



**THE REVOLUTIONARY GOVERNMENT OF  
ZANZIBAR**

**MINISTRY OF HEALTH**

**MINIMUM INTERVENTION AND SERVICE PACKAGE FOR  
NATIONAL COMMUNITY HEALTH VOLUNTEERS**

**Zanzibar Health Promotion**

**In Collaboration with**

**Training Unit**

**MOH-Zanzibar**

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## List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-Natal Care
AYFSRH	Adolescent and Youth Friendly Sexual and Reproductive Health
CBHP	Community Based Health Program
CHIS	Community Health Information System
CHMT	Council Health Management Teams
CHVs	Community Health Volunteers
CHW	Community Health Worker
CSO	Civil Society Organizations
DOT	Direct Observation Treatment
DPs	Development Partners
ECD	Early Childhood Development
FBO	Faith Based Organizations
FP	Family Planning
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
INGOs	International Non-government Organizations
IPC	Infection Prevention and Control
IPs	Implementing Partners
IYCF	Infant and Young Child Feeding
LLITN	Long lasting Insecticide Treated Net
LMIC	Low and Middle Income Countries
M&E	Monitoring and Evaluation
MIP	Minimum Intervention Package
MNCH	Maternal, Newborn and Child Health
MOHSWEGC	Ministry of Health, Social Welfare, Elderly, Gender and Children
MPDSR	Maternal and prenatal death Surveillance and Response
MUAC	Mid-Upper Arm Circumference
NCD	Non Communicable Diseases
NGO	Non-Government Organizations
NTD	Neglected Tropical Diseases
PAC	Post Abortion Care
PHC	Primary Health Care
PMTCT	Prevention of Mother to Child Transmission
PNC	Post-Natal Care
PORALG	President's Office, Regional Administration, Local Government and Special Department
PPFP	Post-Partum Family Planning
RCH	Reproductive and Child Health
RGoZ	Revolutionary Government of Zanzibar
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SAM	Severe Acute Malnutrition
SBCC	Social and Behavioral Change Communication
SHCCs	Shehia Health Custodian Committees
TB	Tuberculosis
UHC	Universal Health Coverage
WASH	Water, Sanitation and Hygiene
WIT	Willows International Tanzania
WHO	World Health Organization
WRA	Women of Reproductive Age
ZCHS	Zanzibar Community Health Strategy

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In 2011, Zanzibar formulated its first Community Health Strategy (ZCHS) with the main aim of 'streamlining' existing structures and creating a common framework for the coordination of the various health interventions. During the implementation of the ZCHS new opportunities emerged. The main focus by then was to improve community participation in management and running of the health system, particularly the primary health care through establishment and supporting functions of the Shehia based structures. Later on, a number of demonstrable achievements including the use of Community Health Volunteers (CHVs) to increase demand for health services (such as health facility deliveries and postnatal services) emerged. Over time, CHVs were found to have made a significant contribution in achieving positive health outcomes specifically in the area of Maternal and Child Health among the Zanzibar population.

However, the functioning of the CHVs was not well coordinated and the cadre was not formally recognized within the ZCHS and thus CHVs were not prioritized within the formal health system. Based on the need to address the above challenges and gaps, and in the process of raising and maintaining the quality of primary health care, the Ministry of Health, Social Welfare, Elderly, Gender and Children (MOHSWEGC) together with the President's Office, Regional Administration, Local Government and Special Department (PORALGSD), desirously saw the importance of addressing these programmatic and structural gaps. In order to have in place a successful implementation of the community based health program, there was a need to restructure the health system by strengthening the implementation of Primary Health Care (PHC). This was done so as to shift from an individualized, passive, curative, vertical system to a population- based, integrated, proactive model for delivery of community health services. The two ministries decided to review and update the ZCHS and outline appropriate actions to implement a revisited Community Based Health Program (CBHP) in line with the on-going decentralization of PHC.

The updated ZCHS (2019-2025) is now in place, launched and in use. The strategy is in line with up-to-date interventions, innovations and other developments that focus on improving the PHC set up as well as improving community-based services implemented by CHVs. However, the strategy will be meaningless if key players supporting the CBHP are not provided with specific working guidelines in order to standardize operations and functions related to service delivery and management of the CBHP by CHV.

The production of this **Minimum Intervention and Service Package (MIP)** for CHV is a practical example of how the Government, in collaboration with its development and implementing partners work together to interpret the ZCHS into action and practice. The Revolutionary Government of Zanzibar is pleased in how various stakeholders, including the community, were fully engaged in the process during the course of development of the MIP. This document presents an overview of community based interventions and services that are within the scope of work and mandate of the CHV. It intends to serve as a national reference on the subject matter to promote a clear understanding of community involvement practices in Zanzibar through CHVs.

Both the MOHSWEGC and PORALGSD are delighted that the CBHP in Zanzibar is increasingly becoming structured and guided. It is a huge achievement to arrive into this stage where the ZCHS (2019-2025) is now translated into practice through various guidelines, manuals and tools that are expected to guide all key stakeholders supporting the CBHP in the country.

The two Ministries urge all stakeholders in health including our development partners to support the government efforts in ensuring the CHVs are implementing their roles and functions successfully guided by these MIPs. It remains true that the involvement of communities in the governance of the health systems is inevitable and beneficial, and that implementation of the minimum interventions will result to improvement of health promotion activities, disease prevention and improved health outcomes across the entire population in Zanzibar.



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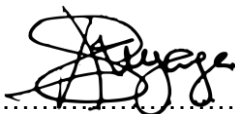
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This work would not have been a success without a sizable technical and financial support by Willows international Tanzania (WIT). Their efforts and support were extended from proactively initiating the need for taking action in translating the ZCHS (2019-2025) into action and practice through the development of these various documents and tools to funding the entire activity and processes involved. The RGoZ therefore extends special appreciations to Dr Gokgol Turkiz (President and Chief Executive Officer of Willows International), Dr. Muhadili Shemsanga (Country Director of WIT), Mr. Paul Mchau (Finance and Administration Manager), Mr. Kahema Irema (WIT Zanzibar Program Lead), Dr. Mtumwa Kombo (WIT Technical Advisor in Zanzibar), Ms Neema Sirima (Program Coordinator), Mwanahamisi Kilongo (Administrative Officer) and the entire WIT staff for the great partnership and support. The Government would also like to thank the Global Fund for their additional technical and financial inputs during the process, which complemented the efforts by WIT.

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To all (mentioned and not mentioned), the RGoZ remains indebted for your esteemed work and for your contribution in promoting community health services which ultimately leads to improvement of the health of the Zanzibar population.



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## 1.1 Introduction

The positive impact of CHVs on disease prevention, healthy behavior adoption and access to care has been widely documented in diverse contexts. In most of Low and Middle Income Countries (LMICs), CHVs have been found to be effective in reducing maternal, neonatal, child mortality attributable to pneumonia and malnutrition, and mortality caused by malaria. Furthermore, CHVs have been successful in promoting improved health behaviors including exclusive breastfeeding, adherence to HIV antiretroviral therapy and counseling, childhood immunization, environmental sanitation, early prenatal care usage, completion of required antenatal care contacts, tuberculosis treatment completion (TB DOT) and prevention of NCD risk factors and complications. They have also been a central component in the implementation of Integrated Management of Childhood Illness strategies which have succeeded in reducing child mortality in multiple LMICs.

It is from such realization the Revolutionary Government of Zanzibar (RGoZ) is committed to strengthening its health system by ensuring that all components of the health system are appropriately strengthened and performing; and that overall it achieves its optimal performance. Inclusively is the strengthening of the Primary Health Care (PHC) of which is the level serving majority of the population. Within the PHC, the health preventive and promotion services constitute one of its components. The Ministry of Health, Social Welfare, Elderly, Gender and Children (MOHSWEGC) through its Zanzibar Community Health Strategy (ZCHS) is committed to establishing community health care services at community level to provide the care needed by patients or clients health services within the community where they live.

The ZCHS directs that delivery of the community based health services at the community level will primarily be provided by CHVs. The World Health Organization (WHO) has recognized this cadre of health workers as the most powerful resource in empowering communities to take charge of health matters in their localities. CHVs, as a synonymous name for Community Health Workers (CHW), are entrusted with the responsibility of ensuring that, the strategic objective in the ZCHS (2019-2025) of improving the provision of sustainable, equitable, effective and efficient community-based primary health service in all parts of Zanzibar is effectively fulfilled.

The strategic objective in the ZCHS will only be realized by implementing an approved set of integrated and standardized community health interventions to be implemented through the national CHVs in Zanzibar. The ZCHS (2019-2025) refers to the following broad strategic areas:

- i. Health promotion and education through individual and group coaching;
- ii. Observation of danger signs, risks, missed routine visits/services, and unhealthy behaviors for various programmatic services rendered at community level;
- iii. Facility referrals including follow up, monitoring of concerns, referrals, facility discharge/counter referral to community for various programmatic areas of health services;
- iv. Distribution of health commodities and
- v. Community data collection.

These activities may cut across all health programs that have part of their services being delivered at community level including Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) —of which also constitutes critical aspects such as Early Childhood Development (ECD), nutrition, TB and HIV/AIDS, malaria, disease outbreaks like current pandemic of Corona Virus Disease 2019 (Covid-19), neglected tropical diseases, non-communicable diseases, environmental health and surveillance.

## 1.2 Purpose of developing MIP for CHVs

The idea to develop the Minimum Intervention and Service Package (MIP) for CHVs emanated from the realization by key stakeholders in community health programs in Zanzibar, that translation of the ZCHS into actual implementation is slow and may not take off effectively without availability of

guidelines and facilitation tools. Similarly, the fragmented approach whereby each health program interacts with CHVs in their own ways (i.e. using different service packages, different training guidelines and methods, different modes of implementation, supervision, monitoring and evaluation) were not helpful to optimize outcome and impact of working with CHVs. In addition, while the ZCHS sets the general principles for implementation of Community Based Health Program (CBHP) in Zanzibar, tools such as this to appropriately guide and standardize implementation of the various interventions recommended by the strategy were not available.

In their roles of providing community based health services at the community level, government, IPs, CHVs and all other stakeholders would need guidelines, manuals, protocols and other working tools. It was important to define the key interventions and range of services that these CHVs and IPs inclusively are allowable to provide. Therefore, this booklet is prepared as an official Government reference to those interventions and services. As such, it is expected to be used as a tool and a resource in creating an enabling environment for CHVs activities and services in Zanzibar. The term "Minimum" refers to the minimal package that every CHV should be expected to be able to deliver. It sets the lower limit but leaves room for innovation and creativity by the CBHP stakeholders to improve and add up potential and acceptable additional interventions and services over time.

### **1.3 Organization and use of MIP for CHV**

#### **1.3.1 Organization of the booklet**

This booklet is organized in three (3) chapters which follow a chronological order that allows the user to incrementally grasp the concept of MIP as one moves from one chapter to another. Users are expected to follow the order of the chapters in order to comprehend the presentation of the contents. However, users can also use the different chapters independently. The 3 chapters include:

- Chapter 1: which provides the background of developing the MIP and introduces the rest of the chapters.
- Chapter 2: which summarizes the main program areas and interventions for CHVs.
- Chapter 3: Provides details of specific activities and services under each described program areas and its respective interventions that CHVs will be expected to implement and deliver respectively.

#### **1.3.2 Intended users of this booklet**

This reference resource has been developed to be used by all key stakeholders of CBHP in Zanzibar. These include the MOHSWEGC, PORALG-SD and other related ministries supporting health programs at community level indirectly. Other users include all health programs under the MOHSWEGC, Development Partners (DPs), Universities, colleges and other training institutions, Implementing Partners (IPs) that may include International Non-Government Organizations (INGO), Non-Government Organizations (NGOs), Civil Society Organizations (CSOs), Community Based Organizations (CBOs), Council Directors, Council Health Management Teams (DHMT), health facility in-charges, service providers, Shehia Consultative Committees (SCCs), Councilors, Shehas, Community Health Volunteers (CHV) and the general population.

The various key stakeholders listed above rely enormously on the technical leadership of the Zanzibar Community Health Technical Working Group (TWG – Community Health) for day-to-day guidance in implementing the CBHP. Annex 1 provides a reference to the scope of work of the TWG that is expected to translate to the success of the CHV activities in Zanzibar as part of the overall CBHP.



## 2.1 Introduction

The Universal Health Coverage (UHC) guides most of the global health systems. The motto of UHC is "People Centred Health Systems and Services". This means that, services should not be provided from medical point of view or only from providers' perspectives but from the client perspectives and needs. We should, therefore, always place our clients at the centre of the planned services that we deliver.

Our clients come from the community and are among the community members. A community simply means "people in a certain geographical area (e.g. Shehia) with common interests, common culture and socially interactive. Community members have influence on one another and this influence can affect utilization of rendered services positively or negatively. It is important that all key stakeholders (implementers, administrators, trainers, supervisors and service providers) acknowledge this importance of actively involving the community. To-date, many simple, affordable and effective disease control measures have had limited impact on the burden of diseases due to their inadequate and inequitable distribution in poor and remote communities. Due to these limitations, the world strategically shifted health system focus to a Primary Health Care (PHC) as proposed during the Alma Ata Conference in 1978. Primary Health Care was defined by the WHO as, "essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and the country can afford."

Zanzibar is well known to have a long history of successful implementation of Community Based Health Care Program since early 1990's. Since then, a number of ministerial health programs have been in one time or the other establishing their own platforms and channels to reach and involve the respective targeted community sections. A number of programs emerged including the establishment of health committees, health clubs, use of extension workers, home based care workers and community health volunteers. Most of these programs and projects are supported by donors who sometime come with interests to support specific program areas. The current efforts through this booklet is envisioning to harmonize and standardize the disintegrated implementation of the community based health program into a harmonized and well-coordinated approach.

After a thorough consultations of various key stakeholders across all health and administrative levels in Zanzibar, and with regards to the guidance and stipulation of the ZCHS (2019-2025) the following sub-sections describe the Minimum Intervention Packages (MIP) by programmatic areas.

## 2.2 Programs and Interventions to be implemented by CHVs

The Zanzibar Community Health Strategy (2019-2025) identifies and list the following key roles and functions of Community Health Volunteers (Box 1)

### **Box 1: Functions and roles of CHV (Source: ZCHS; 2019 -2025)**

- 1) Create demand for utilization of existing health services and health empowerment through structured health promotion and education
- 2) Screening/recognition of danger signs, risks, missed routine visits/services, unhealthy behaviors, problems to follow up on, pregnancy
- 3) Individual and group coaching and counseling
- 4) Referral to facility
- 5) Follow up monitoring of concerns, referrals, facility discharge/counter referral to community.
- 6) Elementary diagnostics using rapid tests
- 7) Prioritized household visits with need tailored to RMNCAH messages and customized follow-ups of clients, especially among WRA.

These roles and functions set the ground for defining the key interventions to be implemented by the CHVs. They form the basis of what CHVs will be performing to support health programs that will have activities and deliverance of services at the community level. The following sub-section provides a description of programs that are served by CHVs through the above roles and functions. This means

that, each health program that is designing and planning to work with CHV, their scope of work should be limited within the above seven roles and functions of CHVs.

### 2.2.1 Intervention Set 1: Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH)

The RMNCAH stands for Reproductive Health (R), Maternal Health (M), Newborn Health (N), Child Health (C) and Adolescent (A) health. Each of these components constitutes the main Key Results Areas in the RMNCAH roadmap under which specific interventions are defined. The RMNCAH services are thus a collective continuum of care across all these results areas with all the defined interventions within. It should be appreciated from this point onwards that, the continuum of care is broad and that in order to achieve efficiency and effectiveness that would lead into deliverance of quality care, specialization would be required.

However, while specialized care usually happens at higher level (where specialists and consultants are found) such as at regional and national hospitals, specialization tends to decrease as one goes lower in the hierarchy of the health care delivery system. At the lowest level of health care and service delivery system, (i.e. community level), specialization is completely lacking and that service providers (i.e. CHVs) are expected to learn, comprehend and deliver all interventions and services across RMNCAH. This signifies the importance of carefully selecting interventions and range of services and each intervention to be rendered by CHVs - hence the importance of Minimum Intervention Package (MIP) as captured in this booklet.

In consideration of stakeholders' recommendations and as guided by the ZCHS (2019 -2025), the following RMNCAH interventions were recommended to be included in MIP for CHVs in Zanzibar (Table 1).

**Table 1: Minimum Interventions for RMNCAH**

Component of RMNCAH	S#	Key Program Areas
Reproductive Health	1	Comprehensive Family Planning for spacing or limiting
	2	Reproductive Health Related Cancers
	3	Gender and male involvement
	4	Elderly services into RMNCAH program
Maternal Health	1	ANC services (counseling, care and birth preparedness)
	2	Effective and Fulfilled Referral
	3	MNCH supplies, commodities
	4	Early identification of pregnant women and early booking for ANC
	5	PMTCT
	6	Health Facility or institutional delivery
	7	Postnatal care
	8	Post-partum FP (PPFP)
	9	Comprehensive Post-abortion care (PAC)
	10	Infection Prevention and Control including household education on Covid - 19
	11	Mothers' nutrition post delivery
Newborn Health	1	Immediate breastfeeding
		Exclusive breastfeeding
	2	Baby WASH
	3	Home management of preterm and low birth weight babies
Child Health	4	Home management of sick newborn
	1	Early childhood development
	2	Management of common childhood illnesses
	3	Routine under five vaccination and Vitamin A supplementation
	4	Breastfeeding practices and services
	5	Infant and Young Child Feeding (IYCF) practices and nutrition
	6	Management of Severe Acute Malnutrition (SAM)
7	Community and household practices	

Adolescent Health	1	Adolescent and Youth Friendly Sexual and Reproductive Health (AYFSRH) including immunization, TT& HPV and HIV services
	2	Comprehensive knowledge, skills and positive behaviors on sexuality and reproductive health
Maternal and perinatal audit		Maternal and prenatal death surveillance and response (MPDSR)

### 2.2.2 Intervention Set 2: Nutrition

The following interventions will comprise intervention package for nutrition (Table 2);

**Table 2: List of interventions under the nutrition component**

Stage		Interventions
During pregnancy	1	Healthy nutrition during pregnancy and lactation
	2	Micronutrient supplementation
Post delivery		Early initiation and exclusive breastfeeding
	4	Identify feeding problems and growth failure
	6	Feeding low-birth weight and premature babies
Infancy and childhood	1	Early recognition and referral for malnutrition (including MUAC and home growth monitoring)
	2	Minimal acceptable diet; promote optimal nutrition (complementary feeding, food diversity)
	3	Micronutrient supplementation (powder for babies after 6 months where available; children; first 3 months for mother)

### 2.2.3 Intervention Set 3: TB/HIV and AIDS

The TB/HIV and AIDS program will implement and follow up the following set of interventions (Table 3);

**Table 3: List of interventions under the TB/HIV and AIDS program**

Category		Interventions
Community based TB interventions	1	Community active TB case-finding and referral
	2	Sputum collection, transport
	3	Treatment support
	4	Tracing of patients lost to follow-up and defaulters
	5	Contact tracing for all bacteriological confirmed cases
	6	Health education and counseling
	7	Infection prevention and control
Community based HIV and AIDS interventions	1	Home based care for critically ill patients
	2	Tracing of patients lost to follow-up
	3	Health education and counseling
	4	Treatment support

### 2.2.4 Intervention Set 4: Malaria

Interventions at the community level for malaria program shall include:

**Table 4: List of interventions under Malaria program**

Category		Interventions
Malaria prevention activities	1	Malaria in pregnancy;
	2	Integrated vector control management (Use of long lasting insecticide nets (LLIN), Laval source management, Indoor spraying
	3	Social and behavioral change communication (SBCC);

### 2.2.5 Intervention Set 5: Environmental Health and WASH

Interventions under this programmatic area shall include:

**Table 5: List of interventions under Environmental health and WASH**

Category		Interventions
Environmental health	1	Prevention of water and air pollution to improve quality of water;
	2	Protection and maintenance of water sources to maintain water quantity;
WASH	1	Food safety, hygiene and need for legal enforcement of Food safety regulations;
	2	Hygiene practices to promote hand washing with soap or other agents (after defecation, after disposal of child faeces, diapers and prior to preparing, eating and handling food) and
	3	Sanitation so as to provide or promote expanded or improved excreta disposal.
	4	Solid and liquid waste management

### 2.2.6 Intervention Set 6: Non Communicable Diseases

Non-communicable diseases (NCDs) are on the rise and Zanzibar is not an exception to this global trend. The most common causes of NCDs are associated with life styles and eating behaviours with little contribution of genetics and inheritance. While some of the interventions to combat NCD will be facility based, CHVs will be expected to participate in the implementation of the following interventions (Table 6) in supporting the efforts to reduce incidence and prevalence of NCDs in Zanzibar.

**Table 6: Interventions for NCDs**

Stage		Interventions
Infancy	1	Exclusive breastfeeding for 6 months
	2	Nutritionally adequate and safe complementary feeding
	3	Breastfeeding up to 2 years of age or beyond
Childhood and adolescence	1	Life skills education
	2	Physical activity in school and society
	3	Road traffic accidents
	4	Safe and healthy foods in schools;
	5	Restrict marketing of and access to food products high in salt/sugar/unhealthy fats
Adulthood	1	Maternal nutrition
	2	Tobacco prevention and cessation programs
	3	Availability and affordability of healthy diet
	4	Physical activity (worksites, urban design)
	5	Effective prevention and care of risks, diseases and complications

### 2.2.7 Intervention Set 7: Neglected Tropical Diseases (NTDs)

The World Health Organization recommends the following interventions for prevention and control of NTDs. These interventions can and should be implemented across all levels of the health system including the community level. The various services that the CHVs can provide to community under each of these interventions will be described in chapter three. The interventions include:

**Table 7: Interventions for NTDs**

Intervention	Description
Innovative and intensified disease management	This includes the management of diseases that are difficult to diagnose and treat and which can, in most cases, trigger severe clinical manifestations and complications. Palliative care, which commonly takes place at household level, is an example.
Integrated Vector management	It includes safe and judicious management of public-health pesticides to achieve vector control through integrated vector management. The outdoor spray in malaria program is a good example.
Safe drinking-water, basic sanitation and hygiene services, and education	This relates to WASH program

Social behaviour change and communication (SBCC) for addressing NTD	Linked to the SBCC initiative linked to the rest of all other programs
Mass drug administration	Often through national campaigns and supported through outreach activities

### 2.2.8 Intervention Set 8: Monitoring and evaluation

Interventions under this area shall include:

Intervention	Description
Community Health Information System	Operating the system at its lowest level
Data and statistics	Collecting data and uploading to the CHIS using the embedded digital platform
Data utilization	Making use of the information from displays as supported by supervisors
Reporting	Providing activity reports as directed by supervisors

### 2.2.9 Cross-cutting programs

Under this area, interventions shall include:

- Leadership and governance;
- Participatory health planning;
- Resource mobilization, and
- Rehabilitative services
- Disease and community health surveillance

### 3.1 Introduction

While this chapter elicits different services that the CHVs will be providing to the community, all of the various services will fall on only seven types of services. These include:

- 1) Health promotion and education;
- 2) Screening/recognition of danger signs, risks, missed routine visits/services, unhealthy behaviors, problems to follow up on, and early pregnancy identification;
- 3) Individual and group coaching;
- 4) Effective and fulfilled referral to facility;
- 5) Follow up monitoring of concerns, referrals, facility discharge/counter referral to community.
- 6) Elementary diagnostics using rapid tests for malaria and
- 7) Prioritization of household visits with need tailored RMNCAH messages and customized follow ups to clients, especially among WRA.

The following sections below describe how these seven main types of services should be implemented under each programmatic intervention.

### 3.2 Service package by interventions

Under each RMNCAH component and interventions, CHV should provide the following range of services:

#### 3.2.1 Intervention Set 1: Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH)

Service package for RMNCAH various programmatic components shall be as described on Table 8 below.

**Table 8: Minimum Interventions for RMNCAH**

Component	Interventions	Services to be provided by CHV
Reproductive Health	Family Planning,	<ul style="list-style-type: none"> <li>▪ Develop a plan of action for comprehensive FP service delivery in the Shehia including mapping and conducting census to establish Shehia population</li> <li>▪ Provide need tailored comprehensive FP education and counseling at household level</li> <li>▪ Conducting sensitization meetings with males, females, adolescent girls and boys and village leaders</li> <li>▪ Conduct systematic follow ups to clients at the household level</li> <li>▪ Sensitize community to attend and participate outreach services as planned</li> <li>▪ Provide and facilitate referrals of clients to closest health facilities and ensure referrals are both effective and fulfilled</li> <li>▪ Keep records related to FP services in the working area</li> </ul>
	Reproductive Cancers	<ul style="list-style-type: none"> <li>▪ Provide education and counseling at household level about reproductive cancers</li> <li>▪ Provide and facilitate referral for patients relaying indication of potential reproductive cancers</li> </ul>
	Gender and Male involvement & GBV	<ul style="list-style-type: none"> <li>▪ Sensitize the community at household level and in meetings on the importance of male involvement in reproductive health components such as comprehensive FP, early initiation of antenatal care and health facility delivery etc</li> </ul>

		<ul style="list-style-type: none"> <li>Educate and sensitize on reduction of gender based violence (GBV) for improved reproductive health</li> </ul>
	Elderly servicers into RMNCAH program	<ul style="list-style-type: none"> <li>Provide accurate information, advice and link to reproductive health services for the elderly</li> <li>Screening for indications for non-communicable diseases related to sexuality such as signs and symptoms of prostate cancers</li> </ul>
Maternal Health	ANC services	<ul style="list-style-type: none"> <li>Personal hygiene and healthy behaviors</li> <li>Early identification of pregnancies at the community level</li> <li>Early recognition of danger signs</li> <li>Sensitize early booking and completion of ANC visits</li> <li>Sensitize community and promote facility delivery (skilled delivery)</li> <li>Educate about birth preparedness and its importance</li> <li>Educate community members about danger signs during pregnancy, delivery and post delivery</li> <li>Promote healthy behaviors during pregnancy including personal hygiene, recommended types of exercises, nutrition during pregnancy and others.</li> <li>Educate community about risks and dangers of use of traditional herbs/medicines</li> <li>Educate community on the availability of comprehensive post-abortion care (PAC)</li> </ul>
	Referral	<ul style="list-style-type: none"> <li>Early detection and referral for pregnancy complications</li> <li>Facilitate referrals of already manifested complications during pregnancy, during delivery (in case of home delivery) and post delivery</li> <li>Proactively follow up to ensure referrals are effective (referral effectiveness) and fulfilled (referral fulfillment)</li> </ul>
	MNCH supplies, commodities and medicines	<ul style="list-style-type: none"> <li>Sensitize compliance to use of recommended pregnancy and post-delivery supplies, commodities and medicines at community level</li> <li>Distribute some of the selected supplies, commodities and medicines to needy clients (such as refill of ferrous and other FP supplies) at community level</li> <li>Act as a resource for stock out detection to inform appropriate supply replenishment follow ups</li> </ul>
	PMTCT/ Hepatitis B and C	<ul style="list-style-type: none"> <li>Linkage of couples living with HIV/AIDS with PMTCT/Hepatitis b and C services at closest health facility</li> <li>Tracking loss to follow up clients for PMTCT</li> <li>Provide education and counseling of PMTCT for exposed babies</li> </ul>
	Postnatal care	<p>Educate and sensitize clients and community at large on</p> <ul style="list-style-type: none"> <li>Early and continuous breast feeding</li> <li>PNC- for mother and baby (up to 42 days)</li> <li>Educate early recognition and referral of PP danger signs</li> </ul>

		<ul style="list-style-type: none"> <li>▪ Special care for small babies (low birth weight and premature babies)</li> <li>▪ Healthy behaviors (including exercises and hygiene)</li> <li>▪ Postpartum family planning (PPFP)</li> <li>▪ Immunizations</li> <li>▪ Use of LLITNs</li> <li>▪ Mothers' nutrition post delivery</li> </ul>
Newborn Health	Essential newborn care package	Educate, sensitize and promote immediate breastfeeding during home visits and or in gatherings
		Educate Baby WASH practices
		Educate about Cord care for the newborn
		Educate about home management of preterm and low birth weight babies
		Educate early recognition of neonatal danger signs and referral
		Educate about home management of sick newborns and referral
Child Health	Early Childhood Development (ECD)	<ul style="list-style-type: none"> <li>▪ Educate the community, at household and community level on the concept of early childhood development</li> <li>▪ Promote early and immediate breastfeeding</li> <li>▪ Identify and support maternal stress and threats to child development during pregnancy</li> <li>▪ Sensitize and providing coaching to promote <ul style="list-style-type: none"> <li>○ early stimulation during pregnancy</li> <li>○ newborn stimulation</li> <li>○ bonding</li> <li>○ safety and empowerment</li> <li>○ positive relationships; male engagement and family support</li> <li>○ attachment</li> <li>○ responsive and interactive parenting</li> </ul> </li> <li>▪ Identify threats to child development (e.g. milestone check, depression, child protection, positive discipline, neglect, and violence)</li> </ul>
	Management of common childhood illnesses	<ul style="list-style-type: none"> <li>▪ Educate community on use of ORS and zinc for home management of diarrheal diseases and referral of severe forms of diarrhea.</li> <li>▪ Educate community on detection and management of fevers and referral of severe forms of fevers</li> </ul>
	Routine under-five vaccination, (supplementary immunization Activities (SIA) and Vitamin A supplementation	<ul style="list-style-type: none"> <li>▪ Educate, sensitize and promote vaccination/immunization activities and services</li> <li>▪ Participate and support in routine immunization, SIAs and Vitamin A supplementation campaigns</li> <li>▪ Track and identify defaulters of vaccination/immunization among women and children and link back to closest health facility</li> <li>▪ Keep record of defaulters and sensitized households and link to facility records and ultimately to CHIS</li> </ul>



Adolescent Health	Adolescent and Youth Friendly Sexual and Reproductive Health (AYFSRH) including HIV services	<ul style="list-style-type: none"> <li>▪ Educate adolescents (10 -19 years old) and youths (up to 24 years old) on reproductive, immunization health and sexuality (both individually and in groups)</li> <li>▪ Link and promote access to youth friendly sexual and reproductive health services in a close/nearby facility</li> <li>▪ Counsel and refer youth for HIV testing services and care</li> <li>▪ Promote and counsel adolescence HPV vaccination</li> </ul>
	Comprehensive knowledge, skills and positive behaviors on sexuality and reproductive health	<ul style="list-style-type: none"> <li>▪ Educate, sensitize, encourage and promote best practices and good behaviors on sexuality</li> </ul>
Maternal Audit	Maternal and prenatal death and surveillance and response	Participate in maternal and prenatal death surveillance and response (MPDSR)

### 3.2.2 Intervention Set 2: Nutrition

Nutrition is a cross-cutting topic across several other programs. It is an essential component of RMNCAH as well as NCD programming. However, while some of the same details are briefly provided elsewhere in other packages, due to its importance, some of its key elements are put together here for easy of reference and packaging. The following interventions will comprise intervention package for nutrition (Table 9):

**Table 9: List of interventions under the nutrition component**

Stage	Interventions	Services to be provided by CHV
During pregnancy	Healthy nutrition during pregnancy and lactation	Educate, sensitize and promote healthy nutrition during pregnancy and lactation based on the locally available food/dietary options
		Supply and refill micronutrient supplementation whenever is recommended
Post delivery	Breastfeeding practices and services	Educate the importance of and sensitize early initiation and exclusive breastfeeding
		Identify feeding problems and growth failure and advice accordingly
		Educate and re-supply postpartum micronutrient supplementation whenever recommended
		Educate and promote best practices for feeding low-birth weight and premature babies
Infancy and childhood	Infant and Young Child Feeding (IYCF) practices and nutrition	Conduct screening for early recognition and referral for malnutrition (including MUAC and Conduct home growth monitoring and records
		Provide education on minimal acceptable diet and promote optimal nutrition (including complementary feeding, food diversity)
		Educate and promote micronutrient supplementation (powder for babies after 6 months where available; children; first 3 months for mother)
General population	Balanced diet and eating behaviors	

For the elderly	Nutrition/Diet for the elderly	<ul style="list-style-type: none"> <li>Provide education and recommendations on minimal acceptable diet for general population, Adolescents ,the elderly and chronically ill persons</li> <li>Promote consumption of balance diet for optimal nutrition (including complementary feeding, food diversity)</li> </ul>
For chronically ill people	Nutrition/diet for chronically ill person	

### 3.2.3 Intervention Set 3: TB/HIV and AIDS

The TB/HIV and AIDS program will implement and follow up the following set of interventions (Table 10).

**Table 10: List of interventions under the TB/HIV and AIDS program**

Category	Interventions	Services to be provided by CHV
Community based TB interventions	Community active TB case-finding and referral	Conduct active TB case-finding and referral in the community
	Sputum collection, transport, and fixing	Facilitate sputum collection, transport, and fixing especially during outreach
	Treatment support	Provide home based treatment support for TB patients based on national guidelines
	Tracing of patients lost to follow-up	Conduct household level patient tracing to identify lost to follow up patients linked to the closest facility records
	Health education and counseling	Provide health education (including Infection prevention and control) and counseling on TB in general among the population in the catchment area
Community based HIV and AIDS interventions	Home based care for critically ill patients	Conduct regular visits to critically ill patients and offer recommended care as per national guidelines
	Tracing of patients lost to follow-up	Conduct household level patient tracing to identify lost to follow up patients linked to the closest facility records
	Health education and counseling.	Provide health education and counseling on HIV and AIDS in general among the population in the catchment area
	Treatment support	Conduct home visit and provide care as per national guidelines including refill of ARVs for stable patients

### 3.2.4 Intervention Set 4: Malaria

Some of the services such as education on malaria during pregnancy and use of LLITNs are also linked to other programs especially RMNCAH. However, for the sake of packaging, here are the main and key services for interventions under the malaria program (Table 11):

**Table 11: Community based interventions for malaria program**

Interventions	Services to be provided by CHV
Malaria in pregnancy	Conduct household visits and meetings to provide education on malaria in pregnancy and its associated dangers and risks
Use of long lasting insecticide nets (LLIN)	<ul style="list-style-type: none"> <li>Provide education on malaria as a whole (causes, role of mosquitoes, mode of transmission) and prevention strategies including use of LLITNs</li> <li>Participate in distribution of LLITNs</li> <li>Track use of LLITNs at household level and in the community at large</li> </ul>
Environmental management and outdoor laticiding	<ul style="list-style-type: none"> <li>Educate, sensitize and promote clean environment up-keeping as a strategy to prevent spread of malaria</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Collaborate with SHCCs to sensitize and mobilize special days for environment cleaning</li> <li>▪ Participate in outdoor insecticide spray campaigns</li> </ul>
Social and behavioural change communication (SBCC)	Implement social and behavioural change communication as per national guidelines and available malaria SBCC package

### 3.2.5 Intervention Set 5: Environmental health and WASH

Table 12 below summarizes service package for environmental health and WASH programs.

**Table 12: Community based service package for environmental health and WASH**

Interventions	Services to be provided by CHV
Prevention of water and air pollution to improve quality of water	<ul style="list-style-type: none"> <li>▪ Educate, sensitize and promote good up keeping of water sources and the environment as a whole</li> <li>▪ Provide education on WASH and its individual components</li> <li>▪ Promote behavioural change in relation to WASH best practices on use of clean and safe water, construction and use of toilets and hand washing with soap</li> <li>▪ Keep records of household with sources of clean and safe water</li> <li>▪ Keep record of households with and using toilets</li> <li>▪ Educate communities on safety and quality of food and food related products</li> <li>▪ Notify government authorities in case of spread of foods and food related products with suspicion on their quality and safety</li> </ul>
Protection and maintenance of water sources to maintain water quantity	
Food safety, hygiene and need for legal enforcement of Food safety regulations.	
Hygiene practices to promote hand washing with soap or other agents (after defecation, after disposal of child faeces, and prior to preparing, eating and handling food)	
Sanitation so as to provide or promote expanded or improved excreta disposal.	

### 3.2.6 Intervention Set 6: Non Communicable Diseases (NCDs)

The following presentation provides a service package for Non-Communicable Diseases (Table 13).

**Table 13: Community based service package for NCDs**

Stage	Interventions	Services to be provided by CHV
Infancy	Exclusive breastfeeding for 6 months	Linked to RMNCAH and Nutrition programmatic areas
	Nutritionally adequate and safe complementary feeding	
	Breastfeeding up to 2 years of age or beyond	
Childhood and adolescence	Social and Behavioural Change Communication	Provide life skills education
		In collaboration with SHCCs, educate importance of and sensitize and promote physical activity in school and society
		In collaboration with SHCCs and the responsible officers from the education sector, educate and promote safe and healthy foods in schools
Adulthood	Maternal nutrition	In collaboration with SHCC, educate the community on risks and dangers of using food products high in salt/sugar/unhealthy fats Linked to RMNCAH programmatic areas

Tobacco prevention and cessation programs	Educate community on dangers and risks associated with use of tobacco (smoking, chewing etc)
Availability and affordability of food	Educate and promote storage and food reserves to ensure availability for the family/household across the whole year
Physical activity	Educate, sensitize and promote adaptation of exercising behaviour to improve physical activity (home, workplaces etc)
Effective prevention and care of risks and diseases	<ul style="list-style-type: none"> <li>▪ Educate on early signs and symptoms of NCDs</li> <li>▪ Recommend and facilitate referral to closest facility for persons presenting clear risks, signs and symptoms of NCD</li> </ul>

### 3.2.7 Intervention Set 7: Neglected Tropical Diseases (NTDs)

Table 14 below summarizes recommended community based service package to be provided by CHVs

**Table 14: Community based service package for NTDs**

Interventions	Services to be provided by CHV
Innovative and intensified disease management	<ul style="list-style-type: none"> <li>▪ Provide education on NTDs and their importance</li> <li>▪ Provide notification of notable increased incidence of NTDs in the catchment area to the closest facility</li> </ul>
Vector control and pesticide management	Linked to malaria and environmental health programs
Safe drinking-water, basic sanitation and hygiene services, and education	Linked to environmental health and WASH program

### 3.2.8 Intervention Set 8: Monitoring and Evaluation (M&E)

The overall objective of implementing a monitoring and evaluation component of the CBHP is to optimize opportunities for evaluation of community-based interventions and deciding if the program is making any difference based on local evidence. Generally, CHVs should participate in reporting routines of various agreed indicators (such as births and deaths, pregnancies, ANC contacts, monthly disease surveillance reports and CBHP activity and progress reports etc). They will also participate in client assessments to identify social needs and problems as well as records of care, support and protection provided to households as a whole but to vulnerable groups in particular (e.g. most vulnerable children - MVCs, people with disabilities, people living with chronic illnesses and elderly).

To facilitate monitoring of all these activities as well as tracking records of all services provided through the above-discussed programmatic interventions, CHVs should perform the following key services related to M&E (Table 15):

**Table 15: Community based service package for M&E**

Interventions	Services to be provided by CHV
Data and statistics	<ul style="list-style-type: none"> <li>▪ Keeping record of all services provided based on the agreed and developed set of indicators for each program area</li> <li>▪ Tracking community deaths (including maternal and neonatal) within catchment area</li> <li>▪ Participate in research activities taking part in catchment areas</li> </ul>
Community Health Information System	<ul style="list-style-type: none"> <li>▪ Filling forms, (most e-forms) with information on services delivered as defined by the set of agreed indicators</li> <li>▪ Uploading and synchronizing of e-filled forms to the CHIS</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Prioritize household visits among clients especially WRA with need tailored RMNCAH messages</li> <li>▪ Providing customized clients follow up</li> <li>▪ Enabling referral effectiveness and referral fulfillment among clients</li> </ul>
Report writing, reporting and dissemination	<ul style="list-style-type: none"> <li>▪ Prepare both activity and progress reports on a monthly and quarterly basis as directed by supervisors</li> <li>▪ Prepare summaries and provide feedback to supervisors, SHCCs, SCC and community at large</li> </ul>

### 3.2.9 Cross-cutting programs

CHVs should participate in a number of cross-cutting activities that might not necessarily look like direct services to community but they are determined to be important to facilitate service provision (Table 16).

**Table 16: Community based service package for cross-cutting activities**

Interventions	Services to be provided by CHV
Leadership and governance	<ul style="list-style-type: none"> <li>▪ Attend community meetings and use as platform to provide health education on various topics for different programs</li> <li>▪ Participate in SHCC's meetings and provide feedback of activities and service delivery</li> <li>▪ Link Sheha, SHCCs, SCC and health facility in matters related to service delivery in the community</li> </ul>
Participatory health planning	<ul style="list-style-type: none"> <li>▪ Participate in development of health plans in the Shehia under the leadership of SHCCs</li> </ul>
Resource mobilization	<ul style="list-style-type: none"> <li>▪ Work in collaboration with SHCCs in resource mobilization activities to support implementation of CBHP in the respective Shehia</li> </ul>
Emergency preparedness and response (EPR)	<ul style="list-style-type: none"> <li>▪ Participate in emergency preparedness and response activities in collaboration with other entities such as task force teams, office of Sheha, SHCCs, SCC and health facilities</li> </ul>
Emerging Diseases	<ul style="list-style-type: none"> <li>▪ Provide household level health education on emerging diseases including Covid-19</li> </ul>
GBV and VAC	<ul style="list-style-type: none"> <li>▪ Identify and report</li> </ul>
Gender relations	<ul style="list-style-type: none"> <li>▪ Integrate gender across all lines of work</li> </ul>
Coaching and counseling	<ul style="list-style-type: none"> <li>▪ Provide life skills orientation to those with special needs individually and in groups</li> <li>▪ Provide clients with advice service on rehabilitation on a specific disability or disease</li> <li>▪ Organize support for those with special needs</li> <li>▪ Link those affected with services</li> <li>▪ Support those who need services</li> </ul>
Special events surveillance	<ul style="list-style-type: none"> <li>▪ Keep birth and deaths as tracked through vital statistics processes</li> <li>▪ Notify emerging diseases and during emergency responses</li> <li>▪ Follow up of health related rumors in the community and notify the supervisors</li> </ul>

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## Annex 1

### Terms of Reference for the Community Health Technical Working Group

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#### Introduction

The current health care delivery system in Zanzibar is characterized by a blend of central level of functional (supportive) departments and disease-oriented programs. Resource allocation is mostly skewed towards these disease-tailored programs, each having its own delivery channels. This has resulted in a fragmentation and duplications in the approach for the actual service delivery which is mostly supply driven.

As such, the registered practice of suboptimal, unstandardized and inequitable distribution of resources and approaches has significantly continued to contribute to minimal participation in planning processes for quality and accessible delivery of health services at the district level due to the fact that these are often planned for and directly implemented from the national level. This phenomenon is often manifested through interference and divergence of district level staff by the national level during the implementation of District Health Plans.

Due to this prevailing fragmentation of services and their delivery, a situation has evolved into a plethora of activities at the interface between communities and health care providers with little or no community involvement and participation at all stages from identification, prioritization, planning for services/interventions, implementation, monitoring to evaluation.

Consequently, taking this unhealthy situation into context and with clear understanding of the MOHSWGEC priority intention to implement a sustainable health financing strategy, it is difficult to accurately foresee with completeness what the role of the community will be towards ensuring the strategy is well embedded within community and ensure its acceptance, ownership and sustainability. The Zanzibar Community Health Care Strategy was therefore developed to ensure the following:

- Establishment of demand driven forces within the health service delivery system to counterbalance the hitherto supply driven de facto situation to ensure that services are more appropriate and effective
- Demand for quality facilitated by creation of informed consumers/clients
- Consumers are empowered to make decisions on priorities and allocation of resources
- Enforcement of the effective District level planning and implementation as the main health service “entity” that is able and flexible to respond to a community formulated demand for services that is comprehensive and inclusive (promotional, preventive, curative and palliative)
- Effectively and sustainably, operationalize the replacement of the existing structures concerned with health planning at the community level with one Shehia Health Custodian Committee to fulfill the important function of aligning demand with supply.

Generally, these Terms of References (TOR) for the Community Health TWG primarily seeks to also underscore and operationalize the Government aspirations of institutionalizing a standardized national Community Based Health Program (CBHP) through well-harmonized, standardized and integrated National Community Health Volunteers (CHVs), Shehia Health Custodian Committees (SHCCs) and Community Health Information System (CHIS) linked with the District Health Information System (DHIS-2). This highly important strategic focus is equally emphasized in the Zanzibar Community Health Strategy, ZCHS (2019-2025) of which aligns with specific thematic areas such as institutionalization of a responsive community health service delivery; national community health volunteers (human resources); community systems and structures for ownership and accountability like effective Shehia Health Custodian Committees (SHCCs) and PHCU boards; information, communication and technology; as well as leadership, accountability and coordination at all levels.



## **Terms of Reference for the Community Health TWG**

- Provide technical support to the MOHSWGEC through drafting a standard constitution for the Shehia Health Custodian Committees within the Zanzibar's legal framework and decentralization of services under Local Governments
- Provide technical support and advice in translating the ZCHS (2019-2025) into actions such as revitalization and fictionalization of the Shehia Health Custodian Committees (SHCCs) as well as standardization, integration and coordination of the National Community Health Volunteers (CHVs)
- Provide technical support to the MOHSWGEC towards establishment of the integrated and well-coordinated platform for community health interventions and information system (CHIS) in order to improvise a strong linkage between the community and primary health care delivery systems
- Provide technical support and advice in the development of the comprehensive, well-integrated and standardized National Minimum Intervention/Service Packages, Training Materials, working tools/Field Manuals and Monitoring tools for both the CHVs and SHCCs based on the Zanzibar local context and established needs as reflected in the ZCHS
- Provide technical support and advice towards harmonization, standardization and integration of the CBHP to defined Minimum Intervention/Service Package from each health focus area, including RMNCAH, TB and HIV/ AIDS, Malaria, surveillance, neglected tropical diseases, non-communicable diseases, Water, Sanitation and Hygiene (WASH) and Early Childhood Development (ECD)
- Provide technical support and advice to the MOHSWGEC for institutionalizing a national approach to establishment, training and support for ensuring a sufficient and fair distribution of well-trained and harmonized CHVs and SHCCs across Zanzibar
- Provide technical support and advice towards credible, accessible and available Community Health data (CHIS) in the district health information system (DHIS-2) to better inform program decision making process, planning and priority setting at the community and health facility levels in Zanzibar Provide technical support and advice on a training program for members of Shehia Health Custodian Committee including skills for priority setting, community planning, implementation and monitoring within the context of district plans
- Provide technical support and advice to the MOHSWGEC on the design and implementation of a Zanzibar Community Information and Monitoring System and its related tools that are simple to fill and use at community level
- To assist the MOHSWGEC in monitoring functionality of Shehia Health Custodian Committees and advice on improvements
- Coordinate research and TA activity related to Community Health in Zanzibar towards ensuring appropriateness, local ownership and use of results for development
- Provide technical support and advice on the establishment and maintaining of the National Training of Trainers (TOTs) team in Zanzibar
- Provide technical support and advice on effective and standardized coordination mechanism and promoting continuous improvement of the Community Based Health Program (CBHP) in Zanzibar.