Community Health Roadmap
Investment priorities to scale primary care at the community level

United Republic of Tanzania

Tanzania Mainland

At a Glance: Country Indicators

Population:
59,851,347 (1)

Total number of Community Health Workers (CHWs):
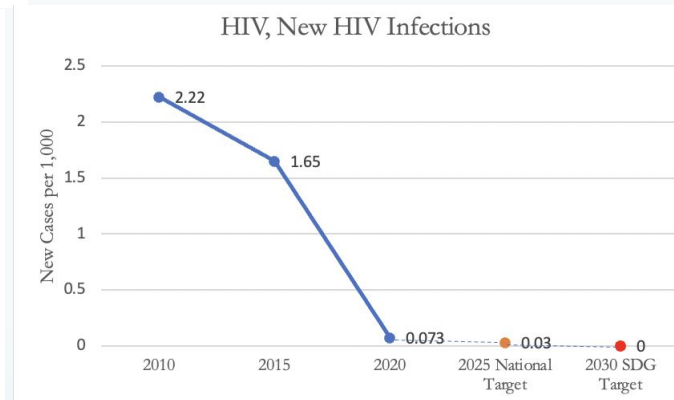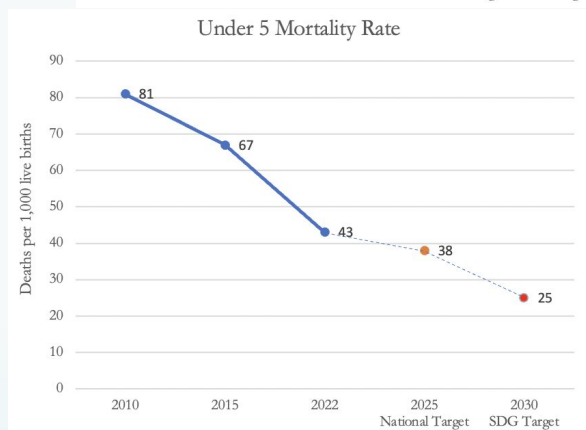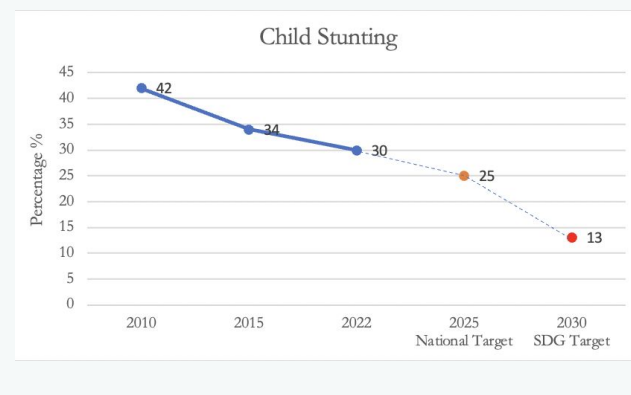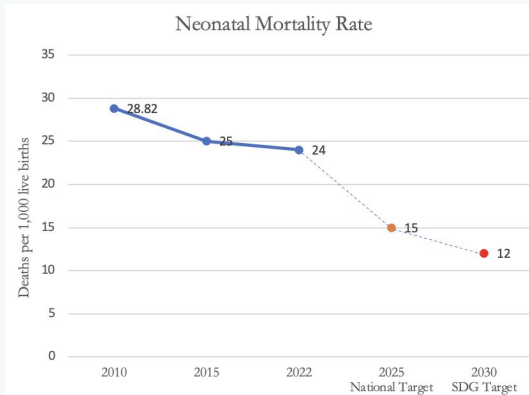20,487(2)

Neonatal mortality rate (2022):
24 per 1,000 live births (3)

U5 mortality rate (2022):
43 per 1,000 live births (3)

Maternal mortality rate (2020):
238 per 100,000 live births (4)

Neonatal Mortality Rate

Deaths per 1,000 live births

- 2010: 28.82
- 2015: 25
- 2022: 24
- 2025 National Target: 15
- 2030 SDG Target: 12

Child Stunting

Percentage %

- 2010: 42
- 2015: 34
- 2022: 30
- 2025 National Target: 25
- 2030 SDG Target: 13

Under 5 Mortality Rate

Deaths per 1,000 live births

- 2010: 81
- 2015: 67
- 2022: 43
- 2025 National Target: 38
- 2030 SDG Target: 25

HIV, New HIV Infections

New Cases per 1,000

- 2010: 2.22
- 2015: 1.65
- 2020: 0.073
- 2025 National Target: 0.03
- 2030 SDG Target: 0

Sources:
(1) Tanzania National Bureau of Statistics. 2022 Population and Housing Census. https://www.nbs.go.tz/index.php/en/census-surveys/population-and-housing-census/852-2022-population-and-housing-census-administrative-units-population-distribution-and-age-sex-reports
(2) Ministry of Health Tanzania, Presentation,17 May 2023 in Dodoma, Tanzania.
(3) United Republic of Tanzania,Demographic and Health Survey and Malaria Indicator Survey (DHS) 2022 - Key Indicators Report, https://dhsprogram.com/pubs/pdf/PR144/PPR144.pdf
(4) Interagency Group of Maternal Mortality, https://www.who.int/publications/i/item/9789240068759
United Republic of Tanzania.
(5) Graphs:
    (a) Health Sector Strategic Plan V, 2021.https://mitu.or.tz/wp-content/uploads/2021/07/Tanzania-Health-Sector-Strategic-Plan-V-17-06-2021-Final-signed.pdf
    (b) WHO, Global Health Observatory, Data on HIV, https://data.who.int/countries/834
    (c) United Republic of Tanzania, DHS 2015, https://dhsprogram.com/methodology/survey/survey-display-485.cfm
    (d) United Republic of Tanzania, DHS 2010, https://dhsprogram.com/methodology/survey/survey-display-345.cfm

Urgent Investment Actions

- Revise the community health worker training curriculum to operationalize basic curative care within the integrated, multi-sectoral package of community health services

- Train CHWs under the approved training curriculum and scale-up the number of CHWs

- Revise and cost the operational guidelines for community health and develop a comprehensive investment case for community health to drive resource mobilization and financial commitments domestically

- Define the scope and operationalize a national, comprehensive and integrated service delivery package at community level that includes basic curative care

- Formalize and strengthen the Technical Advisory Committee (TAC) for Community Health and other governance, accountability, and coordination mechanisms for community health at all levels

- Promote the development and use of one single electronic community health management information system, interoperable with the routine health management information system

- Review current supply chain policy to accommodate the shift in the delivery of the integrated community health service package and its associated supply chain requirements

- Develop and use a national georeferenced community health worker master list, hosted within the existing master list of health workers, for identification, deployment and performance management of (new + existing) CHWs

Community Health Overview:

Vision[1]: Communities with **improved health and social well-being** that contribute to the **socio-economic development** of individuals, families and communities

Policy Environment:

Policy Guideline for Community-Based Health Services (2020)

Health Sector Strategic Plan V (2021)

National Operational Guideline for Community-Based Health Services (2021)

Operationalizing CHW Guidelines and investment in CHW Program through catalytic Susan T. Buffett Foundation investment (under deliberation)

Aims:

- Establishment of a sustainable workforce that includes community health & social welfare workers
- Sustainable financing with strategic use & optimization of resources
- A comprehensive & community based approach to social & health protection/welfare and the delivery and coordination of those services at all levels
- Increased community engagement & the prioritization and elevation of community voices
- Strengthened multisectoral, intersectoral and multistakeholder collaboration to address cross-cutting issues and ensure resilient and sustainable communities

[1]Source: MOHCDGEC. (2020). Policy Guideline for Community-based Health Services.

Description of Community Health Structure

Cadres:

Community health workers (CHWs) are supervised at village and facility level by government supervisors: Village Executive Officers (VEO) and Health Facility in-charges

Service Package:

A comprehensive set of services including prevention and health promotion of communicable and non-communicable diseases, MNCH, nutrition, WASH and social welfare.

Compensation:

The CHW incentives package varies across contexts and may include a stipend, performance-based payment, and non-financial incentives. There is a plan for standardized remuneration of community health workers.

Data Collection:

Community health data are routinely collected by CHWs during household visits and during community activities, using MTUHA Book No. 3 and other digital tools, and then integrated into health facility reports.

Training:

A standardized, formal training package exists for CHWs on the delivery of integrated health and social welfare services consisting of six modules delivered as in-service training over a total of 3 months.

Community Engagement:

Communities participate in nominating CHWs and monitoring of their work within the community-based health services framework.

Scale-up:

Currently there are 20,487 CHWs. The goal is to scale-up to 150,000 CHWs.

User Fees:

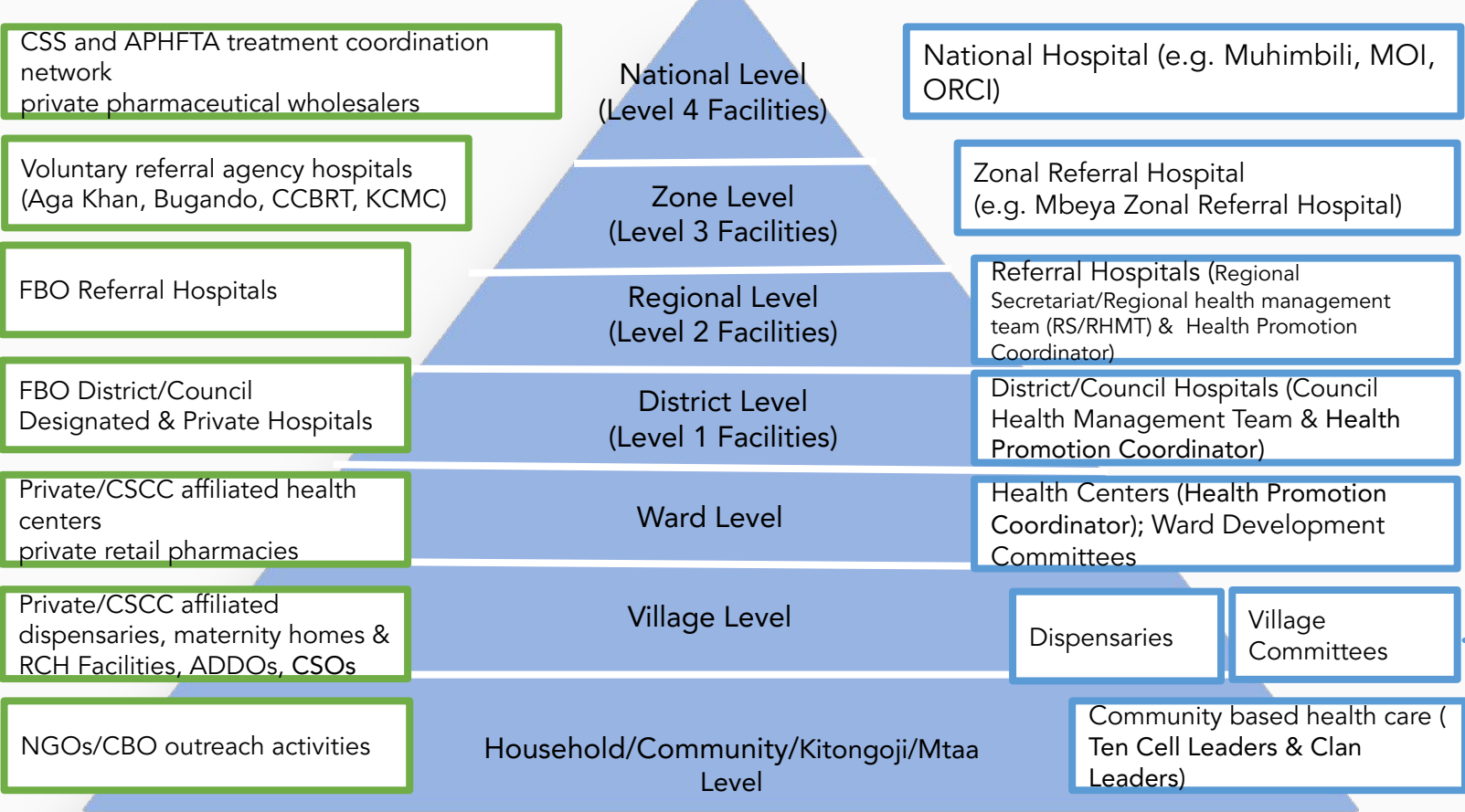There are no formal user fees for services provided by CHWs.

Health System Linkages:

CHWs and key community-level committees facilitate referrals from community level to health facilities and other points of care.

Overview of Community Health System

| MOH | President's Office, Regional Administration, and Local Government (PORALG) | Ministry of Community Development, Gender, Women, and Special Groups (MOCDGWS) |

Private | **Public**

CSS and APHFTA treatment coordination network
private pharmaceutical wholesalers

National Level (Level 4 Facilities)

National Hospital (e.g. Muhimbili, MOI, ORCI)

Voluntary referral agency hospitals (Aga Khan, Bugando, CCBRT, KCMC)

Zone Level (Level 3 Facilities)

Zonal Referral Hospital (e.g. Mbeya Zonal Referral Hospital)

FBO Referral Hospitals

Regional Level (Level 2 Facilities)

Referral Hospitals (Regional Secretariat/Regional health management team (RS/RHMT) & Health Promotion Coordinator)

FBO District/Council Designated & Private Hospitals

District Level (Level 1 Facilities)

District/Council Hospitals (Council Health Management Team & Health Promotion Coordinator)

Private/CSCC affiliated health centers
private retail pharmacies

Ward Level

Health Centers (Health Promotion Coordinator); Ward Development Committees

Private/CSCC affiliated dispensaries, maternity homes & RCH Facilities, ADDOs, CSOs

Village Level

Dispensaries

Village Committees

- **Nutrition Committee**
- **Development Committee**
- **Health Committee**
- **Social Service Committee**
- **Women & Children Committee**

NGOs/CBO outreach activities

Household/Community/Kitongoji/Mtaa Level

Community based health care (Ten Cell Leaders & Clan Leaders)

Source: MoH Presentation, Community Health Workers' Roadmap Mission, Tanzania Mainland, 17 May 2023.

Leadership and Governance

Priorities

- **Formalize and strengthen the Technical Advisory Committee and other governance, accountability, and coordination mechanisms for community health at all levels**

- Strengthen linkages and improve coordination across line ministries, as well as across departments and units within ministries, through establishment of a cross-ministerial committee or task force for community health

- Carry out policy dialogue to integrate the CHW workforce and determine the best modality for a sustainable and robust training approach

- Update the Operational Guidelines via an addendum to increase the number of months of training for CHWs to six months

- Optimize the functionality of local governance committees to enhance community-based service delivery and community engagement.

- Convene regular donor group meetings to improve alignment, coordination, and track progress community health

- Reinforce accountability mechanisms to foster contribution of community health to the attainment of national and global health goals.

Priorities

- **Revise and cost the operational guidelines for community health and develop a comprehensive investment case for community health to drive resource mobilization and financial commitments domestically and externally**

- To conduct assessment and documentation of financial models/approaches for sustainability of community-based health services in Tanzania

- Conduct a budget impact analysis to understand the implications of funding CHWs services using domestic resources on the government budget, with a focus on primary health care budget allocations and local revenue sources (domestic co-financing and resource mobilization)
    - Advocate to (Central level - MOF, PMO, PORALG, MOH; Regional, and Local Government governance authorities) to increase allocation of funds to health budget, including earmarked funds for integrated community health to ensure sustainability

- Resource mapping to clarify the patterns of domestic, external and private investments in community health, with a view to identifying resource gaps and develop unified resources pools, drawing on existing mapping data

- Explore funding mechanisms to increase fiscal space for community health and enhance donor alignment with contributions from domestic, private sector, and external sources

- Increase enrollment into existing health insurance schemes, and use cost-recovery to allocate a proportion to fund community health service delivery

Finance

Health Workforce

Priorities

- **Revise the community health worker training curriculum to operationalize basic curative care within the integrated, multi-sectoral package of community health services**

- **Train CHWs under the approved training curriculum and progressively scale-up the number of CHWs**

- Develop a transition plan to ensure absorption of existing CHWs that have been trained using other curriculum

- Develop a national policy for harmonized remuneration (financial and non financial) of CHWs that clearly articulates flow of funds and payment modality

- Develop and implement a clear career pathway for CHWs

Service Delivery

Priorities

- **Redefine the scope and operationalize a national, comprehensive and integrated service delivery package at community level that includes basic curative care**

- Ensure that the community health services package is formally aligned with the new essential health care package under review.

- Expand existing digital client feedback and communication mechanisms to include community based health services for social accountability and service improvement

- Strengthen linkage between health system at community level and National Emergency Referral System and other community based referral systems

- Strengthen functional working relationship between accredited drug dispensing outlets (ADDO) and CHWs

- Redesign and operationalize a supervisory mechanism in line with revisions to operational guidelines

Health Information Systems

Priorities

- **Promote the development and use of one single electronic community health management information system, interoperable with the routine health management information system**

- **Develop and use a national georeferenced community health worker master list, hosted within the existing master list of health workers, for identification, deployment and performance management of (new + existing) CHWs**

- Invest in capacity building for implementing the master list, aligned with global guidance

- Develop a national community health M&E framework. Establish and monitor progress of community health benchmarks, linked to national targets in the community health M&E framework.

- Develop and operationalize a national community health learning agenda with linkages to policy and planning divisions

Supply Chain Management
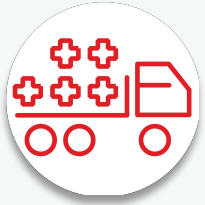
Priorities

- **Review current supply chain policy to accommodate the shift in the delivery of the integrated community health service package and its associated supply chain requirements**

Community Engagement

Priorities

- Strengthen implementation and use of social accountability mechanisms (such as community scorecards and digital client feedback) to enhance community ownership and guide primary health care service improvement

- Strengthen and reinforce linkages between CHWs and health facility governing committees, and between CHWs and community leaders, for improved community level ownership and oversight

Opportunities for Integration

Existing coordination mechanisms:

- Implement guidelines clarifying roles of all key stakeholders for community health (health training and research institutions, development and implementing partners, CSOs, private sector, private sector, professional bodies, health facility governing committees and council health board, and indigenous and social platforms)

- National Community Health Technical Working Group

- Health-in-All-Policies approach in National Health Policy 2020, for all sectors to take responsibility for social determinants of health and development of joint work plan by Prime Minister's Office

Type of integration	Key opportunities
Across programs, partners, and disease areas in community health systems	• Identify opportunities for task sharing and coordination between CHWs and other key community actors, e.g. work with peer groups for youth and adolescents; people living with HIV and other communicable diseases, people living with disabilities or chronic diseases, and the elderly
Across ministries, sectors, and agencies	• Expand community health TAC to other ministries • Review key bottlenecks and implement strategic shifts to move community agenda forward
Of community health with broader health and social system	• Embed the community health policy within larger health strategies for achieving PHC and UHC • Strengthen intersectoral collaboration to address cross-cutting issues for community health and social welfare

Milestones in Integrating Community Health within Primary Health Care, 2014-2023

Tanzania has been implementing community health since the 1960s.

2014: Government of Tanzania formulated the National Community-Based Health Care Policy Guidelines and established the National Community-Based Health Programme

2020: Policy Guidelines for Community-Based Health and Social Welfare Services replace 2014 guideline and CBHP Strategic Plan 2020-2025 developed

2023: Joined the Community Health Roadmap

| 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |

2015: National CBHP Costed Strategic Plan developed

2021: National operational guideline for community-based health services developed

Development Partners and Coordinating Mechanisms

Funders:

Conrad N. Hilton Foundation

Bill and Melinda Gates Foundation

Fondation Botnar

Gavi

GIZ

STBF

The Global Fund

The World Bank/Global Financing Facility

U.K. Dept. for Intl. Development (DFID)

UNFPA

UNICEF

USAID

Implementing Partners:

Americares

Amref Health Africa

BMAF

CRS

d.tree (digital global health)

EGPAF

Healthy Entrepreneurs

The Global Fund

International Rescue Committee

MOMENTUM

Médecins sans Frontières

MSH

Pact

PSI

Results for Development

UNFPA

UNICEF

URC

World Health Organization

Coordinating Mechanisms:

- High level: PORALGSD/LGAs & MOH
- Health Promotion Section MOH
- Technical Advisory Committee for CHWs
- Regional Secretariat/Regional health management team (RS/RHMT)
- Council Health Management Team (CHMT)
- Ward development committee (WDC) Health Committee
- Village-level committees (nutrition, health, women and children, development, and social service)

Acronyms

ADDO	accredited drug dispensing outlet
CBHP	Community-based health care program
CHMT	Council health management team
CHW	Community health Worker
CSO	Civil society organization
DHFF	Direct Health Financing Facility
DHIS2	District Health Information System, version 2
GBV	Gender-based violence
GFF	Global Financing Facility
HFGC	Health facility governing committee
iCHF	Improved Community Health Fund
LGA	Local government authority
MCH	Maternal and child health
MOH	Ministry of Health
MTUHA	Mfumo wa Taarifa za Uendeshaji Huduma za Afya (national health information system)
NCD	non-communicable disease
NHIF	National health insurance fund
PO-RALG	President's Office, Regional Administration and Local Government
RMNCAH-N	Reproductive, maternal, neonatal child and adolescent health+nutrition
SWAp	Sector-wide approach
SDH	Social determinants of health
TAC	Technical advisory committee for community health
VAC	Violence against children
VSSC	Village social services committee

Sources

3rd International CHW Symposium (2023). Tanzania/Zanzibar Country Gallery Walk:
https://docs.google.com/document/d/1DCNkPstikScjKotXTOmOrNr_7gjwwqhTgHQxSEJ0Gv8/edit

Interagency Group of Maternal Mortality, https://www.who.int/publications/i/item/9789240068759

MOHCDGEC. (2020). Policy Guideline for Community-based Health Services.

MOHCDGEC. Presentation, Community Health Workers' Roadmap Mission, Tanzania Mainland, 17 May 2023.
https://docs.google.com/presentation/d/1UeZnh347MzCSgNt96AKWTJxyKGHu7Dfr/edit#slide=id.p1

SDG Indicators Database https://unstats.un.org/sdgs/dataportal/database

Tanzania Mainland (2023). Country Priorities Table from 3rd International CHW Symposium, Monrovia, Liberia.

Tanzania National Bureau of Statistics. 2022 Population and Housing Census.
https://www.nbs.go.tz/index.php/en/census-surveys/population-and-housing-census/852-2022-population-and-housing-census-administrative-units-population-distribution-and-age-sex-reports

United Republic of Tanzania. Health Sector Strategic Plan V,
2021.https://mitu.or.tz/wp-content/uploads/2021/07/Tanzania-Health-Sector-Strategic-Plan-V-17-06-2021-Final-signed.pdf

United Republic of Tanzania, DHS 2015, https://dhsprogram.com/methodology/survey/survey-display-485.cfm

United Republic of Tanzania, DHS 2010, https://dhsprogram.com/methodology/survey/survey-display-345.cfm

United Republic of Tanzania, Ministry of Health (2021). National Operational Guideline for Community-Based Health Services, 2021.

United Republic of Tanzania. (2016). Ministry of Health, Community Development, Gender, Elders, and Children. Task Sharing Policy Guidelines for Health Sector Services in Tanzania.

WHO, Global Health Observatory, Data on HIV, https://data.who.int/countries/834

Word Bank Database https://data.worldbank.org/indicator/SP.POP.TOTL?locations=TZ

World Bank (2022). Program Appraisal Document for Tanzania Maternal and Child Health Investment Program. Report No. PAD4927.

Zanzibar

At a Glance: Indicators

Population (2021):
1,889,773 (1)

Total number of CHVs (2019):
 2,300 (2)

Neonatal mortality rate (2015): 28
per 1,000 live births (3)

U5 mortality rate (2015):
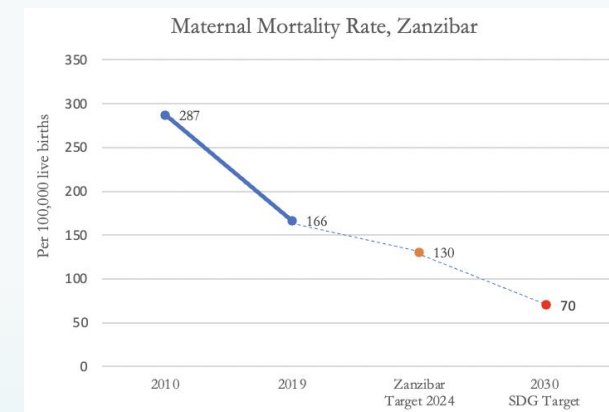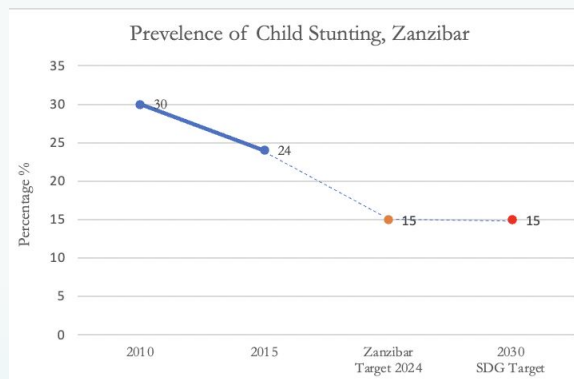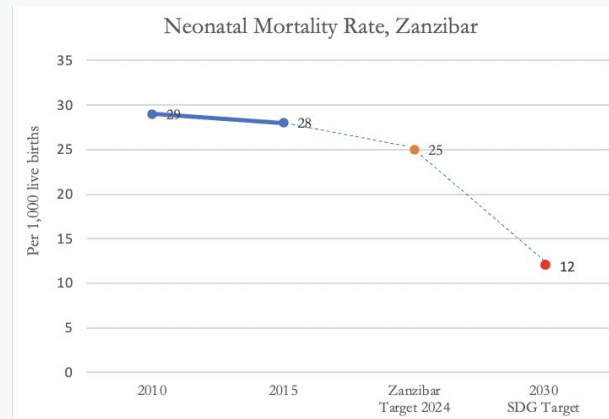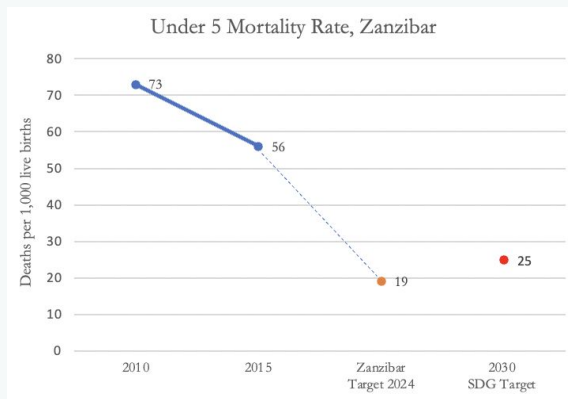56 per 1,000 live births (3)

Maternal mortality rate (2019): 166
per 100,000 live births (4)

Total fertility rate (2022): 4.7 (5)

Current use of modern contraception, married women (2022): 32.8 (5)

Unmet need for FP (2022): 24.0 (5)

Under 5 Mortality Rate, Zanzibar

Neonatal Mortality Rate, Zanzibar

Prevelence of Child Stunting, Zanzibar

Maternal Mortality Rate, Zanzibar

Sources:
(1) Tanzania National Bureau of Statistics. 2022 Population and Housing Census.
https://www.nbs.go.tz/index.php/en/census-surveys/population-and-housing-census/852-2022-population-and-housing-census-administrative-units-population-distribution-and-age-sex-reports
(2) Halima A. Khamis. (2023). Jamii ni Afya: Planning for professional Community Health volunteers in Zanzibar. Oral Presentation. CHW Symposium, Monrovia, Liberia.
(3) United Republic of Tanzania, DHS 2015, https://dhsprogram.com/methodology/survey/survey-display-485.cfm
United Republic of Tanzania, DHS 2010, https://dhsprogram.com/methodology/survey/survey-display-345.cfm
Zanzibar Health Sector Strategic Plan III 2013/14-2018/19. https://health.eac.int/file-download/download/public/167
(4) Zanzibar Health Sector Strategic Plan IV 2019/2020-2024/25. https://drive.google.com/file/d/1dVPc3GKETVYRC1oLWARySmE3v-QyrC5a/view
(5) United Republic of Tanzania,Demographic and Health Survey and Malaria Indicator Survey (DHS) 2022 - Key Indicators Report,
https://dhsprogram.com/pubs/pdf/PR144/PPR144.pdf

Community Health Overview:

Vision[1]: A healthy Zanzibari population with reliable, accessible, and equitable, preventive, and curative health care services.

Policy Environment:

Health Sector Strategic Plan IV, 2020-25
The Zanzibar Community Health Strategy, 2019-2025

Zanzibar Community Health Operational Plan 2022

Transition Plan for the National Community Health Program, *Jamii ni Afya,* 2023

Zanzibar Minimum Intervention and Service Package for National Community Health Volunteers, 2021
Zanzibar Investment Community Case 2023
Zanzibar Digital Health Strategy 2021
Transition Plan for the National Community Health Program , Jamii ni Afya 2023

Coverage:

The *Jamii ni Afya* (Communities are Health) covers the 11 districts and 388 shehia using digital technology to support service delivery and monitoring systems.

Current ratio is approx 1 CHV per 750 people

Aims:

- Provision of **community based health service** in all parts of Zanzibar
- Deployment and scale up of **community health volunteers** (CHVs) in an integrated, sustainable and coordinated manner
- Revitalization of **Shehia Health and Custodian Committees** (SHCCs) to coordinate community health interventions at Shehia level
- Institutionalization of the **community health information system** (CHIS) to provide data for decision making at the community (shehia and ward), district, and national levels
- Systems and structures for **management, leadership, accountability and coordination of community health services** at all levels

[1]Source: Zanzibar MOH. (2020). Health Sector Strategic Plan IV.

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Description of Community Health Structure

Cadre:

One national cadre of community health volunteers (CHVs). CHVs report to facility based supervisors and the Chairperson of the Shehia Health Custodian Committees (SHCC).

Data Collection & Digital Tools :

Community health data is collected during household visits including vital statistics. The data are integrated into the national HMIS system. CHVs use a mobile app for planning, reporting, decision support and referral.

Training:

A standard government-led training manual has been used to train all CHVs and CHV supervisors across districts.

Service Package:

Health prevention, promotion and referral for Early Childhood Development, Water and Sanitation Hygiene, Nutrition, Emergencies (surveillance and referral) and Maternal, Reproductive, Adolescent, and Child Health

Health System Linkages:

CHVs facilitate referrals from community level to health facilities and other points of care.

Scale-up:

Currently, there are 2,300 CHVs. The goal is to transition CHVs to CHWS and to scale-up to 5,000 Community Health Workers achieving a ratio of 1 CHW per 500 people

Community Engagement:

Communities participate in the recruitment and coordination of CHVs, foster an enabling environment for service delivery and implement community led monitoring. SHCC coordinate community health interventions and serve as a liaison between the
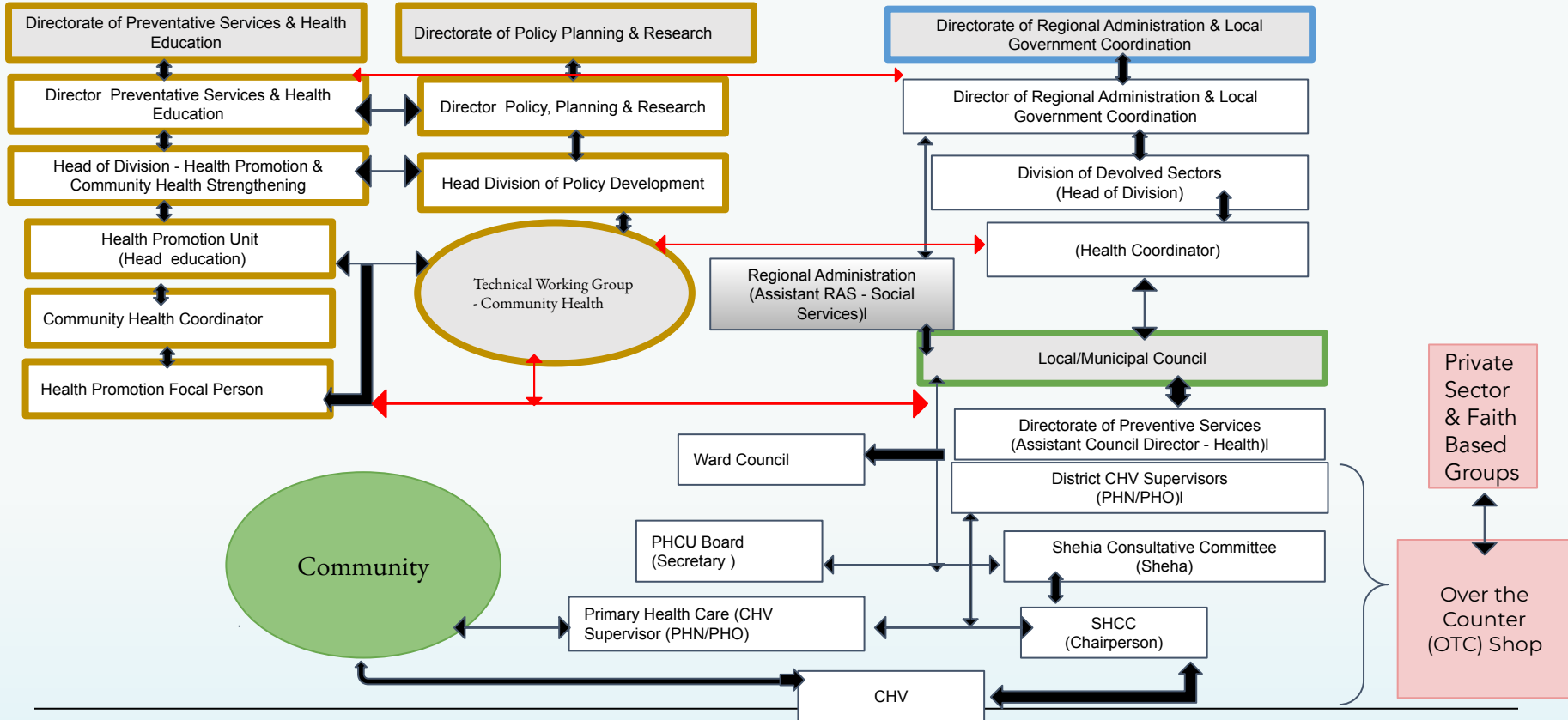community and health facility

User Fees:

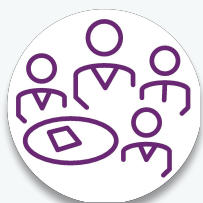Services provided by CHVs are free of charge

Compensation:

All CHVs in Zanzibar are provided with a standardized package of financial and non-financial incentives.

Overview of Zanzibar's Community Health System

Directorate of Preventative Services & Health Education

Director Preventative Services & Health Education

Head of Division - Health Promotion & Community Health Strengthening

Health Promotion Unit (Head education)

Community Health Coordinator

Health Promotion Focal Person

Directorate of Policy Planning & Research

Director Policy, Planning & Research

Head Division of Policy Development

Technical Working Group - Community Health

Regional Administration (Assistant RAS - Social Services)l

Directorate of Regional Administration & Local Government Coordination

Director of Regional Administration & Local Government Coordination

Division of Devolved Sectors (Head of Division)

(Health Coordinator)

Local/Municipal Council

Directorate of Preventive Services (Assistant Council Director - Health)l

Ward Council

District CHV Supervisors (PHN/PHO)l

PHCU Board (Secretary)

Shehia Consultative Committee (Sheha)

Community

Primary Health Care (CHV Supervisor (PHN/PHO)

SHCC (Chairperson)

CHV

Private Sector & Faith Based Groups

Over the Counter (OTC) Shop

Source: Zanzibar Ministry of Health (2019). Zanzibar Community Health Strategy.

Leadership and Governance

Priorities

- **Operationalize the terms of reference to strengthen the Community Health TWG.**
- **Ensure regular convenings, and expand membership for inclusive and multisectoral coordination linkages with other line ministries**
- **Align relevant policies and strategies with the Four Year Transition Plan including formalization of CHVs to CHWs**

- Strengthen District Health Management Teams, Health Facility Board and Sheiha Custodian Committee at district and facility levels

[1]2022 Community health TWG terms of reference revisions.

Finance

Priorities

- **Include Jamii ni Afya annual costs in the national budget**

- Develop a government-owned, sustainable financing strategy with a pathway for increased contributions from government for community health to address financial gaps, reflective of the stated priorities

- Establish and monitor the flow of government and non-government funds for community health from the Treasury and implementing partners to the service delivery frontline, including for salaries for CHWs and other operational costs

- Ensure Jamii ni Afya is fully integrated into the Universal Health Insurance scheme and is receiving routine funds

- Enhance donor coordination and alignment of contributions from domestic, private sector, and external sources to promote synergies and avoid duplication

- Explore funding mechanisms and opportunities to increase financial resources for community health

Health Workforce

Priorities

- **Develop and implement a national policy for harmonized remuneration (financial and non financial) of CHWs that clearly articulates flow of funds and payment modality**

- **Scale-up CHVs from 2,300 to 5,000 to achieve a ratio of 1 CHV per 500 people**

- Transition CHVs to formalized CHWs and develop and implement a clear career pathway

- Equip CHVs based on revised community health service package

- Provide refresher trainings and opportunities for learning and knowledge exchange among CHVs

Service Delivery

Priorities

- **Define the scope and operationalize a national, comprehensive and integrated service delivery package at community level that includes basic curative care, psychosocial support, and first aid/emergencies inclusive of care for key populations and vulnerable groups**

- Update the essential health care package (EHCP) and working tools to align with the revised community health services package, including basic curative care

- Revise the community health volunteer training curriculum in response to the revised and expanded service package at community level

- Develop a strategy to strengthen and reinforce the referral and linkage that will foster and promote early care-seeking, especially for ANC, PNC and skilled delivery

Health Information Systems

Priorities

- **Upgrade the CHIS and link it with EMR system in line with the new scope of CHV work and support its operationalization.**

- Build the capacity of MOH to undertake user support, system operations and platform maintenance and upgrading of the community health digital platform

- Build capacity of Jamii ni Afya implementers to improve data use for decision making at national, district, and community levels

Supply Chain Management

Priorities

- **Develop essential medicines and supply chain guidelines according to the revised and expanded integrated community health service package, including the revised role of CHWs and services they provide**

Community Engagement

Priorities

- **Revitalize and strengthen SHCCs and Health Facility Governing Committee to coordinate community health interventions implemented at Shehia level**

- Expand and harmonize existing feedback mechanism at Shehia level to strengthen social accountability

- Incorporate and strengthen Ministry, Department, and Agencies (MDA) capacity to implement gender transformative policies and strategies that will improve the engagement of men and boys and address other gender norms for increasing uptake of essential community health services

Opportunities for Integration

Existing coordination mechanisms:

- Multisectoral coordination mechanism includes a high level decision making body, comprised of MOH Directors, President's Office, Regional Administration, Local Government and Special Departments (PORALGSD) and Community Health Technical Working Group (TWG)

Type of integration	Key opportunities
Across **programs, partners and disease areas** in community health systems	• Engage with MOH and other stakeholders to develop an action plan for incorporating Jamii ni Afya CHV activities, sharing resources, scheduling regular meetings, and a timeline and accountability plan • Improve coordination among implementing partners through revitalizing the community health TWG and coordination committee • Improve engagement with community-level committees (e.g. women and children committees) • CHV curriculum spans multiple disease areas and vertical programs
Across **ministries, sectors, and agencies**	• Align community health program and targets with other line ministries (e.g. Ministry of Labor, Finance, Social Welfare, Education, etc.) and other sectors
Community health with **broader health and social system**	• Embed the community health policy within larger health and development strategies for achieving PHC and UHC • Strengthen intersectoral collaboration to address cross-cutting issues for community health and social welfare

Urgent Investment Actions

Include Jamii ni Afya annual operational costs into the national budget

Scale-up CHVs from 2,300 to 5,000 to achieve a ratio of 1 CHV per 500 people

Develop and implement a national policy for harmonized remuneration (financial and non financial) of CHWs that clearly articulates flow of funds and payment modality

Define the scope and operationalize a national, comprehensive and integrated service delivery package at community level that includes basic curative care, psychosocial support, and first aid/emergencies inclusive of care for key populations and vulnerable groups

Upgrade the CHIS and integrate it with HMIS in line with the new scope of CHV work

Develop essential medicines and supply chain guidelines according to the revised and expanded integrated community health service package, including the revised role of CHWs and services they provide

Revitalize and strengthen SHCCs to coordinate community health interventions implemented at Shehia level

Align relevant policies, resources, and strategies with the Four Year Transition Plan including formalization of CHVs to CHWs

Operationalize the terms of reference to strengthen the Community Health TWG, ensure regular convenings, and expand membership for inclusive and multisectoral coordination linkages with other line ministries

Roadmap Implementation: Costs and Return

Cost of implementing the ZCHS 2022-2025: US$5.8 million*
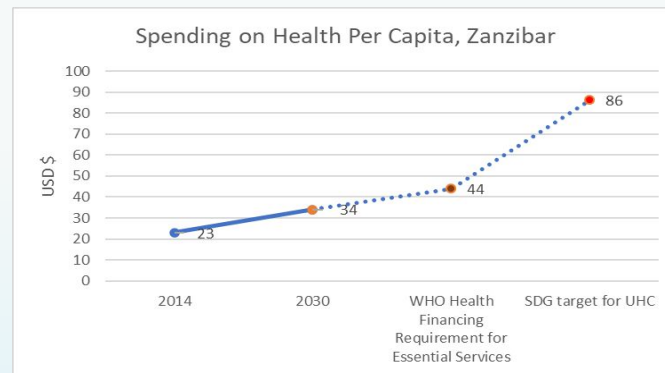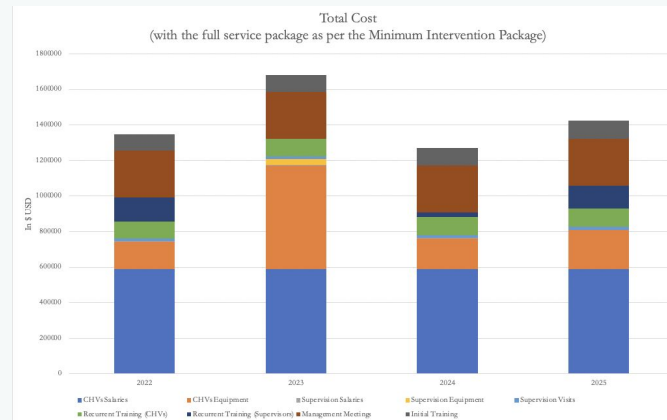## Funding gap 2022-25: US$543 thousand

The health system is financed by multiple sources including the RGoZ budget, national and private health insurance systems, DPs, the private sector, and individuals.

There has been a declining reliance on grants and increase in domestic financing.

Health spending as a percent of GDP has remained around 3% and was $ 34 USD per person.

If implemented:

- Economic benefits scaling upwards of $ 61, 418, 427 USD

- Return on investment is 10.6 to 1

- Estimated total lives saved: Neonate (1,455), Child (1,435), Maternal (185)

- Increases the length of education and improves primary literacy rates

Total Cost
(with the full service package as per the Minimum Intervention Package)

Spending on Health Per Capita, Zanzibar

*Converted from TZS on 1.06.23. Costing information based on previous programme design

Source: Zanzibar Ministry of Health (2022). The Case for Investment in Community Health in Zanzibar..

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Milestones in Integrating Community Health within Primary Health Care, 2018-2023

2023: United Republic of Tanzania joins the Community Health Roadmap

2016-19: Save the Children and UNICEF support CHVs which then transitions to Dtree (2019)

2019-2021: Training 2,300 CHVs to support 100% of Zanzibari families

2021 March: Integration of CHIS into DHIS-2

| 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |

2018: Revision of Community Health Strategy 2011

MoH together with PORALGSD embarked on review and restructure of the ZCHS to strengthen and align with ongoing decentralization of PHC services to Local Government Authorities (LGAs).

2019: Design of Digital Community Health Program

Number of CHVs and service package and costed implementation plan informed by analyses using the CHW Coverage and Capacity Tool and the Community Health Planning and Costing Tool

2020 Feb: Updated Community Health Strategy launched

2020 September: Digital Health Strategy launched

2022: Launching JnA and discussion on full government ownership and sustainability

Zanzibar launched its first community health strategy in 2011

Development Partners and Coordinating Mechanisms

Funders:
Conrad N. Hilton Foundation
Bill and Melinda Gates Foundation
Fondation BOTNAR
Gavi
Grand Challenges Canada(current?)
Human Development Innovation Fund
James Percy Foundation
Norwegian Ministry of Foreign Affairs
The Global Fund
The World Bank/Global Financing Facility
UKaid (current?)
UK Dept. for Intl. Development (DFID)
USAID

Implementing Partners:
Amref Health Africa

D-Tree

Mkapa Foundation

Medic Mobile

MOMENTUM

Harvard T. H. Chan School of Public Health

UNFPA

Unicef

World Health Organization

ZAPHA+

Coordinating Mechanisms:
High level: PORALGSD/LGAs & MOH including HPU

Health Promotion Unit, MOH

Community Health TWG

Shehia Health Custodian Committees (Shehia level)

Acronyms

CHIS	community health information system
CHV	community health volunteer
CHW	community health worker
DHIS-2	District Health Information System, version 2
eCHIS	electronic Community Health System Information System
GFF	Global Financing Facility
JnA	*Jamii ni Afya* (Translation: "Communities are Health")
MIP	Minimum intervention package
MoH	Ministry of Health, Zanzibar
NCD	non-communicable disease
NTD	neglected tropical disease
PHCU	Primary Health Care Unit
PORALGSD	President's Office, Regional Administration, Local Government and Special Departments
RGoZ	Revolutionary Government of Zanzibar
RMNCAH	reproductive, maternal, newborn, child and adolescent health
SHCC	Shehia Health and Custodian Committee
WASH	water, sanitation and hygiene
ZCHS	Zanzibar Community Health Strategy

Sources

Halima A. Khamis. (2023). Jamii ni Afya: Planning for professional Community Health volunteers in Zanzibar. Oral Presentation. CHW Symposium, Liberia.

Institute of Health Metrics and Evaluation. Health Related SDGs Data Visualization. https://www.healthdata.org/data-tools-practices/interactive-data-visual

Jamii ni Afiya Program Brief. https://www.d-tree.org/jamii-ni-afya/

MOHSWEGC - Zanzibar. (2021). Minimum Intervention and Service Package for National Community Health Volunteers.https://mohz.go.tz/eng/wp-content/uploads/2022/11/Standardized-and-Integrated-National-Minimum-Intervention-Service-Package-MIP-for-CHVs.p

MOHSWEGC - Zanzibar. (2021). Health Sector Strategic Plan IV 2020/21 - 2024/25. https://drive.google.com/file/d/1dVPc3GKETVYRC1oLWARySmE3v-QyrC5a/view

Tanzania National Bureau of Statistics. 2022 Population and Housing Census. https://www.nbs.go.tz/index.php/en/census-surveys/population-and-housing-census/852-2022-population-and-housing-census-administrative-units-population-distribution-and-age-sex-reports

UNICEF. (2020). Afya Bora ya Mama na Mtoto Project Final Evaluation. https://www.unicef.org/tanzania/media/2416/file/Final%20Evaluation%20Afya%20Bora%20project%20in%20Zanzibar.pdf

United Republic of Tanzania, DHS 2015, https://dhsprogram.com/methodology/survey/survey-display-485.cfm

United Republic of Tanzania, DHS 2010, https://dhsprogram.com/methodology/survey/survey-display-345.cfm

Word Bank Database https://data.worldbank.org/indicator/SP.POP.TOTL?locations=TZ

World Health Organization. (2021). Expanded Special Project for Elimination of Neglected Tropical Diseases-National Summary Statistics. https://espen.afro.who.int/countries/tanzania-zanzibar

Zanzibar Ministry of Health (2022). The Case for Investment in Community Health in Zanzibar..

Zanzibar Ministry of Health. (2014) Zanzibar Community Health Strategy 2014-2019.. https://health.eac.int/file-download/download/public/167

Zanzibar Ministry of Health. (2019) Zanzibar Community Health Strategy 2019-2025. . https://drive.google.com/file/d/1dVPc3GKETVYRC1oLWARySmE3v-QyrC5a/view

Zanzibar Health Sector Strategic Plan III 2013/14-2018/19. https://health.eac.int/file-download/download/public/167