

# STRENGTHENING COMMUNITY STRUCTURES

## People Living with HIV Clusters

Community  
Health and Social  
Welfare Systems  
Strengthening  
Program

TECHNICAL BRIEF

*CHSSP built the capacity of PLHIV clusters, like the one shown above, to develop strategies for increasing community awareness of HIV testing and treatment and addressing HIV stigma. Photo by Erick Gibson for JSI.*

**P**eople living with HIV (PLHIV) clusters are an important part of Tanzania's HIV response at the community level. Each cluster assists a number of PLHIV support groups, which meet in wards and villages all over the country. PLHIV clusters and support groups have a critical role in helping Tanzania reach the global 90-90-90 targets because their members identify people who are at risk for HIV and link them to testing, treatment, and other services, and support them to stay on treatment once started.

Established by and for community members, PLHIV clusters and support groups are trusted community resources and well-equipped to identify people who are most vulnerable to HIV, many of whom are hidden due to stigma and other barriers. They also encourage enhanced adherence and retention to antiretroviral treatment (ART) and promote referrals and linkages to clinical services and activities that socially and economically empower PLHIV at the community level.

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### CHSSP Response

The Community Health and Social Welfare Systems Strengthening Program (CHSSP) built the capacity of 102 PLHIV clusters and their national-level coordinating body, the National Council of People Living with HIV and AIDS (NACOPHA).

CHSSP collaborated with NACOPHA to strengthen the organizational and management capacity of the PLHIV clusters to support their provision of HIV services and advocacy for the rights of PLHIV. Through this collaboration, CHSSP helped NACOPHA develop and finalize the PLHIV Cluster Management Handbook, which is being used to manage and monitor PLHIV clusters throughout Tanzania.





Jane Mwaliego (left), the cluster chairperson of a PLHIV support group, talks with a fellow group member about strategies for encouraging community members to get tested for HIV, get linked to treatment if positive, and remain on treatment to become virally suppressed. Photo by Erick Gibson for JSI.

## CHSSP built the capacity of more than 100 PLHIV clusters and their national-level coordinating body, the National Council of People Living with HIV and AIDS.

CHSSP used a cascade approach to build capacity from NACOPHA and district-level PLHIV clusters to lower-level (i.e., ward) PLHIV clusters and their respective PLHIV support groups in villages. CHSSP provided hands-on institutional support to NACOPHA and district-level PLHIV clusters, which in turn built the management, supervision, resource mobilization, health promotion, and advocacy capacity of ward-level PLHIV clusters and village-level PLHIV support groups.

CHSSP also supported PLHIV clusters to establish a process for holding elections when leadership terms end. Seamless leadership transitions are important for ensuring that PLHIV clusters and support groups are able to fulfil their roles and responsibilities without disruption. The project also helped NACOPHA facilitate the formation of new PLHIV clusters at the district level.

### Results of CHSSP Support

- Clusters have the capacity to conduct quarterly action meetings on HIV prevalence rates, uptake of ART, and HIV-response-related policy updates.
- Clusters have the capacity to make follow-up visits to members, who in turn help PLHIV support group members stay on treatment and become involved in income-generating activities.
- Clusters have strategies to strengthen relationships with council and district HIV and AIDS coordinators.
- Cluster leaders understand their roles and responsibilities and have the capacity to submit monthly reports to NACOPHA and local government entities.

- Clusters have the capacity to conduct supportive supervision at all levels (e.g., ward-level clusters and PLHIV support groups).
- PLHIV clusters are able to write effective reports, document data accurately, maintain filing systems, form new clusters where needed, and create and implement action plans that identify and overcome challenges.
- NACOPHA has and updates a directory of all PLHIV clusters and support groups. The directory maintains information including registration status, location, total membership disaggregated by sex, leadership contact information, and income-generating activities.
- NACOPHA has an updated implementing partner (IP) directory, which specifies IP location, contact details, and activities.

## Conclusion

Newly strengthened PLHIV clusters and support groups have a crucial role in coordinating PLHIV activities at council, district, and village levels. They advocate for PLHIV issues related to improving quality of life, fight stigma and discrimination, and represent PLHIV groups at national fora. Their community relationships put them in a unique position to help Tanzania achieve the 90-90-90 targets: PLHIV clusters and group are able to identify people at risk; link them to HIV testing and treatment; and support them to stay on treatment.

CHSSP recommends that PLHIV clusters use their newly acquired expertise to develop a strong network and create a strategy for improving the quality and reach of community-based HIV services for all PLHIV and their families. CHSSP also recommends that council HIV and AIDS coordinators strengthen their support to PLHIV clusters by including them in policy-making fora at all levels. This will strengthen Tanzania's community HIV response and bring the country closer to achieving the 90-90-90 targets.

### 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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