

# STRENGTHENING COMMUNITY STRUCTURES

## Multi-sectoral AIDS Committees

Community  
Health and Social  
Welfare Systems  
Strengthening  
Program

TECHNICAL BRIEF



*Sarah John, a community development officer, discusses sustainable HIV strategies during a multi-sectoral AIDS committee (MAC) meeting. Thanks to capacity building training provided by CHSSP to the committee, Sarah's MAC has educated 25 groups of adolescent girls about HIV, encouraged them to get tested for HIV, and enrolled them into clubs that focus on how to handle stigma and discrimination. Photo by Erick Gibson for JSI.*

Over the last 30 years, the Government of Tanzania in collaboration with stakeholders and development partners, has mounted a response to the HIV epidemic. Initially, the response lacked coordination and the government and stakeholders recognized that a multi-sectoral approach was needed to win the fight against HIV and AIDS. The Tanzania Commission for AIDS (TACAIDS) developed the National Multi-Sectoral Framework to engage various government sectors, stakeholders, and development partners in efforts to control the HIV epidemic.

In 2003, TACAIDS established multi-sectoral AIDS committees (MACs) at council, ward, and village levels to engage citizens and generate a community HIV response. MACs are council-level steering committees; coordinate community-level HIV response activities; and increase HIV and AIDS service provision in communities (e.g., HIV testing, ART adherence support, and tracking people lost to follow up).

TACAIDS developed guidelines for establishing MACs at all levels. The guidelines were updated in 2014 to reflect changes in global and domestic HIV policies and response strategies (e.g., UNAIDS 90-90-90 targets) and service provision in communities. The updated guidelines covered establishing MACs in areas where they did not exist; strengthening existing MACs to coordinate HIV response activities; improving services for adolescent girls and young women (AGYW), people living with HIV (PLHIV), and most vulnerable children (MVC); and contributing more directly to achieving the 90-90-90 targets.



James Dogani, secretary of a multi-sectoral AIDS committee, reviews guidelines before a quarterly meeting. The guidelines, developed by the Tanzania Commission for TACAIDS with support from CHSSP, provide direction for coordinating HIV response activities. Photo by Erick Gibson for JSI.

## CHSSP strengthened more than 3,000 multi-sectoral AIDS committees, which now are able to better coordinate the HIV response in their communities.

### CHSSP Response

In 2014, an assessment found that MACs existed primarily on paper. In places where they had been established they were not fully functional and members were unaware of their roles and responsibilities. This resulted in weak working relationships among MACs, their respective municipalities, and the communities they were supposed to serve.

USAID's Community Health and Social Welfare Systems Strengthening Program (CHSSP) strengthened the capacity of council, ward, and village-level MACs across Tanzania to remedy these problems. CHSSP used a cascade approach to strengthen MACs: transferring information and knowledge from council, to ward, and finally to village-level MACs. CHSSP oriented council-level MAC members on how to establish MACs (at all levels) and on their roles and responsibilities.

Council-level MAC members then trained ward-level members, who trained village-level members.

After the orientation sessions, CHSSP provided printed copies of the updated guidelines to MACs. Now all have information about the MAC structure, delegates, government technical staff, roles and responsibilities for each level, and meeting protocols.

CHSSP used the cascade approach to conduct supportive supervision visits to newly oriented MACs. CHSSP developed a MAC supportive supervision tool to identify the status of MACs and their challenges. The supportive supervision visits were conducted in collaboration with council HIV and AIDS coordinators and district AIDS coordinators, who are expected to continue supportive supervision when CHSSP ends.

## Results of CHSSP Support

CHSSP strengthened the capacity of 3,316 council, ward, and village-level MACs over the life of the program. CHSSP supported TACAIDS and the Government of Tanzania to print and disseminate 2,000 copies of the MAC guidelines as well as copies of the National Gender Operational Plan for HIV Responses (2016–2018) Tanzania Mainland (both in Kiswahili).

CHSSP's efforts to strengthen MACs, along with other facility-level partners, enabled 106 councils to report 5,329,835 people who tested for HIV (the first '90'). Of those tested, 159,504 (3 percent) were found to be positive and initiated treatment (the second '90').

With capacity development support from TACAIDS and CHSSP, MACs are now able to:

- Use the MAC guidelines to coordinate and manage the HIV response in their communities, with interventions that will contribute to the 90-90-90 targets.
- Use the MAC guidelines to build the capacity of MACs at lower levels (i.e., wards, villages).



CHSSP Program Officer Halima Kaombwe (right) discusses the guidelines with a multi-sectoral AIDS committee secretary from the Pwani Region during a supportive supervision visit. Photo by Erick Gibson for JSI.

## OBJECTIVES OF MAC MEETINGS

- **Track establishment of MACs at all levels.**
- **Review roles and responsibilities.**
- **Provide update on community HIV and AIDS status.**
- **Review stakeholder HIV intervention reports.**
- **Track availability of resources for the HIV response.**
- **Use funds to implement HIV response activities.**
- **Receive and discuss HIV and AIDS reports and status of most vulnerable groups reports from lower level MACs.**

- Develop resource mobilization strategies to raise funds to ensure self-reliance and sustainability of HIV response interventions.
- Demand, coordinate, and use HIV data for decision-making and planning at the council level. CHSSP anticipates that council-level MACs will continue to use data from the government of Tanzania's district health information system (DHIS2) to make evidence-based decisions and plans for HIV, gender-based violence, and MVC interventions.
- Design, mobilize, implement, and monitor community support programs at the ward level and transfer this skill set to the village level.
- Understand key gender concepts and approaches and their connection to health and HIV vulnerability. MAC members also better understand stigma and discrimination and how gender roles and socialization processes harm AGYW, PLHIV, and MVC.
- Advocate for reducing stigma and discrimination against voluntary medical male circumcision, which has led to more than 625,000 men receiving this service.

## Conclusion

Since their establishment, MACs have supported Tanzania's efforts to achieve the UNAIDS 90-90-90 targets. MACs increase community awareness of HIV testing, treatment, care, and adherence; determine the status of the HIV epidemic at all levels (i.e., village, ward, council); and track the number of PLHIV lost-to-follow-up and link them to necessary services.

However, efforts to ensure the sustainability and functionality of MACs are still needed. To continue to build awareness of MACs, their functions, and their role in Tanzania's HIV response, CHSSP recommends:

1. MACs should be supported by local governments at all levels to strengthen their coordination of the community-level HIV response.
2. MACs must continue advocacy with council governments to ensure they receive enough budget allocation at the ward and village levels to conduct quarterly meetings and implement HIV response activities according to their plans.

3. MACs should strengthen their coordination with health facilities when implementing HIV response activities, including data sharing.
4. Councils should continue to build the capacity of MACs to raise funds (in addition to funding from government budgets) to implement HIV activities.

### About CHSSP

The USAID Community Health and Social Welfare Systems Strengthening Program (CHSSP) used a systems strengthening approach in line with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) goals to assist the Government of Tanzania to control the HIV epidemic.

CHSSP built the capacity of community structures to better serve their constituents and better coordinate among themselves for a more effective HIV response at the community level. The project also trained community case workers to more effectively link at-risk people to services, especially HIV testing, treatment, and care. CHSSP leaves behind stronger communities that are better able to identify at-risk populations, get them tested for HIV, link them to care, and retain them on treatment.

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Since 1980, JSI has supported the Government of Tanzania and other partners to accelerate progress on the country's health and development priorities. Together, we have strengthened the health and social welfare systems, trained health and social welfare workers, improved data collection and use, introduced new vaccines, and made services more accessible and equitable for vulnerable populations.



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