Abbreviations

AIDS Acquired immune deficiency syndrome
APE Agente polivalente elementar
ART Anti-retroviral therapy
ASHA Accredited social health activist
ASW Adherence support worker
AWW Anganwadi worker
CASP Critical Appraisal Skills Programme
CATTS Community antiretroviral therapy and tuberculosis treatment supporter
CBD Community-based distributor/community-based distribution
CBSV Community-based surveillance volunteer
CCM Community case management
CDD Community drug distributor
CF Care facilitator/Community facilitator
CHCW Community health care worker
CHC Community health committee
CHEW Community health extension worker
CHS Community Health Strategy
CHT Community health team
CHV Community health volunteer
CHW Community health worker
CMD Community medicine distributor
CMO Context-mechanism-outcome
CRHW Community reproductive health worker
CTC Close-to-community
CVW Community volunteer worker
FCHV Female community health volunteer
FGD Focus group discussion
FHW Frontline health worker
HDA Health development army
HEP Health Extension Programme
HEW Health extension worker
HFC Health facility committee
HIV Human immunodeficiency virus
HRH Human resources for health
HSA Health surveillance assistant
Summary

Background
Community health workers (CHWs) form an essential part of the health system in many low- and middle-income countries (LMICs). They deliver promotive, preventive and some curative health services to – often poor and vulnerable – communities. The continuing shortage of human resources for health combined with evidence that CHWs can contribute to improved community health have led to a renewed interest in CHW programmes in recent years.

There are many different types of CHWs: voluntary or paid, with multiple or single tasks. They have in common that they are the first point of contact for communities regarding health issues. They hold an intermediary position between communities and the health sector. They only receive basic training on a mostly expanding package of tasks.

Experience from the last decades has shown that CHW programmes face constraints, partly because of inadequate support structures and limited resources, and partly because of gaps in knowledge about how to improve CHW performance. This thesis aims to identify which factors can influence performance, and “why” and “how” they do so, to gain insight into how performance of CHWs and CHW programmes as a whole could be improved. We understand performance as a transactional social process between CHWs and their environment. In this thesis, CHW performance at the individual level is taken as the sum of different elements, such as self-esteem, motivation, attitudes, competencies, guideline adherence, job satisfaction and capacity to facilitate community agency.

Methodology
The presented research is divided into two parts: a theoretical component, consisting of a qualitative research synthesis, and an empirical component, including single case studies and a qualitative comparative multiple case study. The qualitative research synthesis was based on a systematic review of the literature on factors influencing performance of CHWs in LMICs. An initial conceptual framework on CHW performance was refined into a more comprehensive framework including a variety of factors that influence CHW performance. This framework was used in the development of qualitative studies on factors influencing CHW performance in Ethiopia, Kenya, Malawi and Mozambique. The studies included interviews and focus group discussions with CHWs and different actors in the community and health sector. In Ethiopia and Malawi, the data from these studies were analysed focusing on a major emerging theme: the facilitating role of relationships in improving CHW performance. These two case studies specifically focused on underlying...