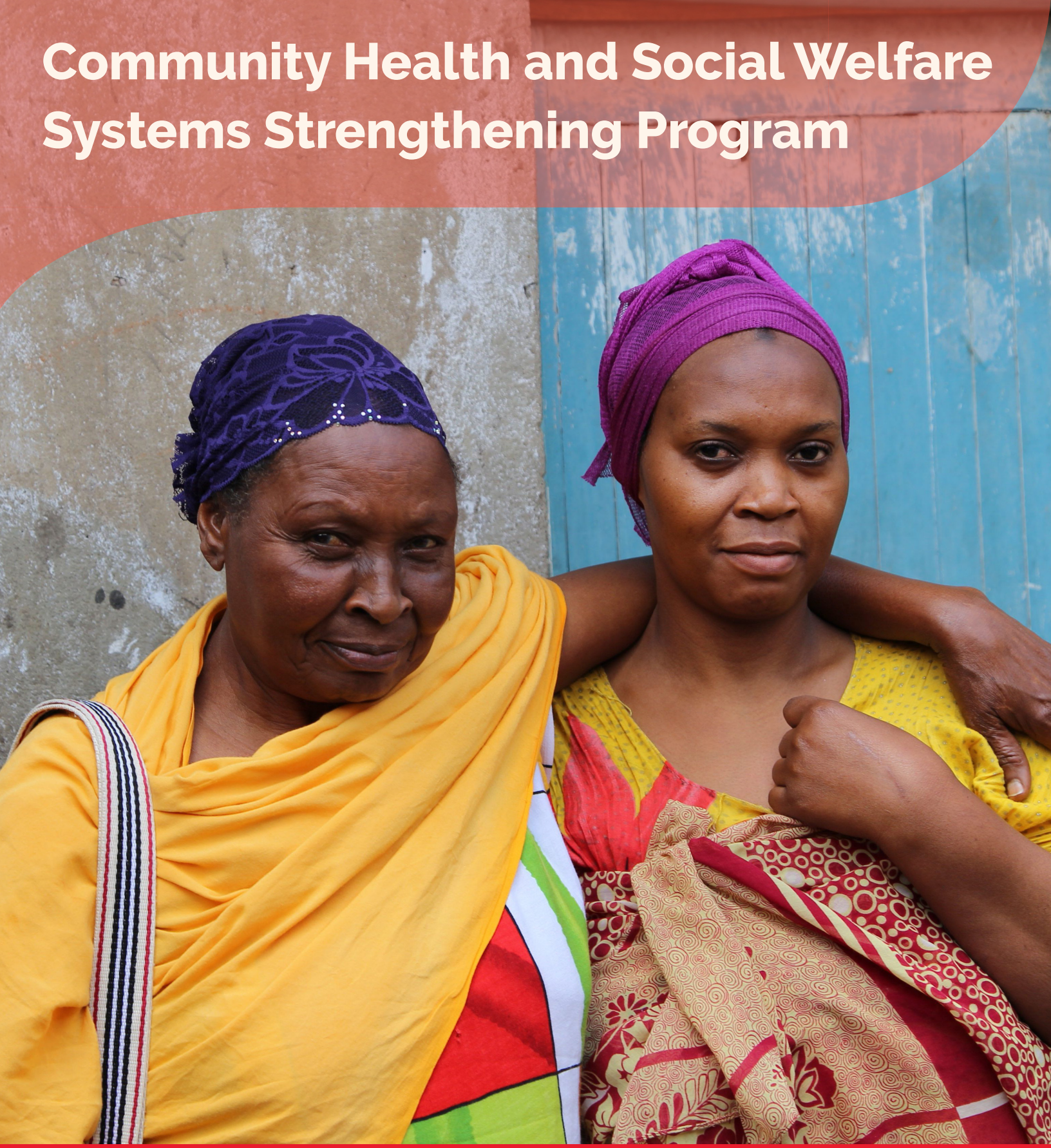
Community Health and Social Welfare Systems Strengthening Program

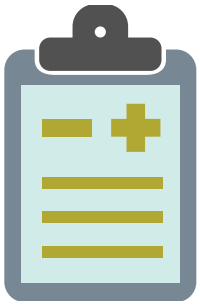


Community Health and Social Welfare Systems Strengthening in Tanzania

A collaboration between USAID, JSI's Community Health and Social Welfare Systems Strengthening Program, and the Government of Tanzania

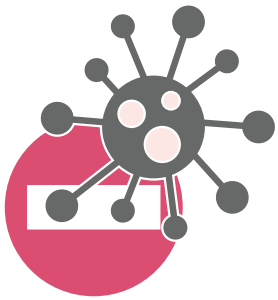
The Community Health and Social Welfare Systems Strengthening Program (CHSSP) is a five-year USAID and PEPFAR-funded program working with the government of Tanzania to improve the health and well-being of HIV-affected and other vulnerable populations, with the goal of achieving the UNAIDS 90-90-90 goal: sustainably link people into care, reach the global 90-90-90 goals, and stop the HIV epidemic in the country.

By 2020:



90% of all people living with HIV will know their HIV status

90% of people diagnosed with HIV will receive sustained antiretroviral treatment



90% of all people receiving treatment will have viral suppression

What does health and social welfare systems strengthening mean?

CHSSP closely collaborates with the Ministry of Health, Community Development, Gender, Elderly and Children, and the President's Office - Regional Administration and Local Government to improve Tanzania's community health and social welfare sectors and cascade the system strengthening approach from national to community level to assist vulnerable populations [most vulnerable children (MVC), adolescent girls and young women (AGYW), and people living with HIV (PLHIV)]. At the national level, CHSSP works with the respective government entities to update and create new policies and guidelines to strengthen the HIV response. CHSSP then works at the sub-national, or council, level to train local government and community structures on what the policies and guidelines say and how to put them into practice. The local government and community structures can then work together to lead response efforts in their communities, including working with health and social welfare providers to ensure people are linked into care and treatment. The systems-level work has resulted in an increase in the number of people tested for HIV and the number of MVC linked into care. The program teams work to build the capacity of council management teams, civil society organizations, and community leaders to put systems in action through operationalization of these national policies and guidelines.

> "We now have the knowledge to talk to people in the community, even when they're having problems inside their home."

An example of such capacity building is KIHUMBE, a local civil society organization whose staff was trained by the program on gender policy. When asked about the training, the manager of KIHUMBE said, "Gender is a part of all our work. We provide home-based care, HIV treatment and care, and work with orphans and other vulnerable children. Sometimes in Tanzania, women cannot talk if they have a problem with their husband. After this training, we now have the knowledge to talk to people in the community, even when they are having problems at home."

CHSSP inputs at all levels of the health systems

NATIONAL STRUCTURES

Guidelines, Protocols, Strategies, Curriculum

Develop & Revise | Translate & Print | Disseminate

DISTRICT, WARD, AND VILLAGE LEVEL STRUCTURES

Orient on government guidelines and role in the response to most vulnerable children, people living with HIV, and adolescent girls and young women to achieve the 90-90-90 goal

- PLHIV Clusters
- Violence Against Women & Children Committees
- Civil Society Orgs
- Multi-sectoral AIDS Committees

VILLAGE LEVEL STRUCTURES FOR HOUSEHOLD OUTREACH

Community Case Workers

Lead Community Case Workers

Community Case Worker Supervisors

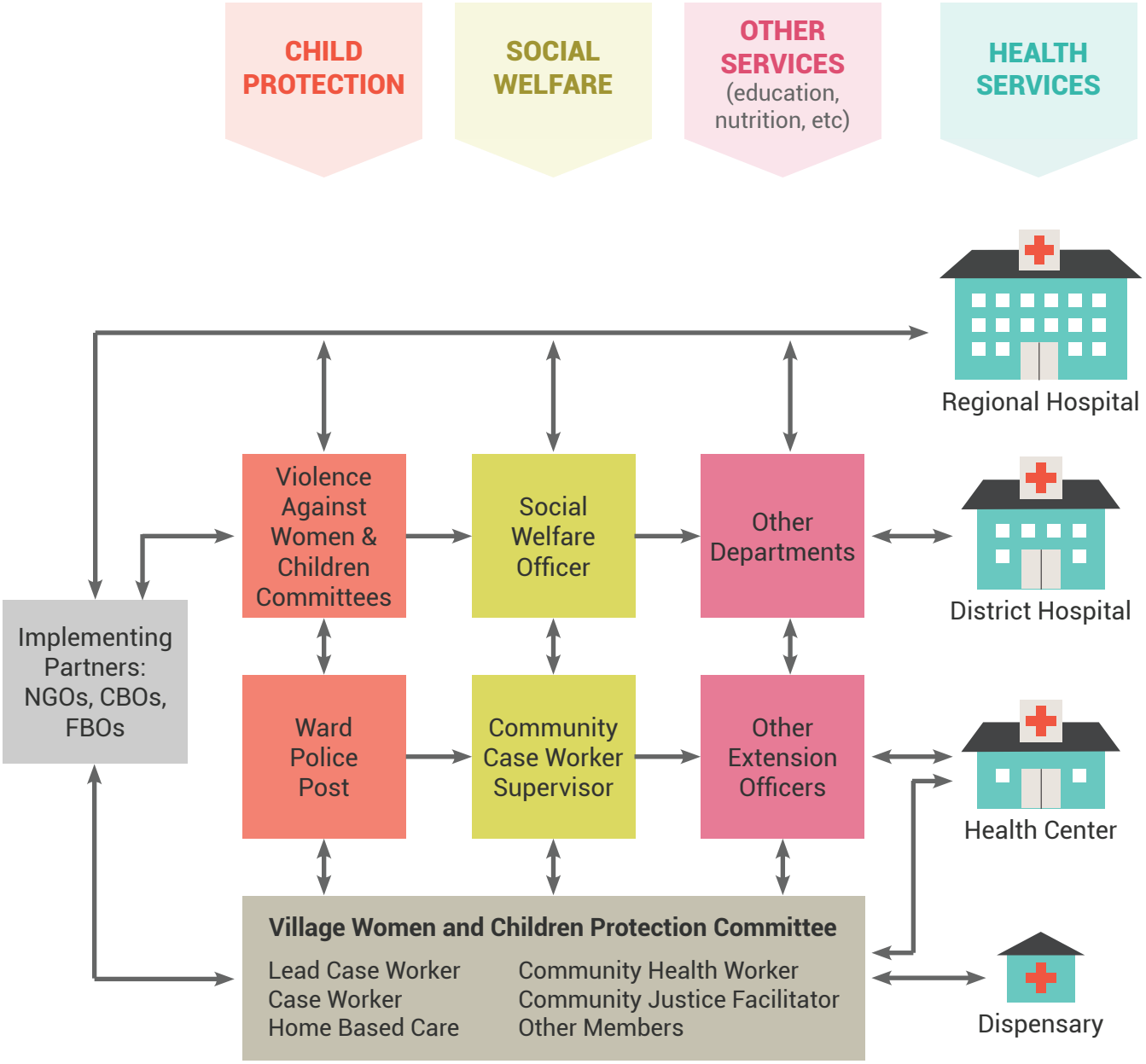
Case Managers

BENEFICIARIES

Most vulnerable children and families

Referrals and Linkages

The program works across several sectors to ensure that vulnerable populations get health and social welfare services.



Higher Performing Human Resources for Community Health and Social Welfare Services

who are able to support adolescent girls and young women, most vulnerable children, and people living with HIV to know their status, improve retention and adherence, and achieve viral suppression.

Tanzania's Community Case Workers

CHSSP trained five cadres of health workers at the council, ward, and village levels: case managers (government-employed social welfare officers); community case worker supervisors (ward-level government employees); lead community case workers (para-social workers); community case workers; and community health workers. All were trained on the National Integrated Case Management System, a standardized system for the care, support, and protection of vulnerable children and their families. The system is intended to integrate and improve access to social welfare and health services, including HIV continuum of care services.

CHSSP has trained:

14,293 community case workers

1,267 community case worker supervisors

1,737 lead community case workers

214 case managers

229 community health workers

in addition to orienting **1,339** community case workers who collectively reached **442,708** most vulnerable children

> “I found various ways to approach, advise, and convince people to discuss their health status.”

Even with Mariam’s 11 years of experience working on various social welfare projects, she was always challenged when it came to managing vulnerable individuals’ cases—especially when the individuals were affected by HIV. Mariam wasn’t sure how to help them get the health and social welfare assistance they needed.

Thanks to the training that she received from CHSSP, she can now help these very people. CHSSP enables providers of community health and social welfare services to help HIV-affected populations know their status, improve retention, and achieve viral suppression. Mariam used her new skills to identify vulnerable individuals, including children, and used tools such as practical handbooks, MVC household registration forms, care plans, and monitoring and evaluation forms to assess their needs and respond or provide referrals.

Despite her enthusiasm for educating and persuading people in her community to get tested for HIV, her efforts fell short because there were no health centers or clinics in her village, and few people could afford transport to the nearest health center. “I would convince households to get tested but the referral stage was always challenging because the health center was located far from the village,” said Mariam. So Mariam asked the nurse who provided maternal services in the village if she would provide HIV testing services, too. The nurse agreed, and now people don’t have to travel beyond their village to get tested.

> “Being positive is not the end of your life; you can still live a normal life and continue to work while taking ARVs.”

Nuru Simon graduated from the CHSSP-sponsored community health worker training in Mbeya District. During the seven-week practical session, she applied the skills she learned during the training.

“In the field, I met a woman who went for HIV testing and found out she was positive. She wanted her husband to be tested, but he refused. The woman came to ask me how she can convince her husband. I asked if I could meet her husband and when he would be home. I went there and I counseled him to go to the health facility. The next day, he went for testing and was found positive. I told him that being positive is not the end of your life; you can still live a normal life and continue to work while taking ARVs.” Nuru is happy to report that the couple is doing well with their treatment.

“In the district, we have a serious shortage of social welfare officers to serve 17,000 orphans and most vulnerable children. I was wondering what would happen. Then, JSI-CHSSP came and introduced the idea of training lead community case workers. Having 200 case workers will be a positive impact to the Moshi community. They are the link to the few social welfare officers. They can identify those who need care and treatment or HIV services and link them with the health facility.”

-Dr. Wonanji, District Medical Officer, Moshi District

“For me, the most interesting part of the training was on how I can help the most vulnerable children, and on how to sensitize people to go for HIV testing so they can be provided with ARVs, be able to take their medicine accordingly to be able to reach the 90s.”

When Seva Kisengo returned to her community after the community case worker training, she learned from the village executive officer that there was a young boy in the village who was HIV-positive. Sava said, “After learning of his status, I went to talk to the relatives; he has no parents. The relative told me about the situation they were facing; He said that the child is taking ARVs but he gets the medicine from a nearby village, and there is no money for transportation to get there.”

Seva supported the child’s relatives to identify a dispensary walking distance from their home. With the support of Seva, the young boy is now able to access his monthly ARVs.

More functional, better-coordinated community structures and systems to better serve priority and key populations

"The multisectoral AIDS committees were there before, but they were not meeting regularly. CHSSP supported us to orient them on the guidelines and revitalize them to meet quarterly."

- Zawadi Nyoni, Council HIV/AIDS Coordinator, Songea

Multisectoral AIDS committees are responsible for identifying the cause of the increase in HIV infections in their communities, reporting HIV data, and managing resource mobilization.

CHSSP has worked with members of the council management teams to train officials on the Community-Based Health Program design, as well as the revised multisectoral AIDS committee.

"About six ward multisectoral AIDS committees have been oriented on their roles and responsibilities by CHSSP. I think this will increase the response in the community for HIV interventions."

- Oscar Mgani, Council HIV/AIDS Coordinator, Mbozi District

Supporting the **1.4m adults** living with HIV and the **3.3m children** orphaned by AIDS in Tanzania

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This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the Cooperative Agreement No. AID-621-A-14-00004, managed by JSI Research & Training Institute (JSI). The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the United States Government.