

## Community Health Workers' Contribution to Strengthening Tanzania Health System at Community Level

*Anold Mutafungwa, Sr. Margaret Ishengoma, Jackline Kawiche, Yusuph Hamis, Osiah Mwaipape, Bennesta Masau, Generose Mulokozi, Lali Chania, Kirk Dearden*  
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### ABSTRACT

#### Background

Tanzania was among the first African countries to develop a Primary Health Care Strategy to improve access to health services. Community Health Workers (CHWs) are key service providers linking communities to health care services. CHWs provide information, education and communication. The UKAid-funded Addressing Stunting in Tanzania Early (ASTUTE) project works closely with the government to more effectively use CHWs to implement a large-scale nutrition project to reduce stunting (chronic malnutrition) among children <5 years old. Kagera is one of five regions in northwestern Tanzania where ASTUTE is implemented. FY 2017/2018, 1,406 CHWs and 76 CHW Supervisors from eight districts of Kagera region were trained to deliver messages and promote behavior change around Maternal, Infant, Young Child, and Adolescent Nutrition; Water, Sanitation and Hygiene; and Early Childhood Development.

#### Methods

CHWs play a major role in reducing stunting by acting as change agents and visiting households within the first 1000 day window of opportunity to promote key behaviors around nutrition specific and nutrition sensitive interventions. CHW performance is assessed monthly, with project data on beneficiaries' coverage, topics discussed during home visits, and gaps in service delivery. CHW supervisors mentor CHWs and by so doing, CHWs acquire the skills needed to negotiate for behavior change during home visits. This innovative strategy enables CHWs to identify, and later follow-up with mothers and other caregivers, to adopt two or three small, do-able actions that improve children's nutritional status.

#### Findings

When the project started, performance of home visits during 2017/2018 was at 19% (76,013 of 404,928 HHs). Household coverage improved to 94% (378,678 from 404,928 HHs) by 2018/2019,



reaching 751,963 beneficiaries with MIYCAN, WASH, and ECD behavior counseling provided to mothers and caregivers at the HH level.

### **Conclusion**

ASTUTE introduced home visits, prioritizing infants 3-9 months of age and those from poor households. Negotiation during home visits provides the opportunity to tailor messages to individual families, present them context-specific options they can try, and follow up to see if they are able to improve behaviors, through an innovative SBCC strategy. CHWs expanded program coverage to improve beneficiaries' knowledge and practices. CHWs are doing very well in delivering messages and strengthen Health System at Community level. Despite that success, CHWs facing challenges, including transport costs, inadequate incentives, and lack of recognition of efforts from local government leaders.