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CHALLENGES FACED BY HEALTHCARE PROVIDERS IN IMPLEMENTING COMMUNITY-BASED HEALTH SERVICES PROVIDED TO HIV AND AIDS CLIENTS IN SONGEA MUNICIPALITY, TANZANIA

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ABSTRACT: *Background: Community-based health care providers provide support in the running of the HIV/AIDS interventions focused on reducing the magnitude of diseases of public health importance, however, the implementation is faced with various challenges, which need to be explored by this study. Objective:To explore Challenges experienced by community-based health care providers during the execution of their duties to HIV and AIDS clients in Songea Municipality.Methods: The study employed qualitative methods for data collection in Songea Municipality with the District management team, counselors, health care workers, and the health facility in charges of three levels of health facilities (Hospital, Health center, and Dispensary). Purposive sampling was used to select participants. Total of 2 Focus Group Discussions with 10 health care providers (5 Male, 5 Female). 18 In-depth interviews and 4 Key informant Interviews with health managers were interviewed. Data audio was recorded, transcribed, coded, and analyzed using NVIVO software following thematic analysis approach.Results: The results of this study have revealed the interaction of factors associated with the delivery of services in the community by health care providers are as follows; Barriers like social-cultural practices mentioned to improve treatment services among PLHIV. Issues of continuous non-disclosure amongst discordant couples and stigma have been observed. Furthermore, a shortage of qualified staff with current updates of care and treatment was found to be a major challenge. Inadequate infrastructure for the increasing number of clients in the facilities is one of the mentioned challenges as you find more than one service is provided in one room with a lack of privacy and a breach of confidentiality.Conclusion: Centrally the study has testified that increasing the number of human resources for health (HRH) can increase adoption and retention of clients to care. Reliable transportation of drugs and other commodities to the community all year round, availability of incentives to HCPs for working extra hours, and reliable medical supplies can make an impact on the quality of care, comprehensive pre and post-test counseling for discordant couples will minimize stigma and discrimination amongst couples Regular on the job training and frequent refresher training for most recent updates from MoH will equip HCPs with current skills to manage our clients and thus improve retention into care.*

KEYWORDS: challenges, healthcare providers, community-based health services provided, HIV, AIDS clients, Songea Municipality, Tanzania

INTRODUCTION

Background

HIV and AIDS is a pandemic and public health problem of concern as it affects all age groups and gender with slight variations. It is linked to various impacts (social, political, and economic) such as death, health system burden, and per capita income losses (1). Worldwide by the year 2017, about 36.9 million people were reported to be infected with HIV (1). HIV and AIDS prevalence varies across continents with the highest level being observed in sub-Saharan Africa with greater than 70% of all infections. The highest incidence is reported to be in 15 – 24 age groups in girls and young females (1). The first HIV and AIDS case in Tanzania was reported from the Kagera region in 1983, though by the year 1986 the epidemic had spread in all other regions of Tanzania (2).

For 2016/17 HIV survey statistics in Tanzania, HIV prevalence was 5.6% among adults aged 15-49 years with a minimal difference amongst regions and their respective districts (3). According to these statistics, Njombe region was reported to have the highest prevalence (11.6%) while Lindi region had the lowest HIV prevalence of 0.3 % (4). Despite this trend in statistical variation, the highest prevalence has been reported to be in female compared to male gender (5). This has been explained by inequalities between the two genders. In dealing with prevention and other outcomes associated with HIV and AIDS in Tanzania, several programs have been launched and implemented such as voluntary male medical circumcision (VMMC) program, condom use promotion programs, testing and counseling programs in integrated hospitals as well as the roll-out of voluntary counseling and testing centers with a focus on prevention of mother to child transmission (PMTCT) but still with these measures the situation is still alarming(6).

The Tanzania government has set a comprehensive strategic plan in place for the care and treatment of HIV and AIDS in collaboration with other international partners such as USAID and Walter Reed (7).

It has been reported that Community Based Health Services to HIV and AIDS is an effective approach that improves the quality of care regarding voluntary counseling and testing in comparison to a facility-based approach. Effective community engagement has been found to bring positive impacts concerning HIV services as seen in evidence from a study carried out in the United States of America (8). Studies from various settings in Sub-Saharan Africa have reported challenges associated with CBHS such as gender inequality and violence against women (9).

A study conducted in Sub-Saharan Africa reported poverty and food insecurity to be among the challenges encountered by CBHSP (10). Also, various barriers associated with CBHCT services (fear of stigma, mistrust of health care providers, witchcrafts, and spiritual beliefs) were identified. A study carried out in Kenya found that women had high odds of engaging in HIV services compared to males (11). A study conducted in Lesotho reported a prevalent barrier of CBHCT being, lack of funds, shortage of working facilities, shortage of trained personnel, and lack of incentives to volunteers(12). Studies from Zimbabwe reported various CBHS challenges such as inadequate remunerations, poor sustainability of the program, insufficient treatment materials supplies, and lack of refresher training courses (13). Studies carried out in Tanzania, show that CBHCT programs have been implemented in various regions of the country including Mbeya and Ruvuma(14). However, in Tanzania (Songea in particular), challenges associated with CBHCT are not documented. Therefore, the current study aims at identifying and finding out ways of addressing those challenges associated with Community Based Health Services (CBHS) in the region, to achieve the UNAIDS 95-95-95 global HIV targets by the year 2030. Also, the provision of these CBHCT services should follow the general principles or guidelines set up by WHO as well as Tanzania of five C's; consent, counseling, confidentiality, correct HIV testing procedures, and linkage to care (15).

According to the WHO (2014) report, Worldwide targets have been set for 90% of people living with HIV to know their status, 90% of those who know their status (HIV positive) to be on ART and 90% of those on ART to have viral load suppressed to a minimum level by the year 2020 (16). It is also projected that by the year 2030, these targets will have to increase by up to 95 %. However, attainment of the first 95 is still low compared to other areas of the cascade highest gaps being in men, young people, and key populations(16).

Uptake of HIV services through the use of the routine-based facility approach has been reported to be low and faced with various challenges such as ease of access to the respective services especially in developing countries (17). Studies from various countries have demonstrated that CBHCT programs are feasible, highly effective in the prevention and treatment of HIV through increased uptake of HIV testing and counseling services as an initial step. (18)

Tanzania government in collaboration with other partner organizations has undertaken various approaches in combating the HIV epidemic among them being the community-based approach. This approach aims at reaching high numbers of people including those who could not access the service via the routine facility-based approach for various reasons. However, despite the efforts undertaken by the government in collaboration with other partners in combating the HIV epidemic, achieving the UNAIDS 95-95-95 of WHO global HIV target by the year 2030 is still not feasible due to various challenges associated with the CBHCT approach. For example, the UNAIDS targets in Tanzania are still at 78% in the 1st 90, 71% in 2nd 90 and 62% in the last 90.
Therefore, this study was designed to assess the challenges faced by healthcare providers in implementing community-based health services provided to HIV and AIDS clients in Songea Municipality in order to identify and address those challenges from the vantage point of service providers to come out with practical approaches in solving the prevailing problem on HIV testing, counseling, care, and treatment.

METHODOLOGY.

Study design

The study is a cross-sectional survey, employing a qualitative approach in exploring challenges experienced by community-based health care providers during the execution of their duties to HIV and AIDS clients in Songea municipal. The qualitative approach was chosen to explore insights, feelings, and perceptions of community-based health care providers on the challenges they experience during the execution of their duties to HIV and AIDS clients. The approach also allowed adjustment of new information during data collection and guides the process of developing themes (19).

Study area

The study was conducted in Ruvuma region, Songea Municipality which is located along the A19 road. Songea is the capital of the Ruvuma region and is bordered by Songea rural district in the northern part, Namtumbo District in the east, Mozambique border in the south, and Mbinga District in the western part. According to the 2012 Tanzania National Census, the population of Songea municipal was estimated to be 203,309. Inhabitants include the Ngoni, Ndendeule, and the Yao. Administratively is divided into 14 wards namely Subira, Songea mjini, Bombambili, Ruvuma, Ruhuwiko, Mshangano, Mlete, Misufini, Mfaranyaki, Matogoro, Mateka, Matarawe, and Lizaboni.

Ruvuma is one of the Tanzania mainland regions with a significant HIV incidence rate. Previously HIV incidence has been increasing over the years in this region despite various efforts made in the control and prevention of this public health problem. For example in the year 2000, the incidence rate was 57 while in 2002, there was a 62.6 incidence rate (20).

According to the 2016/2017 Tanzania Health Impact Survey (THIS), HIV prevalence in Ruvuma was 5.6% (3). The highest prevalence was noticed in Songea Municipality (Urban) which had a prevalence of 2.2% compared to other districts like Namtumbo that had a rate of 1.4% (rural), Songea DC 2.6%, Tunduru 2.6%, Nyasa DC 3%, and Mbinga DC with 2.3%.

In Songea Municipality normally CBHSP attends the clinic, identifies new infections from different catchment areas, introduces themselves, and seeks consent to visit them at their premises. They also offer to test the sexual partners of the client and biological children. For those seriously sick they offer drugs (ART) as well as counseling, advice on nutrition, and advice relating to income-generating projects. This municipality has been selected as a study area due to its high prevalence and incidence as compared to others.

Study population

The study population involved were; community-based health care providers (CBHCT) from Songea Regional referral Hospital, Mji Mwema Health Centre, Matarawe Dispensary, Bombambili Dispensary, and Mshangano Health Centre and two Private institutions St Camilius Health Centre and St Joseph Peramiho Hospital (Shown in table 1, along with rationale).

The study used In-depth Interview (IDI) to interview eighteen community-based health care providers, four community-based health care providers were interviewed with Key informant interviews and two community-based health care providers were interviewed with focus group discussion. The purpose of including an in-depth interview and focus group discussion was to explore challenges experienced by community-based health care providers during the execution of their duties to HIV and AIDS clients in Songea Municipality.

Inclusion criteria and Exclusion criteria

The study included community service providers aged between 18 and 50 years of both genders, who voluntarily signed consent form to participate in the study. Some community-based health care providers were excluded due to sickness, asking payment for participation in the study, refused to sign the consent form.

Sample size determination

The primary interest of qualitative studies is the depth and breadth of the information obtained, therefore the guiding principle for sample size was data saturation. Data saturation is a sampling of participants to the point, where no new information is obtained. In this study, 24 participants were recruited purposely after the data saturation point (19). The study participants were asked

some critical questions on the challenges, they experience during the execution of their duties to HIV and AIDS clients. The principal investigator informed community-based health care providers working in HIV and AIDS intervention. Consent information was given, and those who voluntarily signed consent form to participate in the study were referred to the researcher assistant for interviews.

Table 1: Shows the number of participants participated in the study

Participant type	**Approach**	**# collected**	**Reasons for selection**
DAAC (District HIV coordinator)	Key informant (KII)	1	Managers and coordinators, dealing directly with the management of ART activities and services and responsible for allocation of resources for the district
District Pharmacist	KII	1	
Coordinator of all interventions research activities in USAID Boresha Afya project	KII	1	
CTC in charge	KII	1	
• Clinicians • Counsellors	Focus group Discussion (FGD)	2	Exploring health providers views and experiences regarding ART services provisions facilitation
• Midwife nurse • Nurse counselor • ART nurse • Assistant nursing officer • Facility in charge • Medical attendant	In-depth Interview (IDI)	18	These are the frontline of ART services provision. Drawn from three levels down the cascade of district service delivery system: Hospital, Health Centre, and Dispensary.
Total of number of the study population used		4 KI 2 FGD 18 IDI	

Sampling technique

Purposive sampling technique was employed to select participants to be interviewed through an In-depth Interview (IDs) and Focus group discussion (FGD). The use of the purposive sampling technique was only focused on collecting relevant information and ideas from the community-

based health care providers working in HIV/AIDS intervention were collected. Purposeful sampling was used in this research because the principal researcher wanted to identify and select information-rich cases on the challenges experienced by community-based health care providers during the execution of their duties to HIV and AIDS clients in Songea Municipality (19).

Data collection methods

The qualitative approach was used for this study to gain a deeper understanding of the challenges experienced by community-based health care providers. The design of the qualitative method provided valid and insightful findings in the social sciences is conducted in a transparent and self-reflexive way (21).

Focus Group Discussion (FGD) was used in this study to explore the perspectives on the challenges experienced by community-based health care providers during the execution of their duties to HIV and AIDS clients (22). An In-depth Interview (IDI) was used, the study wanted to collect the same information from all participants, in a systematic and comprehensive way and keeping interactions focused (23). The principal researcher (PI) and research assistant (RA) were neutral during discussions to encourage participants to provide as much information as they could. Most of the interviews were carried out in the health care facility restroom which provided essential privacy for the researcher–participants face to face interview. The process of data collection took place 7 days in total, it included 2 IDIs and 1 FGDs per day based on participants' availability. The audio recorder was used to record the conversation during data collection. Additionally, note-taking was done to capture some key information. At the end of each discussion, the voice recorder was stopped and saved for future analysis. The research assistant or whoever involved in collecting data thanked the participants for their participation.

Data collection tools

Data for this study were collected using a standardized approach, using Key informant (KII), Focus group discussion (FGD), and In-depth Interview (IDI). The interview guides for these standardized tools were structured in a way that, maintained consistency in the discussion. During the discussion, the room for comments to open up the discussion was also provided. The interview was lasted for about 60 to 80 minutes. The standardized tools used help in the deeper

understanding of implementation challenges faced by community-based health care providers and ensure the validity of the data through a convergence of information.

Data management and analysis

Data were thematically analyzed focused on examining themes within data, the process and analysis followed different steps (21). The thematic analysis provided a highly flexible approach that can be modified for the needs of many studies, providing a rich and detailed, yet complex account of data. It offers a more accessible form of analysis, particularly for those early in their research career (22). It is also a useful method for examining the perspectives of different research participants, highlighting similarities and differences, and generating unanticipated insights. Thematic analysis is also useful for summarizing key features of a large data set, as it forces the researcher to take a well-structured approach to handle data and helping to produce a clear and organized final report (23). Thematic analysis process starts with familiarization with the data; second, generating initial codes; third, integration of codes into descriptive themes; forth, synthesis of descriptive themes into analytical themes; fifth, producing the report.

Example of analysis

Table number 1

Theme	Meaning	Code	Categories	Description	Quote
Barriers encountered by community-based health care providers to HIV and AIDS clients during the execution of services.	When respondent share challenges faced during service provisions	Shortage of health care providers (ART Staff)	CTC staff	The shortage of human resources was also mentioned by the interviewed providers to allow few staff to go outreach for the ART services hence lead to poor documentation of the poor quality of work.	*'We expect to have at least 3 providers up to four at each facility and we expect to have a clinician, ART nurse, filling person, so at least four in total but with the current situation we have two staff for the same'*

Trustworthiness of the study

Trustworthiness in a qualitative study aims to agree with the argument that, the findings are worth doing. It is the degree of confidence in data collection, analysis, interpretation, and methods used to ensure the quality of a study This study considered five dimensions namely; credibility, dependability, conformability transferability, and authenticity (19)

Credibility

This refers to confidence in the truth that, the data and the interpretation thereof are a true reflection of the participants' experiences, views, and beliefs. The effort was made to ensure that the selected participants possess the same experiences such as all health care working the HIV/AIDS interventions providing HIV care and treatment to HIV clients. Not all participants were selected, only participants who met the selection criteria were purposively sampled. Credibility was also achieved through triangulation methods using both IDs and FGDs during data collection by the use of semi-structured interview guides which allowed probing of more questions.

Dependability;

This refers to the stability of data even if the work were to be repeated in the same context, with the same method and the same participants. This was achieved through intensive reading of other people's work on similar studies (including references used to write this work) as well as consulting other experts from Muhimbili University of Allied Science in the qualitative research field including my supervisor whom periodically reviewed my research process as well as the analysis process.

Conformability

This is ensuring**,** that the findings are the result of the experiences and ideas of the participants, rather than the characteristics and preferences of the researcher, to ensure conformability in this study, a detailed methodological description and data were allowed to speak for themselves. This referred to the neutrality of the research's findings and in this study was bias-free as an audit trail

mechanism was used to highlight each step involved in data analysis. This was done by transcribing the audio recorded information from the participants.

Transferability

This refers to the potential for extrapolation, it relies on the reasoning that findings can be generalized or transferred to other settings of groups. This referred to how the research findings will be applied in other contexts (e.g. to the same population, same situation, and circumstances). This was achieved by giving a detailed description of the study findings.

Authenticity

This refers to the extent to which fairness and faithfulness are displayed by the researcher in different realities. Authenticity is evident when the report describes the feelings of the participant's lived experiences. The audio recording was available to be seen by the supervisors. All participants' signed consent forms were kept safe in case proof was required.

Ethical consideration

The study was approved by the Muhimbili University of Allied Science Institutional Review Board, which permitted us to research all the targeted participants and at all the health facilities. Permission was sought from Songea Municipal Council and the Regional Medical officer's office. We explained the study to all the participants and outlined the purpose of the study, benefits to the individual participant and service delivery, as well as their confidentiality and privacy. It was made clear to each participant that there was no individual benefit, but the findings would be beneficial for improving service delivery to their communities. Assurance of confidentiality and anonymity was given to each participant; and it was made clear the participant's names will not be shared or appear in the final report. It was also made clear that they were free to decline participation or to withdraw at any moment during interviews if they felt uncomfortable. Each participant who chose to participate provided written consent, and those who were unable to write provided finger-print on a consent form

RESULTS

Institutional Challenges encountered by community-based health care providers to HIV and AIDS clients during the execution of services.

The high proportions of Community based HIV health care providers reported various challenges been faced when providing services to HIV and AIDS clients reported to include organization problems include limited space in health facilities CTC sections, Stock outs of critical medicines, Staff turnover, and inadequate working equipment as follows

Limited space in health facilities CTC sections.

The majority of health care providers reported that space to accommodate clients at the CTC department is crucial. Limited space led to the mixing of young and adult clients at the station that resulted in an unfriendly environment and no privacy in receiving services one participant reported from the focus group discussion. The health providers further said some of the health facilities specifically at the hospital level decided to allocate weekends (Saturday) for youth so that they can as well access the services freely. One of the participants from the focus group discussion had this to say:

> *"Another challenge we face here is the scarcity of space at the CTC, our area is so small that client's lack a place to stay, and there is no privacy in receiving service. Some clients fail to come back at the facility on time for the services even if it is at the community outreaches, especially at our CTC department, because of people thinking that, they are on the ART. This led to some of the hospitals decide to allocate weekends for youth to access service freely'' (FGD, Health worker)*

Stock-outs of critical medicines

The community health care providers responded positively that Stock outs was mentioned to be among the challenge across all of the facilities participants when comes to supplies, shortages of Fluconzon, Septrine, and other opportunistic infections medicines. One community health care provider from FGDs was of the view that.

"There is a challenge because from the beginning we were getting a whole package of opportunistic medicines but now we receive few or none at all, as a result, we only give priority to clients with low CD4 count and not otherwise'' (FDG1, Health worker)

Another key informant (CHMT member) had this to say:

"We Songea Municipal have this drug shortage event the RMOs office understands this since this problem is region-wise as well efforts have been made and communications made to MSD and have tried in one way or the other to help in availability from other stores i.e. for Ruvuma we get our supplies from MSD Iringa others from Tunduru we get from MSD Mtwara and thus efforts are being done'' (KII, CHMT)

Staff turnover

The shortage of human resources was also mentioned by the interviewed providers as the strategy to allow few staff to go outreach for the ART services hence lead to poor documentation of the poor quality of work. Through an in-depth interview, one health care worker had this to say:

" We expect to have at least 3 providers up to four at each facility and we expect to have a clinician, ART nurse, filling person, so at least four in total but with the current situation we hardly have two staff for the same'' (IDI, health worker)

Inadequate working equipment

Some participants mentioned that working tools/equipment are the major challenges to some of community health providers interviewed: quote below testify that;

"No, at this health facility do not have all equipment, we do not have machines for viral load testing, so we take the samples to the region hospital'' (IDI, health worker)

Another key informant CHMT member added that;

"The Ministry advises us that we have to involve our implementing partners so that they can as well assist'' (KII, CHMT)

Financial and budget allocation of the ART services

The CHMT members discussed and gave their views on the budgets allocated as each facility has its budget to purchase priority medications but some of the drugs since are to be issued free then it becomes a challenge to have all clients supplied examples being Fluconazole and Cotrrimoxazole for opportunistic infections

Further health care providers reported on the incentive issues that motivate health care providers to provide better services as it makes them work extra harder despite the shortage of staff. The ministry has empowered them that all facilities manage their accounts, as a result, can budget and allocate the incentives in their budget for overtimes and so forth. All in all, the incentive is still a challenge to get them on time despite stakeholders are trying to facilitate that. For example one of the key informants in charge said:

"Yes, extra-duty payments for the extra hours have not been available through implementing partners have been trying but we have scenarios where it's been a challenge where HCPs get demoralized as the few expected for the overtime is not available'' (KII, In-charge)

Another health care worker through in-depth interview commented;

"There is a very limited budget which is allocated, this has contributed to led delays in availability of drugs leaving alone the OIs as it's been long that we've had stock-outs and this has led to us giving un standard care to our clients just because of this stock outs. But leaving alone these, we have had stock-outs of ABC,3TC, and other commodities is a problem so to say which leads to under-provision of care to our clients'' (IDI, health worker)

Social-cultural issues experienced by community health care providers to HIV/AIDS clients

The Sociocultural factors presented barriers to deliver ART services including the stigma associated with HIV/AIDS, religion, and traditional beliefs

Stigma and discrimination

Almost all participants mentioned stigma as a key barrier to ART services, some health care providers mentioned that clients experience stigma and discrimination from themselves whereby many clients choose to travel to long distances to get ART care from the distanced facility even if they have a nearby facility. Describing the situation above, one health care worker was quoted as saying:

> *"There are situations where client stigmatize themselves, for example, you might find a person living in a street that is nearby the facility X whereby care and treatment are available at a nearby facility, but he may decide to go at a far health facility because they feel people might know their status'' (IDI, health worker)*

Another key informant (CHMT) member added that:

> *"In Songea municipal we have clients from Mozambique and if you try to look from the Municipality to Mozambique areas is more than one hundred kilometers so there is such situation whereby people come from very far for the services'' (KII, CHMT)*

Religions

Religious believes mentioned to be a challenge in accessing ART services and treatment and this is because when a person is diagnosed with HIV/AIDS will go to a place where he worships and being forbid to use the medication. Further clinical providers testified the emerging churches which prophesy that if prayed over the HIV/AIDS disease one can easily be healed. The providers said more clients are dying because they stop using the ARV medication and start to believe in the church's preaches. To testify this one key informant (CHMT) member had this to comment that;

"On the other side religious beliefs may contributing in Songea Municipality in terms of religious beliefs there were challenges some religious denominations forbid their clients who are found with infection not to use medicines and remain in their religious faith'' (KII, CHMT)

Another key informant in charge commented that;

"Some of the religions have gone to the extent to stop our clients from using ART for those found Positive for HIV and this we had a meeting with their religious leaders as municipal and we educated them on the importance of using ART and at the same time to continue with their beliefs'' (KII, In charge)

Gender inequality.

On the gender roles, the providers talked about disclosure among male and female partners. The disclosure was reported to be one of the challenges in the community. The reasons for difficulties in the client's disclosure come because of insecurity to some of the female partners more. Women were reported to afraid more of the divorces if known HIV positive and that promoted more couples to keep their individual HIV status secret. Some women are still rigid to disclose their status despite given health education and followed in the community. For example, a key informant in charge said:

"For example, the father is negative from HIV and the mother is positive. This has become a very difficult scenario in HIV care and service provision, because you may want to involve the husband to give support, but the problem is, their wives find hard to disclose their HIV status'' (KII, in charge)

Rumors on the ART side effect

The high proportions of health care workers mentioned that people's experiences on drug side effects at the first use, brought challenges to some individuals to continue using the ART drugs and never come back to refill and opt to stop using them. This is supported by the below statement from the health care provider who said that; -

"Some client fails to continue with the ARV drugs when felt discomfort with the ART medication and that influence some to be afraid''. (IDI, health worker)

DISCUSSION

Overall findings

The study highlighted several barriers, influenced by social-cultural experiences, knowledge of community-based HIV health care providers on guidelines for services provision and attitudes, and perception of community care providers which hinder the implementation of HIV/AIDs services in health facilities. The study revealed that a good working environment such as adequate supplies of service materials, training related to duty requirement is key to motivate community health care providers to provide ART services that are quality, efficient and effective. These findings agree with the findings from the study done in the Coastal region of Tanzania, which showed that the integration of CBHS on ART services motivated health system factors like human resources to be improved due to task-shifting (24).

Also, there is growing evidence that community-based HIV care models can both increase retention in care and reduce the burden for both patients and facility staff, a Study was done in Kagera religion Tanzania (25). Another study from Malawi stated that effective implementation of these CBHCP services relies on good working environments such as adequate supplies of service materials, training related to duty requirements, and reasonable workloads (5). However, this study implies that the health system is still weak and needs to revisit ART outreach services to increase coverage/retention which causes by poor ART service provision by health care providers.

Limited space in health facilities CTC sections

The study findings revealed that limited space in health facilities CTC section is among the factors encountered by community-based health care providers to HIV and AIDS clients during the execution of services and probably could affect the smooth implementation of their duties. These findings agree with the findings of the study in Morogoro Tanzania, which showed limitation in structural inputs is a big challenge which caused long queues and provided a difficult environment for confidential HIV testing and counseling services (26).

However, the findings of this study contrast with the other studies done in Lethoto which revealed that the renovation of health facilities for the provision of HIV care and treatment has been a high priority in the start-up of HIV treatment programs (12). These findings imply that in facilities of crowded waiting rooms and limited private space for one-on-one patient-provider interactions create a difficult environment for the health care providers smooth providing their services. Therefore, capacity building such as renovation and increase in the number of health care facilities is a key for an improved working environment conducive to the confidential patient especially during interviewing, examination and counseling, and the availability of space allows for other activities such as patient support group meetings (27). This has also impacted an increase in retention rate in care and treatment among patients seeking health care services. The renovation of health facilities results in benefits to all patients utilizing such facilities (28).

Stock-outs of critical medicines

The present study findings revealed that stock out of critical medicine was a major challenge encountered by community-based health care providers to HIV and AIDS clients during the execution of services. This negatively impacted the quality of services provided to the facilities

The findings are supported by another study that revealed that the quality of health care at health facilities is mostly affected by the unavailability of essential equipment and supplies and harms linkage to and retention in HIV care (29). However, this study results contrast with the other study done in Uganda, which suggested that the newly established systems could potentially be utilized to serve an entire health facility level, as an example, enhance the availability of other essential drugs for the broader patient population (30). The lack of reports of stock-outs of antiretroviral medications, in Songea Municipality implies that there is a need to revise the distribution system and putting things in place with the medical store department. This will help to a large extent increase service coverage as the demand for the services increases.

Shortage of Staff

The study findings revealed that a shortage of staff was identified as big challenges affecting smooth implementation among health care providers to HIV and AIDS clients during the execution of services. Therefore, health care system planning is to ensure find a mechanism to fill the gap of shortage of staff. The finding of this study is supported by the study, which emphasizes that combining the OPD and ART workforce facilitates nursing duty rosters that reduced the level of multitasking among health care providers (31). This implies that if the health care providers from the health facility integrated very well with the community health workers who at some point been trained on ART service provision could have covered the gap of workers at the outreach services in the community.

Inadequate working equipment

The present study findings revealed inadequate working equipment in the facilities made it difficult for community health care providers to effectively provide services to clients and therefore, this could negatively affect the quality of the services provided at the facilities. This was also reported by another study, which revealed that unreliable stocks of HIV test kits, essential medicines, and infection prevention equipment also had implications for provider-patient relationships, with reported decreases in women's care-seeking at health centers (26). The findings are also supported by previous findings which emphasized the need to improve procurement systems and the training of pharmacists as the strategy to ensure a stable supply of medications for those with HIV infection (28). These findings imply that inadequate working equipment at the facilities reduces the timely access to health care services and reduce retention in HIV care and treatment among patients.

Financial and budget allocation of the ART services

The study findings showed that there was too little budget allocated to ART services, and therefore, this negatively affected the smooth delivery of high-quality health care services to HIV and AIDS patients at the facilities. The findings of this study is supported by the previous study done in Iringa, which revealed that poor access including difficulty reaching distant clinics and inability to cope with out-of-pocket costs associated with care were among the barriers that

affected retention in care and treatment among clients (29). The current results indicate that policymakers should support the mobile health clinic approach because it presents an opportunity to improve access services to the marginalized population (32). The implication here, the health facility budget should reinforce the outreach services to cutter the demand from the community. The health facilities budget should allocate enough money for the outreach services for sustainability issues.

Social-cultural issues experienced by community health care providers to HIV/AIDS clients

Study findings showed that social-cultural issues experienced by community health care providers to HIV/AIDS clients, somehow negatively affected the smooth implementation especially in delivering health care services by community health care providers. The findings of this study is supported by the study done in Uganda which revealed that being Christian was found to be a predictor for ART adherence among women over 25 years of age (33). The findings is supported by the study done in Ghana, which revealed that the use of alternative medicines and/or participation in overnight prayer camps contributed to ART interruption and loss to follow-up (34). In some studies, found that religion was found to influence adherence and retention (35). This findings implies that social-cultural issues experienced by community health care providers to HIV/AIDS clients negatively affect the smooth implementation especially in delivering health care services. Therefore, comprehensive community education and campaign, strong counseling sessions are needed during ART service provision to increase confidence in people living with HIV. This will, therefore, help patients not to be influenced and intimidated by their religion on the decision to join, retain and comply with ART services, but becoming champions in empowering peers in the community to join the HIV/AIDs clubs.

Limitations

This study was undertaken in urban health facilities clinics (Municipal of Songea) and the findings may not be generalizable to other settings. The municipal has many faith-based facilities. Therefore, it required recruiting only three levels of government health facilities. The interviews were time consuming resulting in exhaustion by participants and complete data collection till late hours. However, the results of the study provided an understanding of factors

affecting community health care workers from smooth execution of health care service to AIDS and HIV clients and how CBHCT can contribute to the HIV continuum of care and provide evidence-based findings to inform the development of government policies and programmatic guidelines to improve the quality of care at the CTC departments but also motivate retention.

CONCLUSION AND RECOMMENDATION

Conclusion

This study found stock-outs of critical medicines, Shortage of Staff, inadequate working equipment, financial and budget allocation of the ART services, social-cultural issues as major barriers experienced by community health care providers when providing HIV care to HIV/AIDS clients. These findings demand the need for improved quality of health care services at the CTC departments and motivating health care providers to execute their duties diligently and honestly and in the end, contributing towards the achievement of the UNAIDS 95-95-95 cascade by the year 2030.

Recommendation

Based on the conclusion made from these findings, the following recommendation need to be addressed

1. Songea Municipal to expand access to and continued use of ART by integrating the CTC department and other departments like the maternal health must address the relevant barriers preventing health care workers from smoothly executing their duties and ensure the quality of the health care service provided.
2. The health care system should ensure capacity building in terms of on-job training and workshop to facilitate continuous quality improvement and making them accountable to their professional hence improve the quality of services provided, facility infrastructure, the wellbeing of the health care providers and making a good link between the MSD and the municipal.

3. To preserve the benefits of national and regional development investments, the governments, and donor agencies need to improve and maintain HIV/AIDS advocacy, information, and prevention strategies to maintain the current low prevalence rate of HIV.

CONTRIBUTION

HM participated in the design of this study. GRM participated in designing the study, foresing data collection, analysis, manuscript writing. All authors approved manuscript for submission.

The first author allow the second author to be the corresponding author and serve as the primary correspondent with the editorial office and to review and sign off on the final proofs prior to publication;

Conflict of interests

Authors have no conflict of interest and no financial support for conduct of this study. Therefore, this manuscript is to be published in the Compliance with Ethical Standards section of the manuscript:

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