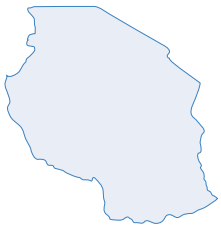
Community Health and Social Welfare Systems Strengthening Program



Community Health and Social Welfare Systems Strengthening in Tanzania

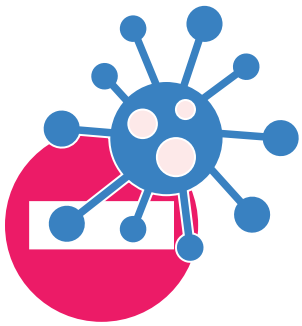
A collaboration between USAID, JSI's Community Health and Social Welfare Systems Strengthening Program, and the Government of Tanzania

The Community Health and Social Welfare Systems Strengthening Program (CHSSP), a six-year USAID-funded program through PEPFAR, worked with the Government of Tanzania to improve the health and well-being of HIV-affected and other vulnerable people in 106 councils. The project worked toward achieving the UNAIDS 90-90-90 goals to stop the HIV epidemic.

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

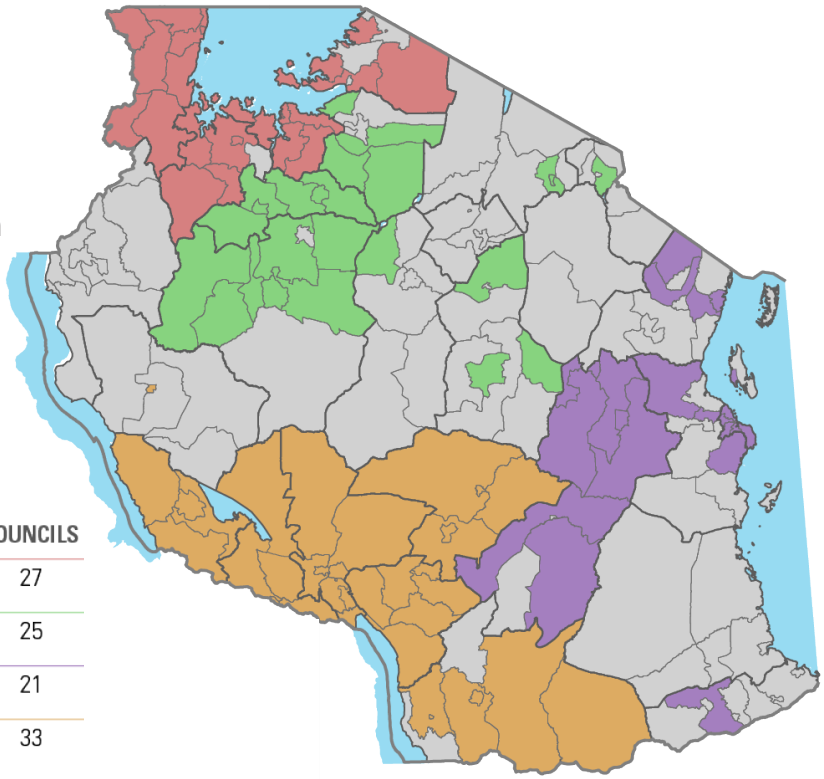


90% of all people receiving treatment will have viral suppression

What does health and social welfare systems strengthening mean?

CHSSP closely collaborated with the President's Office – Regional Administration and Local Government, and the Ministry of Health, Community Development, Gender, Elderly, and Children 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 worked with the respective government entities to update and create new policies and guidelines to strengthen the HIV response. CHSSP then worked at the council level to train a cadre of community case workers who put these guidelines into practice and linked affected individuals or households to the needed health and social welfare services. These case workers were just one part of the program's system-strengthening approach; CHSSP also trained other community groups to ensure the most vulnerable citizens are linked to services including HIV testing. In the councils where CHSSP worked, more than 3,000 multi-sectoral AIDS committees and more than 100 groups (or "clusters") of people living with PLHIV have been strengthened, and more than 200 violence against women and children protection committees established. All groups work with the case workers to link Tanzania's most-vulnerable citizens to health and social welfare services. The program also worked to build the capacity of 49 civil society organizations and community leaders to help put systems into action.



ZONE	ZONAL OFFICE	COUNCILS
Lake	Mwanza	27
Central	Dodoma	25
Coast	Dar es Salaam	21
Southern Highlands	Mbeya	33

CHSSP inputs at all levels of the health systems

NATIONAL STRUCTURES

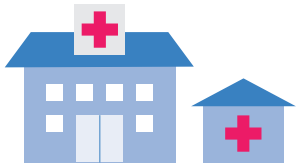
Guidelines, Protocols, Strategies, Curriculum

Develop & Revise

Translate & Print

Disseminate

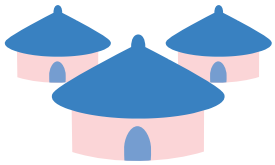
DISTRICT, WARD, AND VILLAGE LEVEL STRUCTURES



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



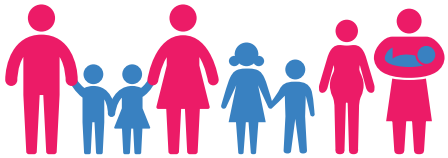
Community Case Workers

Lead Community Case Workers

Community Case Worker Supervisors

Case Managers

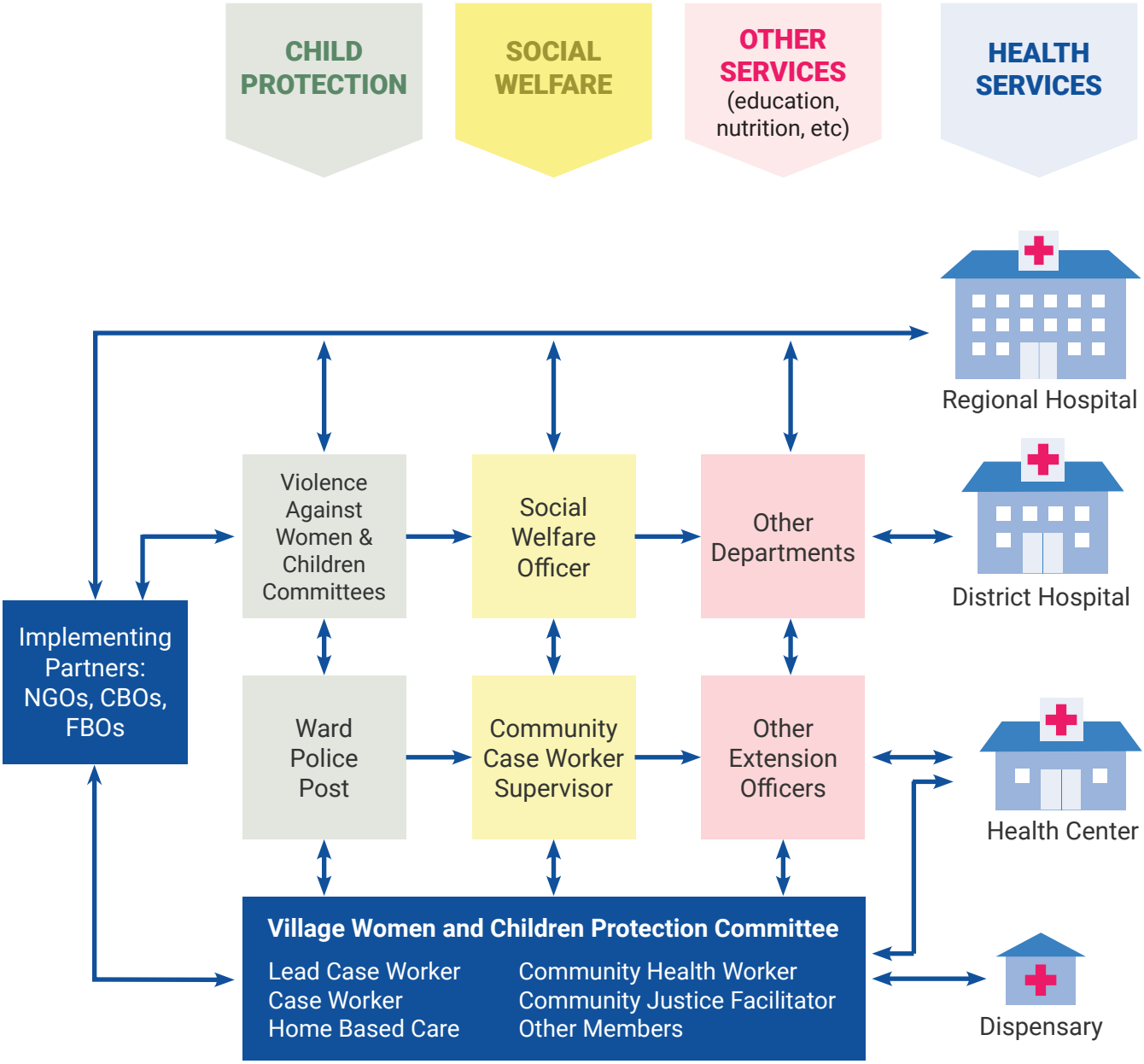
BENEFICIARIES



Most vulnerable children and families

Referrals and Linkages

The program worked 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 of these cadres are trained on the National Integrated Case Management System, a standardized system for the care, support, and protection of vulnerable children and their families. It integrates and improves access to social welfare and health services, including HIV continuum of care services.

CHSSP trained:

18,890 community case workers

1,942 community case worker supervisors

16,948 lead community case workers

557 case managers

229 community health workers

Community Case Workers have collectively reached more than

700,000 most vulnerable children

> “The caseworker advised and educated me. I didn’t have any love in my heart, but she made me feel loved.”

Resilient and grateful is how Shole, a mother of two in the Arusha region of Tanzania, describes herself. She is also HIV-positive.

“I discovered I was positive in 2012 while pregnant with my third child,” she explained. “I was devastated to receive my results. I shared the news with my husband who didn’t take it very well. He decided to leave me and my children, without any support. However, I delivered the [third] child safely. I had not begun taking ARVs as my immunity was still very strong. Sadly, after six months, my baby died.”

Shole’s life took a turn for the worse as she went into depression. She describes alcohol as her refuge at any time of the day as her health deteriorated. However, her life began to change when a local community case worker visited her.

“The case worker explained that being HIV positive is not the end of life. She told me about herself and her story was very inspiring. She offered me support and promised to walk with me through this journey. She told me that I was too young to give up on life. She advised and educated me. I didn’t have any love in my heart, but she made me feel loved.” The case worker continued to visit Shole on a regular basis and convinced her to take ARV medication. Shole said her case worker became like a second mother—someone who she could confide in and get the support she needed.

Shole is among the 1 million people in Tanzania who have been tested for HIV. Ninety percent of those who tested positive have started treatment. All this is due to CHSSP, which has trained more than 18,000 community case workers, like the one who visited Shole, to identify, track, and manage HIV cases in the community at the grassroots. As a result of the support she has received, she now lives a health life, and her two sons are excelling in secondary school. Shole calls herself an ambassador for others in her community and provides the help and support they need, just as the community case worker provided for her.

Note: The name “Shole” is an alias of the beneficiary. The real name has been concealed for her protection.

> “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 had a serious shortage of social welfare officers to serve 17,000 orphans and most vulnerable children. Then CHSSP came and trained community case workers. Having these case workers is 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 for HIV and link them to the health facility.”
>
> — Dr. Vivina Wonanji, Arusha District Medical Officer

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

CHSSP worked with community structures to establish/revitalize their roles in the community HIV response.

"Through CHSSP, multi-sectoral AIDS committees have been revived. We have educated them on their responsibilities and on ways to search for financial resources. Currently, the committees hold meetings often, forward reports and help identify HIV-affected individuals, unlike before."

— Rahiya Kasolo, Council HIV/AIDS Coordinator, Arusha District Council

Multi-sectoral AIDS committees (MACs) are local government groups made up of community leaders, community members, and local government officials. MACs lead the HIV response in their communities, mobilizing resources and setting strategies for addressing their communities' most pressing HIV-related problems. CHSSP revitalized MACs, trained their members to know and understand their roles in the community-level HIV response, and provided them with guidelines and tools to better perform their responsibilities.

People living with HIV (PLHIV) clusters are community groups organized and supported by Tanzania's National Council of People Living with HIV and AIDS, or NACOPHA, a national-level government organization. PLHIV clusters work in every council and support smaller PLHIV groups that work in villages. CHSSP built the capacity of PLHIV clusters to support PLHIV groups to identify people living with HIV in their communities and connect them to testing, treatment, and other kinds of support services.

> "The benefits we get from the group can be linked to the 90-90-90 target. First, the group encourages us to get tested. To be in the group you have to be aware of your status. Secondly, once you start your medication, the group helps you access nutritional food to improve your health. Lastly, the group ensures you stick to your medication. You receive training on proper ways of taking your medication. We now understand the objective of the 90-90-90 target and we are living by them."
>
> —Jane Mwaliego, PLHIV Cluster Chairperson

Violence Against Women and Children Committees, or VAWCCs are also local government groups. VAWCCs connect women and children who have experienced violence with health and social welfare services, including HIV testing, counseling, and treatment.

CHSSP also built the capacity of HIV-focused civil society organizations, or CSOs, to become more financially viable and to provide better services to people affected by HIV in their communities.

> “The project has built our capacity in a way that we can provide extensive care to children unlike before when we could only deal with one problem, which is health. In most cases, children face problems in health, nutrition and education.”
>
> — Chrispin Yusufu, Case Management Officer for ADP Mbozi, One of the 49 CSOs strengthened by the project.

Supporting the **1.4m adults** living with HIV and the **2.3m children** orphaned by AIDS in Tanzania

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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.

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, Inc. (JSI). The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the United States Government.