demand Creation Community Health Worker Perception study.
- I have received, read and understood the participant information sheet (*Participant Information sheet and Informed Consent form*) regarding the study.
- I am aware of the fact that the results of the study, including my responses, personal details such as my age, geographic area of work will be processed anonymously into a research report.
- In view of the requirement of research, I agree that the data collected in the study can be processed in a computerised system by the researcher or on her behalf.
- I have been informed that my responses may be used anonymously in direct quotations in the final research report
- I have been informed and agree to the results to being suspect to inspection by the University of the Witwatersrand, Human Research Ethics Committee (HREC)
- I understand that I may, at any stage, without prejudice nor penalty, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.

Circle Responses:

I agree to partake in this study	Yes	No
I agree for my words to be used anonymously in the final research report	Yes	No

Participant Signature

Name: _____ Signature:_____ Date:_____

Researcher Signature

I, Matata Diomande, have discussed this study with the abovementioned participant. I believe they have fully comprehended my explanation and they have agreed to voluntarily participate in this study.

Name: _____ Signature:_____ Date:_____

Appendix 9: Audio Recording Consent Form

Permission to audio record the in-depth interview

- I am aware that the focus group discussion will be tape recorded and transcribed for data analysis purposes.
- I understand that these recordings will be preserved for two years after the study results have been published or six years if there is no publication, after which they will be destroyed.
- I give permission for my interview with Matata Diomande to be audio-recorded.

Participant Authorisation

Name: _____ Signature:_____ Date & Time:_____