



SUPPORTING THE DEVELOPMENT OF THE FORMAL COMMUNITY HEALTH WORKER CADRE

IMPACT REPORT 2016-2019



Dear Reader,

Between 2016 and 2019, THET, with our partners the Benjamin Mkapa Foundation (BMF), implemented the Community Health Worker (CHW) Training Programme to support the training and deployment of the first formal community health workers in five regions of the Lake Zone of Tanzania: Mwanza, Shinyanga, Geita, Simiyu and Kagera. This report highlights the achievements, learnings and impact of the programme.

In 2015 the Ministry of Health (MOH) was busy translating how to put into operation the intent of the community-based health care policy guidelines finalised in 2014. As a result, in 2015 a costed strategic plan was developed by the Ministry and the process of identifying partners who would support the MOH in implementation roll-out became topical in interactions with the Ministry. Hence THET through Comic Relief and in partnership with Ministry of Health has been responsible for the roll out of CBHP which includes the training of community health workers.

I am particularly pleased that the programme has supported the capacity assessments of ten health training institutions offering the CHW course. Through this we have been able to strengthen and improve the curriculum and training available to formal CHWs, and to develop the capacity of regional and district managers on community based health programmes to ensure long-lasting, locally-driven support for this initiative.

At the policy level, our contribution has supported the development of the Scheme of Service for CHW deployment which provides a space for CHWs within the healthcare landscape of Tanzania. Further, we have played a big role in supporting the MOH to develop a National Supportive Supervision Guideline for Community Based Health programmes and Development of National Orientation Manuals for the Regional and District Managers on CBHP which have now been standardised country wide. In this report, we celebrate the 1352 newly trained CHWs, young people whose desire to serve and improve the health of their communities is an example to us all.

Godwin Kabalika, Country Director, THET Tanzania

Country context

TANZANIA HEALTH CHALLENGES AT A GLANCE

The Maternal Mortality Rate (MMR) is high, at 556 deaths per 100,000 live births.

The estimated HIV prevalence among 15-49 year olds is 6.5%.

Epidemiological transition and demographic dividend have brought NCDs to prominence relative to CDs.

The current Human Resources for Health (HRH) gap stands at

51%

The global goals and targets set for health have generated a renewed interest in community-based health approaches to deliver health care and address inequity. In 2018, when marking the 40th anniversary of the Declaration of Alma Ata on Primary Health Care (PHC)¹, United Nations (UN) Member States reaffirmed their commitment to primary health care as the foundation for achieving universal health coverage (UHC). The Astana Declaration² makes pledges in four key areas to ensure that the needs of half of the world's population who lack access to essential health services are met:

1. Making bold political choices for health across all sectors;
2. Building sustainable primary health care;
3. Empowering individuals and communities;
4. Aligning stakeholder support to national policies, strategies and plans.

Efforts to strengthen basic health care services and community outreach in Tanzania during the 1970s focused on increased applications of community medicine. During that time, the large-scale training of Rural Medical Aides and Maternal and Child Health Aides resulted in rapid staffing of dispensaries and the expansion of MCH clinics that included community outreach. The adoption of the Primary Health Care Approach as a key policy and strategy drive in Tanzania resulted in the implementation of community health services with greater scope and momentum.

The Alma Ata Declaration of 1978 drew heavily from country experiences, including Tanzania. It recognised that PHC is an essential part of any health care system based on scientifically sound and socially acceptable methods and technologies that are made universally accessible to individuals and families in the community through their participation at a cost that the community and country can afford. A key emphasis was then placed on Village Health Workers Programs and the strengthening of service delivery at frontline health facilities.



Historical trends for community-based health initiatives in Tanzania indicate several gaps which need to be addressed (CHWs initiatives, workshop report 2012). These gaps included the absence of a formalised community-based health cadre given the uncertainties that characterised the community-based volunteer schemes, inadequate coordination mechanism for community-based health services, inadequate linkages between the community and facility, and poor community participation in health care. Despite efforts by the Government and various stakeholders, these gaps have continued to be observed, meaning health benefits are not being fully realised.

CHWs in many parts of the country have proven to play an important role in prevention, promotion, and education, and rehabilitative and basic curative healthcare, particularly on linking communities and facilities. Acknowledging the role of CHWs and the gaps that have been identified from the implementation of voluntary CHWs schemes, in 2014 the Ministry of Health developed a CBHP policy guideline in order to provide a coordinated and integrative framework to enable local government authorities to put in place sound community health practice, followed by a costed CBHP strategic plan (2015-2020) and CBHP implementation design (2017) which provides strategic areas and a roadmap that guides the coordination and strengthening of CBHP services in Tanzania, CHW being one of the targeted area.

About the project

In 2016, THET was awarded a grant from Comic Relief to support the Tanzania Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) to train and roll out of the first formal cadre of paid CHWs under the current Building National Training Capacity to Implement the Community Based Health Programme Strategic Plan (2015-2020).

To do this, we have taken a multi-level approach, supporting the capacity development of ten health training institutes and supporting system strengthening at the district level. We have also undertaken advocacy and supported policy development at the national and regional level through our presence on MoHCDGEC taskforces and technical working groups. These groups provide sound advice and technical support to the MoHCDGEC on matters related to CHWs policy, training, recruitment and deployment, retention, budgeting, planning, management and supervision.

So far 1352 CHWs have graduated from the health training institutions we are working with and over 100 regional and district health managers have been orientated on community based health programmes. The project is implemented in five regions of the Lake Zone (Mwanza, Simiyu, Geita, Kagera, and Shinyanga) in partnership with the BMF.



PROJECT IN NUMBERS

2016-2019

1352

Community Health Workers trained.

775

female Community Health Workers trained.

1479

patient referrals to health facilities for diagnosis, treatment or management.



14 Curriculum Modules covered.



10 training institutions supported to deliver training.



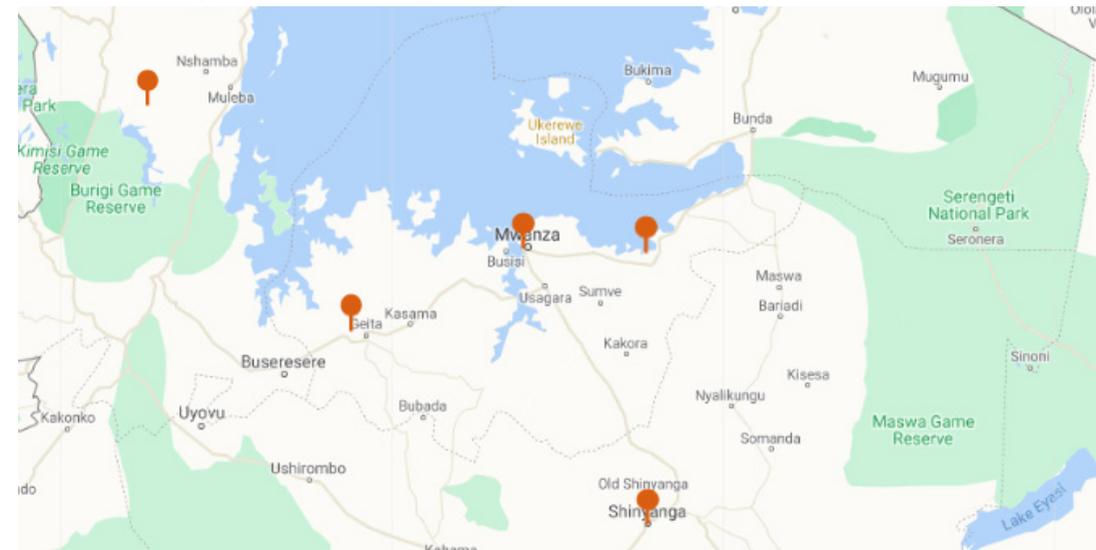
34 Local Government Authorities involved.

Expenditure 2016-2019:

£1,306,730

Community members with access to a formally trained CHW:

106,616



Voices from the community

Samwel Emmanuel (25) | Community Health Worker
Mwambola Village, Misungwi District

'I have lived in my village since I was born and my community are so pleased that I am here as a Community Health Worker. They trust and support me and that makes me feel so confident in my role.

Before I graduated, a volunteer health worker used to visit the village every two or three weeks to spread awareness in the community on different topics but in between these visits there would be no one. I think my interest in health was sparked by this and at first I wanted to be a nurse but then I heard about the Community Health Worker certificate and knew that is what I wanted to do.

Compared to other villages I know, it is quite small with 3000 people and seven hamlets within it. It is a lot of people to see, as I am just one person with no car, motorcycle or bike. Often that means I walk for almost an hour to visit people in their homes, although sometimes I use my salary to rent a motorcycle to help get me around and this costs 3,000 (TZSH). Every week I try to visit at least 80 patients, roughly 400 a month.

Malaria is the biggest burden in my community and with my training, the support of the Community Health Management Team for the district (population of over 400,000), and other initiatives, I have been helping to conduct research into the incident rates and the effectiveness of awareness raising in terms of prevention. I am happy to say that lots of families are now using nets I recommended.

The training definitely covered the issues I face in the community, all of the modules I did on the year course I use in my work now, from my favourite module on reproductive and child health to social welfare and gender-based violence. I really enjoy using my skills and knowledge to visit the elderly and knowing how to care for them and advise them is great. I often run campaigns which I also really enjoy, from sanitation and the need for latrines, to the benefits of breastfeeding and sanitation measures.

There are many patients and families that stay in my mind that I have helped, recently I discovered a patient with TB when we did a screening session so that was a success.

Probably the happiest example I have is of Mama Musa, her home is about half an hour walk from here and I visited her when she was very pregnant. I could see some of the danger signs developing for her and her baby and I advised her to go to the health facility, but she was very reluctant to go before she had to. So I worked with the community and we were able to mobilise transport for her and continued to speak with her on the benefits of going now and in the end she went, she received treatment and she had a successful delivery. I could not have wanted more.'



Measuring impact & lessons learned

- Due to national budget constraints, the Tanzania Government is unable to employ the 12,000 CHWs that have been trained nationally under the programme so far. This challenge necessitates the development of innovative financing and employment measures to ensure the sustainability of the programme. This could include employment in the private sector.
- While the training of CHWs is essential to widening access to healthcare at the community level, it is important to ensure that training is replicated in other areas of health. A balance must be struck in the production of formal CHWs and other skilled staff in order to widen access to healthcare services and to ensure the continuum of care.
- Many partner organisations have supported the training component of the programme, however very few have supported the retention component. To retain staff it is necessary to ensure that the in-service needs of CHWs are met, specifically quality assurance and equipment. This must be reviewed by all stakeholders employing CHWs.
- To identify best practice it is necessary for all partners to undertake pilot studies and operational research on rapid learning. Research should identify optimum supervisory and mentoring structures and optimum short- and long- term remuneration modalities. Research should also explore how best to harmonise the needs and objectives of CHWs and volunteers.
- To mitigate risk and ensure best practice among CHWs, a regulatory framework incorporating regulatory requirements, codes of practice, and regulatory guidance must be developed and implemented.
- To measure the impact of the programme and inform MoH policy and planning, standardised, comprehensive tracking procedures must be applied to identify the location and employment status of CHWs that have graduated from the scheme.



'There is no health without health workers, as the saying goes.'

Equally, that there can be no health system without community health workers. Primary health is at the heart of every country's challenge to ensure everyone everywhere has access to quality health care.

THET is extraordinarily proud to have been given the opportunity to partner with the Government of Tanzania on this project. In the process, we have met hundreds of talented individuals eager to take on the responsibility that community health work entails. It is a brave career choice. Not only are the workloads onerous, but the prospects of long-term employment are uncertain in a country which is adding >1.5 million citizens to its population each year. They deserve our respect and admiration.

The very real problems faced by the individuals we have worked with, and the challenging context in which this programme has been developed, add enormously to our understanding of how THET can add value. It is learning that we hope to make good use of as we develop our work further in Tanzania, and it's learning that we will share with our network of experts that we partner with elsewhere in Africa and Asia. This is our passion and our privilege, and we are grateful for the opportunity.'

Ben Simms, CEO, THET

THET's work in Tanzania

Commonwealth Partnerships for Antimicrobial Stewardship (CwPAMS)

Funded through the UK Department of Health and Social Care's Fleming Fund. In Tanzania the grant has been awarded to Kilimanjaro Christian Medical Centre (KCMC) in partnership with Northumbria Healthcare NHS Foundation. In line with Tanzania National Action Plan on AMR (2017-2022) the project focuses on interventions that are designed to change anti-microbial use for better patient outcomes avoiding anti-microbial resistance (February 2019 - April 2020). The project goal is greater knowledge and practice of key principles of anti-microbial stewardship within the healthcare teams of KCMC hospital and regional hospitals of the northern zone. The project is expected to train 548 health workers on AMS and reach to 100,000 inpatient and outpatient who will access improved service within the project duration.

CHW Quality Improvement Project

The objective of this one year project is to strengthen the quality of service provision delivered by formal CHWs in one district of Mwanza region and to contribute to the evidence base as to the value of CHWs in order to achieve Universal Health Access.

Ambitions for future work:

- Health Technology Management,
- Non-communicable Diseases,
- Ethical and Respectful Care.

'We are hugely appreciative of the support THET has provided to the health sector in Tanzania. Through the training of formal community health workers, THET has, in collaboration with the regional health management team, strengthened health care at the community level, developing best practices that other partners can use to replicate similar programmes elsewhere. We look forward to our continued collaboration in this field.'

Denis K. Kashaja, Regional Community Based Health Programmes Coordinator Mwanza Region

Our Partners



About THET

Today, one billion people will never see a qualified health worker in their lives. For over thirty years, THET has been working to change this, supporting health workers both in the UK and overseas, improving patient care through targeted training programmes. We work with diverse partners to build a world where everybody everywhere has access to affordable and quality healthcare.

Since 2011 THET has supported seven long-term Health Partnerships between UK and Tanzanian health institutions under the auspices of the HPS, funded by the UK's Department for International Development (DfID). The HPS harnesses the expertise of staff from the UK National Health Service, who mostly volunteer their time, to support the development of Tanzania's health services through collaboration and the reciprocal exchange of knowledge, skills and expertise between partners.

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