



# **THE REVOLUTIONARY GOVERNMENT OF ZANZIBAR**

**MINISTRY OF HEALTH**

## **MINIMUM INTERVENTION AND SERVICE PACKAGE FOR SHEHIA HEALTH CUSTODIAN COMMITTEES**

**Zanzibar Health Promotion**

**In Collaboration with  
Training Unit**

**MOH-Zanzibar**

**Zanzibar  
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## List of Abbreviations

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AIDS	Acquired Immune Deficiency Syndrome
CBHP	Community Based Health Program
CBO	Community based Organization
CHIS	Community Health Information System
DHMT	District Health Management Team
CHV	Community Health Volunteers
CSO	Civil Society Organization
DHIS	District Health Information System
CRALG	Coordination, Regional Administration and Local Government
DPs	Development Partners
FBO	Faith Based Organization
FP	Family Planning
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPU	Health Promotion Unit
IP	Implementing Partners
RMNCAH	Maternal, Newborn, Child and Adolescent Health
INGO	International Non Government Organization
MIP	Minimum Intervention Package
MOHSWGEC	Ministry of Health, Social Welfare, Gender, Elderly and Children
NGO	Non Government Organization
PHC	Primary Health Care
PORALGSD	President Office, Regional Administration, Local Government and Special Departments
SCC	Shehia Consultative Committees
SHCC	Shehia Health Custodian Committee
TB	Tuberculosis
UHC	Universal Health Coverage
WIT	Willows International Tanzania
WHO	World Health organization
ZCHS	Zanzibar Community Health Strategy

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## Foreword

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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 Health Custodian Committees (SHCC). 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 SHCC was not satisfactory. Several operational and functionality issues were found which limited attainment of the expected results from these entities. On the other hand, the SHCC cadre was not formally recognized within the ZCHS and thus SHCCs 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 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 SHCCs. 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 and SHCC respectively.

The production of this **minimum intervention and service package (MIP)** for SHCC 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 the way 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 SHCC. It intends to serve as a national reference on the subject matter to promote a clear understanding of community involvement practices in Zanzibar through SHCCs.

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, manual 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 SHCCs 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 into desired improvement of health promotion activities, disease prevention and improved health outcomes across the entire population in Zanzibar.



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## Acknowledgments

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The Revolutionary Government of Zanzibar (RGoZ), through the Ministry of Health, Social Welfare, Elderly, Gender and Children and the President's Office, Regional Administration, Local Government and Special Departments, would like to express massive appreciations to all organizations and individuals who took part and supported the development of manuals, guidelines and working tools for the Zanzibar Community Based Health Program of which one of them is this Minimum Intervention Package (MIP) for SHCCs. Many individuals and organizations devoted their time, effort and resources to ensure development of these resources is a success. Due to the essence of the community based health program, many parties were involved in different ways. As a result, the process was long and involved concerted efforts from a wide range of stakeholders. The RGoZ would like to thank all those who provided inputs in different forms including those who were involved in conducting situational analysis and needs assessment to the last stage of reviewing the and endorsing the drafts of the various tools.

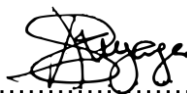
The Government would like to recognize and mention a few individuals and organizations that made specific contributions to the process. Among them is Mr. Abdurahman Kwaza, from the Health Promotion Unit (HPU) of the MOHSWEGC. Mr Kwaza provided strong leadership and guidance to the process; he coordinated the process on behalf of the two ministries. The Government would also like to recognize contribution by the entire staff of the HPU, IRCHP and HMIS for their esteemed and active participation throughout the process.

At the same level of appreciation, the RGoZ is grateful to Dr. Salim Slim (DDPSHE-MOHSWEGC) for his exceptional leadership, support and guidance towards realizing these milestones. The Government would also like to thank Bi Halima Khamis, Head of Health Promotion Unit, of the MOHSWEGC who was always at hand to support and lead the HPU team and the team of consultants whenever her guidance was needed. In the same breadth, we would like to recognize and appreciate the participation and leadership of Mr. Khalid Abdalla, by then Deputy Principal Secretary-PORALGSD and the Chairman of the Steering Committee for CHS and all other senior officials from the PORALGSD who participated in this process. The support and encouragement at various stages was important for the timely completion of the assignment. In this category, the Technical Working Group (TWG) provided the instrumental and overall technical leadership of the work that led to development of these tools for Community Health Services of Zanzibar. The group draws its members from a holistic spectrum of health programs in Zanzibar together with designated representative officers from implementing Partners (IPs) and Development Partners (DPs) who support the CBHP. The Government acknowledges their efforts, technical support and appreciates their commitment in working tirelessly to ensure the working tools for CBHP, including these MIPs, in Zanzibar are in place and at their highest quality.

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 World Health Organization (WHO) identifies six pillars or building blocks of a standard health system (Resilient Sustainable System for Health – RSSH). Whichever way these pillars are organized in particular health systems (usually guided by country specific context), governance, leadership and coordination constitute one of the six pillars. The interplay of this pillar cuts across all levels of health systems (from national to grassroots levels).

In the Zanzibar health system and with respect to community health services, these roles of leadership, the Shehia Health Custodian Committees (SHCC) plays governance and coordination at the lowest level of the health system (community level). These community structures are part of Primary Health Care structures at the Shehia level. The organs are responsible for governance and coordination of Primary Health Care service delivery working under the supervision of Shehia Consultative Committee (SCC). Their roles and core functions have been well stipulated in the Zanzibar Community Health Strategy (ZCHS –2019-2025). This booklet unpacks these roles and functions in a manner that provides a quick reference to all key stakeholders working to support the community based health program in Zanzibar to understand the key interventions and services implemented and rendered by SHCCs.

#### 1.2 Purpose of developing MIP for SHCC

The idea to develop the Minimum Intervention and Service Package (MIP) for SHCCs 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. While the ZCHS sets the general principles for implementation of Community Based Health Program (CBHP) in Zanzibar, tools such as this are needed to guide and standardize implementation of the various interventions recommended by the strategy.

In their roles of providing leadership, good governance and coordination of community health services at the community level, SHCCs would also need guidelines and working tools. It was important to define the key interventions and range of services that these structures are allowable to provide, therefore, this booklet is prepared as an official Government reference to those interventions and services. It is expected to be used as a tool and a resource in creating an enabling environment for SHCC activities and services in Zanzibar. The term "Minimum" refers to the minimal package that every SHCC should be expected to implement and deliver. It sets the lower limit but leaves room for innovation and creativity by individual SHCCs to improve and add up potential and acceptable additional interventions and services.

#### 1.3 Organization and use of MIP for SHCC

##### 1.3.1 Organization of the manual

This booklet is organized in three chapters that 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. The three 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 interventions for SHCCs.
- Chapter 3: Provides details of specific activities and services under each described interventions that SHCCs are 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 MOHSWGC, PORALG-SD and other related ministries supporting health programs at community level either directly or indirectly. Other users include all health programs under the

MOHSWGC, 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), Faith Based Organizations (FBOs), Council Directors, Council Health Management Teams (DHMT), health facility in-charges, service providers, Shehia Consultative Committees (SCCs), Councilors, Social workers, 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 SHCC 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 Centered 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 our services positively or negatively. It is important that all key stakeholders (administrators, trainers, supervisors and service providers) acknowledge this importance of involving the community.

Since community members constitute the majority of the population, health systems cannot interact with all of them altogether. As such, the concept of representation comes to play. In Zanzibar, Shehia Health Custodian Committee constitutes the first level of community representation structure in health at Shehia level. The following will be the main health related interventions that SHCCs will implement as part of their core functions.

In this context, an intervention is defined as a carefully planned process that is intended to bring positive change resulting into a desirable outcome and or impact.

## 2.2 Interventions to be implemented by SHCC

The Zanzibar Community Health Strategy (2019-2025) identifies and lists the following key roles and functions of the Shehia Health Custodian Committees:

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

- 1) Conducting community and school surveys to identify health needs, analyze and interpret the collected data, translate it, prioritize it and integrate it into the comprehensive health facility action plan; (**Monitoring**)
- 2) Storing health related information from different sources in the community, vital events and statistics, HMIS, and household surveys (**Monitoring**);
- 3) Acting as a link between the community and health facility staff within the respective catchment areas through quarterly meetings or ad-hoc meetings as the need arises; (**Coordination**)
- 4) Encouraging the sustainability of CHVs (**Leadership**);
- 5) Initiating and strengthening local development initiatives with government, NGOs and the private sector (**Leadership and coordination**);
- 6) Initiating, mobilizing and actively participating in health-related activities and health interventions such as village health days, mass campaigns, national commemorations of the World Health day, TB, HIV/AIDS, malaria, environmental sanitation and others, in collaboration with the community (**Leadership and coordination** in health promotion);
- 7) Providing representation at the respective health facility level for management purposes with regard to fund generation and accounting for local health resources; (**Coordination** of resource mobilization); Acting as the focal point for all health-related activities initiated by higher levels of the health system hierarchy; (**Governance** and accountability);
- 8) Providing quarterly reports from community and health facilities and maintaining contact with their respective SCCs to monitor health activities, outcomes and impact with a view to formulate a rational demand for services; (**Monitoring**);
- 9) Discussing the Plan of Action and quarterly reports from the health facility level with health staff; (**Leadership** in Planning)



- 10) Acting as an advisor on all health affairs to the Sheha and SCC. (**Leadership**);
- 11) Actively providing a functional linkage between the higher ministerial hierarchies through the Sheha and the community during disease outbreaks (**Coordination**).

These roles and functions set the ground for defining the key interventions to be implemented by the SHCCs. Based on the analysis of the roles and functions of SHCCs, the following interventions are identified and defined as follows.

### **2.2.1 Intervention 1: Governance of the community based health services at the community (Shehia) level.**

In the context of the functions and roles of SHCC, governance shall entail and encompass the way by which community based health program (and its corresponding activities) is governed (controlled) and made to operate. It will include overseeing the mechanisms by which the CBHP, and the involved stakeholders at Shehia level are held to account for the collective goal of delivering services at that level. It will also include observing compliance to ethics, risk management, and administration protocols. Box 2 below relates the governance intervention with its corresponding set of roles and functions of SHCC.

#### **Box 2: Roles and functions of SHCCs related to governance intervention**

- 1) Acting as the focal point for all health-related activities initiated by higher levels of the health system hierarchy;
- 2) Lead, coordinate and control CHV engagements in the community.
- 3) Monitor CHV engagements in the community.

### **2.2.2 Intervention 2: Providing leadership of the community based health program at the Shehia level**

Literally, leadership is the art, capacity and ability of an individual or a small group of individuals to influence and guide others in a larger group (followers or other members of the group). This is a crucial role that SHCCs are expected to play. Implementing the leadership intervention shall mean having SHCCs making sound and in some instances difficult decisions, creating and articulating a clear vision, establishing achievable goals and providing the community members and other stakeholders in the Shehia with the knowledge and tools necessary to achieve those goals.

SHCCs should be enabled to exercise self-confidence, acquire strong communication and management skills, to be creative and innovative, demonstrate perseverance in the face of failure, readiness and willingness to take risks, openness and acceptance to change, and responsiveness in times of crises. Box 3 relates the functions and roles of SHCCs and leadership intervention.

#### **Box 3: Roles and functions of SHCCs related to leadership intervention**

- 1) Encouraging the sustainability of CHVs;
- 2) Initiating, mobilizing and actively participating in health-related activities and health interventions such as village health days, mass campaigns, national commemorations of the World Health day, TB, HIV/AIDS, malaria, etc, in collaboration with the community;
- 3) Involve the community in identification and prioritization of community health needs to be reflected in community health plans;
- 4) Engage the community in participatory planning process and negotiate with CHMTs and higher hierarchies of inclusion of community priorities in council health plans;
- 5) Discussing the Plan of Action and quarterly reports from the health facility level with health staff;
- 6) Acting as an advisor on all health affairs to the Shehia and SCC;
- 7) Innovating and strengthening local development initiatives in collaboration with the government, NGOs and the private sector.

### 2.2.3 Intervention 3: Coordination of community based health activities and services at the Shehia level

In the context of roles and functions of SHCCs, coordination shall mean undertaking a process of organizing different stakeholders involved in the implementation of the CBHP so that they work together properly and in harmony. It will entail harmonization of the functioning of the government, IPs and community members in an effective way to result to the unification, integration and synchronization of the collective efforts of all stakeholders at the Shehia level. The ultimate goal is to provide unity of action in the pursuit of common goals of CBHP. It should include integration and synchronization of the activities, finances and other material and non-material resources and efforts of all stakeholders in the pursuit of the common goal. Box 4 relates functions and roles of SHCCs and the coordination intervention.

#### **Box 4: Roles and functions of SHCCs related to coordination intervention**

- 1) Innovating and strengthening local development initiatives in collaboration with the government, NGOs and the private sector;
- 2) Initiating, mobilizing and actively participating in health-related activities and health interventions such as village health days, mass campaigns, national commemorations of the World Health day, TB, HIV/AIDS, malaria, etc, in collaboration with the community;
- 3) Providing representation at the respective health facility level for management purposes with regard to fund generation and accounting for local health resources;
- 4) Support the coordination of the referral process for patients from the community to the health facility as needed and ensure a responsive referral system is in place.

### 2.2.4 Intervention 4: Monitoring (and evaluation) of community based health activities and services at the Shehia level

The Swahili saying - "mali bila daftari huisha/hupotea bila habari (i.e. property/possession without proper accounts leads to loss without noticing/information)", perhaps best describes the importance of the monitoring intervention for SHCC. Principally, monitoring in the context of functions and roles of SHCCs entails the systematic process of collecting, analyzing and using information to track progress of a program, project or an activity toward reaching its objectives. The information collected helps to guide management decisions. Monitoring usually focuses on processes, such as when and where activities occur, who delivers them and how many people or entities they reach. Box 5 below relates functions and roles of SHCCs and the monitoring (and evaluation) intervention.

#### **Box 5: Roles and functions of SHCCs related to monitoring and evaluation intervention**

- 1) Conducting community and school surveys to identify health needs, analyze and interpret the collected data, translate it, prioritize it and integrate it into the comprehensive health facility and Shehia action plans;
- 2) Storing health related information from different sources in the community, vital events and statistics, HMIS, and household surveys;
- 3) Providing quarterly reports from community and health facilities and maintaining contact with their respective SCCs to monitor health activities, outcomes and impact with a view to formulate a rational demand for services;
- 4) Providing a critical platform by using community available data to effectively support disease surveillance, early identification and timely notification of health problems such as disease outbreaks.

### 3.1 Introduction

In its nature, SHCCs are not service providing entities. Their functions and roles are divided into the four main categories that define the key interventions described in Chapter 2 above. The term 'services' is hereby used to refer to the specific activities that will be implemented by these committees under each intervention and which will facilitate and augment deliverance of health services at the community levels by other stakeholders and platforms or structures especially the Community Health Volunteers (CHVs).

### 3.2 Service package by interventions

The following range of services will be provided by SHCCs:

#### 3.2.1 Intervention 1: Governance of the community based health services at the community (Shehia) level

- 1) Overseeing that all processes and mechanisms for implementing CBHP at Shehia level are adhered to;
- 2) Ensuring that all involved stakeholders at Shehia level are held to account for the collective goal of delivering services in the Shehia;
- 3) Observing compliance to ethics by all stakeholders of community based health activities when implementing their different roles;
- 4) Observe right and obligations of CHVs;
- 5) Manage risks and ensure compliance to management and administrative protocols;
- 6) Oversee selection and recruitment of CHVs;
- 7) Supervise and oversee quality assurance including management of complaints;
- 8) Representing the community in all health-related activities initiated by higher levels of the health system hierarchy.

#### 3.2.2 Intervention 2: Providing leadership of the community based health program at the Shehia level

- 1) Sensitizing the community to take part in community health activities and facilitate identification of health priorities and problems;
- 2) Leading development of participatory community health plans in the Shehia;
- 3) Leading implementation of all community based services delivered in the Shehia;
- 4) Provide leadership of overall community based health services in the Shehia and all managerial roles;
- 5) Providing administrative support and participating in recruitment of CHVs at their respective Shehias;
- 6) Support, motivate and encourage CHV to carry out their functions and help resolving challenges facing CHVs on a timely manner;
- 7) Lead efforts to ensure full involvement and participation of the CHVs in all relevant health related affairs in the community is prioritized;
- 8) Initiating, mobilizing and actively participating in health-related activities and health interventions such as village health days, outreach, mass campaigns, national and international commemorations days (e.g. World Health day, TB, HIV/AIDS, malaria, etc) in the respective Shehia;
- 9) Supervise risk communication and community engagement in the respective Shehia during disease outbreaks and disasters;
- 10) Attend and facilitate conflict resolution processes and play an advisory role in all activities related to community based health services;
- 11) Maintain friendly communication with the community, CHVs, service providers, and Council health managers and administrators.

### **3.2.3 Intervention 3: Coordination of community based health activities and services at the Shehia level**

- 1) Ensuring representation of the community and community priorities along the defined structural and reporting lines as described in the ZCHS (2019-2025) linking both local government and health sector ministerial authorities, DPs and IPs the District Medical Officer (DMO) and the office of District Commissioner;
- 2) Mobilizing and managing resources, both financial and material resources as a strategy for sustainability of SHCC's activities;
- 3) Networking and sustaining partnership with various stakeholders and platforms at various levels of the government administration and health system in the context and purview of the Shehia.
- 4) Overseeing the work of all IPs and harmonize their functions at Shehia level in order to avoid duplications;
- 5) Linking between the community and (a)health facility staff (b) PHCU boards through quarterly meetings and or ad hoc meetings as the need arises;
- 6) Maintaining good working and reporting relationship with SCC through quarterly reports and representation in SCC meetings;
- 7) Maintaining "book-keeping" for all financial resources.

### **3.2.4 Intervention 4: Monitoring (and evaluation) of community based health activities and services at the Shehia level**

- 1) Develop Shehia health profile;
- 2) Conducting performance appraisal related to community health activities in the Shehia;
- 3) Keeping records related to SHCC activities including received reports from CHVs;
- 4) Conducting data collection from various sources related to SHCC role of monitoring and evaluation;
- 5) Conducting simple data analyses and interpretation to enhance utilization of data and get informed on own performance and that of the community at large;
- 6) Writing reports to be shared in a quarterly basis to the community through different avenues and for submission to supervisors and higher levels;
- 7) Take part and or demand feedback from any research work conducted by any organization/institution conducted in their area of jurisdiction;
- 8) Linking the information collected through various methods from various sources to the Community Health Information System (CHIS) and finally to the Health Management Information System (HMIS);
- 9) Document success stories;
- 10) Oversee community data management and use including monitoring CHVs implementation plans;
- 11) Communicating information about community health program at large and for specific interventions in particular to various stakeholders at various levels.

## Bibliography

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1. Admasu K. 2012. The Ethiopian Health Extension Program. Lecture at Johns Hopkins Bloomberg School of Public Health. Baltimore, MD. 8 February 2012
2. Bosch-Capblanch X, Garner P. Primary health care supervision in developing countries. *Trop Med Int Health* 2008; 13(3): 369-83.
3. Creanga AA, Bradley HM, Kidanu A, Melkamu Y, Tsui AO. Does the delivery of integrated family planning and HIV/AIDS services influence community-based workers' client loads in Ethiopia? *Health Policy Plan* 2007; 22(6): 404-14.
4. Crigler L HK, Furth R, Bjerregaard D. Community Health Worker Assessment and Improvement Matrix (CHW AIM): A Toolkit for Improving Community Health Worker Programs and Services. Bethesda, MD: University Research Co., LLC, 2011.
5. D-Tree. 2020. National CHV Program Service Package. *Presentation*
6. EngenderHealth – Tanzania. 2020. Mafunzo ya Afya ya Uzazi kwa Wahudumu wa Afya Ngazi ya Jamii. *Presentation*.
7. Freeman P, Perry HB, Gupta SK, Rassekh B. Accelerating progress in achieving the millennium development goal for children through community-based approaches. *Glob*
8. GHWA Task Force & WHO. Pakistan's Lady Health Worker Programme. World Health Organization & Global Health Workforce Alliance; 2008
9. Godfrey M. Mubyazi, Adiel K. Mushi, Elizabeth Shayo, Kasembe Mdira, Joyce Ikingura, Didas Mutagwaba, Mwele Malecela and Kato J. Njunwa. 2007. Local Primary Health Care Committees and Community-Based Health Workers in Mkuranga District, Tanzania: Does the Public Recognise and Appreciate Them? *Ethno-Med.*, 1(1): 27-35 (2007)
10. Health Extension and Education Center. Health Extension Program in Ethiopia. In: Federal Ministry of Health, editor.; 2007. <http://www.moh.gov.et/english/Resources/Documents/HEW%20profile%20Final%2008%2007.pdf>
11. Henry Perry and Lauren Crigler. 2014. Developing and Strengthening Community Health Worker Programs at Scale. A Reference Guide and Case Studies for Program Managers and Policymakers, Editors: Steve Hodgins, Technical Advisor – USAID. incentives and human resource management tools. *Human resources for health* 2006; 4: 24.
12. Jaskiewicz W, Tulenko K. Increasing community health worker productivity and effectiveness: a review of the influence of the work environment. *Human resources for health* 2012; 10(1): 38.13
13. Laughlin M. The Care Group Difference: A Guide to Mobilizing Community-Based Volunteer Health Educators. Baltimore, MD: World Relief and the Child Survival Collaborations and Resources (CORE) Group; 2004
14. Lauren Crigler, Jessica Gergen, and Henry Perry. 2013. Supervision of Community Health Workers. K4Health. ([www.k4health.org/.../Directly-observed%20Supervision%20Checklists](http://www.k4health.org/.../Directly-observed%20Supervision%20Checklists)). Management (iCCM): Stakeholder Perceptions and Priorities. *Am J Trop Med Hyg* 2012; 87(5 Suppl): 111-9.
15. Massenga, J.; Noronha, R.; Awadhi, B.; Bishanga, D.; Safari, O.; Njonge, L.; Kim, Y.-M.; Roosmalen, J.v.; van den Akker, T. 2021. Family Planning Uptake in Kagera and Mara Regions in Tanzania: A Cross-Sectional Community Survey. *Int. J. Environ. Res. Public Health* 2021, 18, 1651. <https://www.mdpi.com/1660-4601/18/4/1651>
16. Mathauer I, Imhoff I. Health worker motivation in Africa: the role of non-financial
17. MOH. 2007. Community Based Roll Back Malaria Initiative. Experience From Jambiani (1997 – 2007).
18. MOH. 2011. Behaviour Change Communication Toolkit for Shehia Health Custodian Committees. The Revolutionary Government of Zanzibar
19. MOH. 2013. Muongozo wa Muwezeshaji kwa Wawezeshaji wa Kamati Kiongozi za Afya za Shehia. Serikali ya Mapinduzi ya Zanzibar.
20. MOH. 2014. Muongozo wa Kukusanya Taarifa za Afya Kutoka Katika Jamii (Shehia) Zanzibar. Serikali ya Mapinduzi ya Zanzibar.
21. MOH. 2015. National Guidelines for Integrated Community Based Health Care. The Revolutionary Government of Zanzibar
22. MOH. 2017. Assessing Knowledge, Attitude, Practice and Behaviour Related to Malaria Among The General Population in Zanzibar. Ministry of Health Zanzibar.

23. MOH. 2018. Planning and Implementation of District Health Services.
24. MOH. 2018. Zanzibar Malaria Elimination Social and Behavior Change Communication (SBCC) Strategy (2018-2023) The Revolutionary Government of Zanzibar.
25. MOHCDGEC. 2019. Manual for Management of Tuberculosis and Leprosy in Tanzania. The United Republic of Tanzania.
26. MOHSW.2009. Zanzibar Health Policy. The Revolutionary Government of Zanzibar.
27. MOHSW. 2012. Health Information System Strategic Plan (2012-2020). The Revolutionary Government of Zanzibar
28. MOHSW. 2013. Zanzibar Health Sector Strategic Plan III (2013/14-2018/19). The Revolutionary Government of Zanzibar
29. MOHSW.2017. National Guidelines on Comprehensive HIV Interventions for Key Populations (KPs) In Zanzibar.The Revolutionary Government of Zanzibar
30. MOHSWEGC. 2019. Zanzibar Community Health Strategy (2019 – 2025). The Revolutionary Government of Zanzibar
31. MOHSWEGC. 2020. Mpango wa Taifa wa Wahudumu wa Afya wa Jamii: Mwongozo wa Mafunzo ya Wahudumu wa Afya ya Jamii. Serikali ya Mapinduzi ya Zanzibar.
32. MOHSWEGC. 2020. Mpango wa Taifa wa Wahudumu wa Afya wa Jamii: Mwongozo wa wa Mwalimu wa Kufundishia Wahudumu wa Afya ya Jamii. Serikali ya Mapinduzi ya Zanzibar.
33. MOHSWEGC.2020. Zanzibar Digital Health Strategy 2020/21 - 2024/25. The Revolutionary Government of Zanzibar
34. MOHSWEGC.2020. Zanzibar National Guidelines for the Prevention and Treatment of HIV AND AIDS. The Revolutionary Government of Zanzibar
35. Moses Mulumba, Leslie London, Juliana Nantaba, and Charles Ngwenya. 2018. Using Health Committees to Promote Community Participation as a Social Determinant of the Right to Health: Lessons from Uganda and South Africa. *Health and Human Rights Journal*. Volume 2: Number 2.
36. Oxford Policy Management. Lady Health Worker Programme: Fourth External Evaluation for the National Programme for Family Planning and Primary Health Care- Quantitative Survey Report, 2009.<http://www.opml.co.uk/projects/lady-health-worker-programme-thirdparty-evaluation-performance> *Public Health* 2009: 1-20. Retention of Community Health Workers Delivering Integrated Community Case
37. Selemani Mbuyita, Hadija Kweka, Ahmad Makembana D. Mboya. 2010. Muongozo wa Kufundishia. Mafunzo ya Kujenga Uwezo wa Bodi za Huduma za Afya za Halmashauri na Kamati za Afya za Vituo vya Tiba. Ifakara Health Institute.
38. Stekelenburg J, Kyanamina SS, Wolffers I. Poor performance of community health workers in Kalabo District, Zambia. *Health Policy* 2003; 65(2): 109-18.
39. Strachan DL, Kallander K, Ten Asbroek AH, et al. Interventions to Improve Motivation and
40. Teklehaimanot A, Kitaw Y, Yohannes AM, et al. Study of the Working Conditions of Health Extension Workers in Ethiopia. *Ethiopian Journal of Health Development* 2007; 21(3): 246- 59
41. Willows International Tanzania. 2020. Formalization and Revitalization of the Shehia Health Custodian Committees (SHCCs) in Urban West Region, Zanzibar. Regional Administration and LG Meeting. *Presentation*.
42. Willows International Tanzania. 2020. Interpersonal Communication.A Program to Help Women Meet Their Reproductive Health Needs. *Presentation*.
43. Willows International Tanzania. 2020. The Zanzibar Program. *Presentation*.
44. Willows International Tanzania. 2021. SHCC formalization status Report by 29<sup>th</sup> January 2021, West Urban Region. *Report*.
45. Willows International. 2018. A Program to Help Women Meet Their Reproductive Health Needs: Field Educator Training-Trainer’s Manual.

#### 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 functionalization 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.