

## Tanzania's Community Health Workers

▶ Access to a health worker is something that we all take for granted. But if you live in Tanzania, where there are just **0.3 doctors for every 10,000** people, the chances are that you may not get to see one in your lifetime.

### Community health workers are changing that.

A community health worker (CHW) is trained to provide the most essential life-saving interventions—such as emergency front line care—and can **save children's lives** from many if not most of the major preventable child mortality causes like diarrhoea, pneumonia and malaria. CHWs also equip families with the knowledge and skills to prevent disease. They promote good nutrition, sanitation, and hygiene, and link families to essential services.



### WHY COMMUNITY HEALTH WORKERS?

How a child is cared for in their own home has a profound impact on their ability to survive and thrive during their first few days, months and years of life. Mothers need practical and social support so they can look after their child appropriately as they grow and develop. Families need knowledge and skills to best care for their children. Communities need people who know their needs and are trained to provide essential health advice and support.

This is where World Vision's **community health workers** in Tanzania create their impact.

#### World Vision in Tanzania

World Vision reaches over **two million lives** (2,442,954) in Tanzania. Within World Vision's coverage areas, there are an estimated **146,577** children under the age of five, **97,718** pregnant women, and **537,450** women of childbearing age.

### ▶ WHY TANZANIA?

Living in a rural area of Tanzania can be deadly, especially for a pregnant mother or very young child, and much of Tanzania is rural. Almost three-fourths of Tanzania's population live in rural areas (70%), and Tanzania is a **global health workforce crisis country**: For every 10,000 people, there are only 0.3 doctors and 4.4 nurses and midwives (WHO, 2014). Additionally, 1,500,000 Tanzanians are living with HIV/AIDS and 140,000 are children (UNAIDS, 2014). When a health worker is desperately needed in Tanzania—such as during a difficult labor, infection, or when a newborn has a high fever—there may not be one.

Less than half (46.7%) of all births in Tanzania are attended by a skilled health worker of any kind, a reality that contributes to Tanzania's high child mortality rate: for every 1,000 live births in Tanzania, 48.7 children will die before they reach their fifth birthday (WHO, 2015). In addition to the shortage of health workers at all levels, poor transportation availability, long distances between health posts, inefficient distribution of medical supplies, and underfunding within the health sector continue to create challenges for Tanzanian families in need of health care.

*Community health workers carry critical health knowledge, skills, and tools into communities and homes and are essential to World Vision's work of saving lives, preventing disease, and helping children, mothers, fathers and communities to reach their full potential and flourish.*

#### Who is a Community Health Worker?

A community health worker is a man or woman who is respected and trusted by his or her community. They are the first point of contact for many with the health system and are elected by the community. They live within the community and so they know and understand people and cultures.

## A PORTRAIT: TANZANIA'S COMMUNITY HEALTH WORKERS

Today, World Vision supports an estimated 1,700 community health workers in Tanzania. World Vision partners with the Tanzanian MOH to directly implement CHW programming, and currently supports CHWs in grant areas as well as in 55 ADPs in 13 (out of 30 total) regions in Tanzania. CHWs are recruited in partnership with the local village governments, elected by village leaders and the community, and supported by World Vision for training, job aids, and transportation. Currently CHWs are trained for 3 weeks, but the CHW cadre is changing as the government introduces a new cadre who will be trained for 1 year and deployed to the hardest to reach locations to provide basic health services.

### CHW Activities supported by World Vision Tanzania:

Care groups and parent support groups, Community IMCI, Community PMTCT support, family planning and Healthy Timing and Spacing of Pregnancy (HTSP), growth monitoring of children, health promotion / behavior change counseling, HIV prevention, Infant Young Child Feeding (IYCF) and breastfeeding Support, Maternal and Newborn care (MNC), mHealth, PD Hearth, Timed and Targeted Counseling (TTC), Vitamin A supplementation, WASH



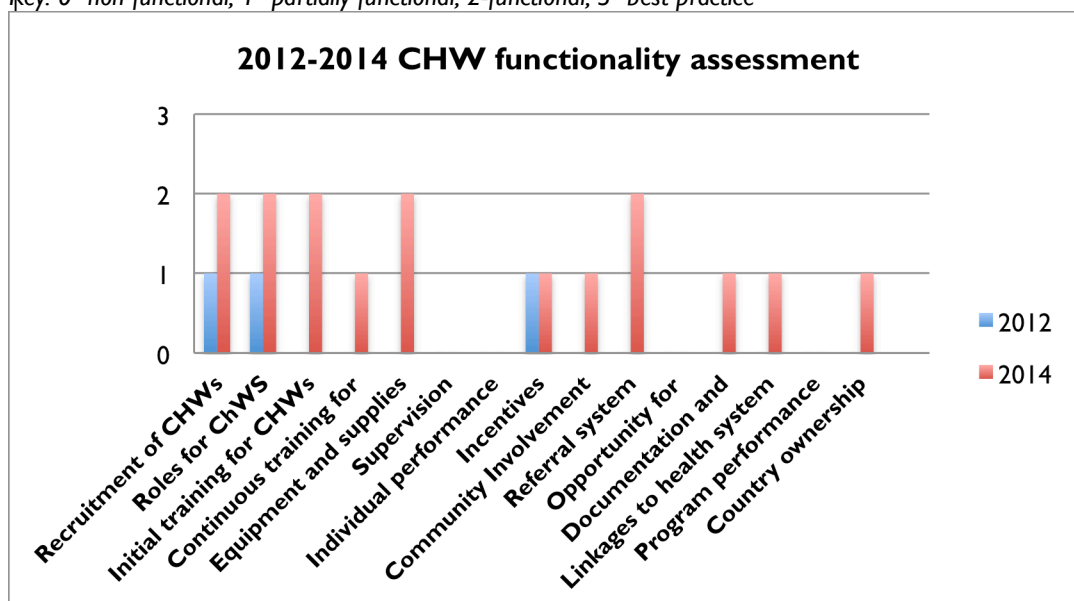
## CHW PROGRAMMING TECHNICAL OVERVIEW

- ☑ CHW programmes harmonized at national level under a single CHW policy – partially operational
- ☑ National policy of 1 CHW per 25 people
- ☑ World Vision predominantly supports CHW programmes by direct implementation of programming
- ☑ TTC: an MOH equivalent is being implemented— elements of WV's TTC were included in the MOH strategy.
- ☑ mHealth programming: 60 CHWs utilizing mHealth, reaching 162,000 community members

## EVIDENCE FOR IMPACT

The CHWs Functionality toolkit assists the assessment, improvement and planning of CHWs programs by deepening understanding of the elements of successful programs and the use of best practices as an evidence-based approach to improvement. WV Tanzania staff conducted a functionality assessment of CHW programs in two ADPs between 2012 and 2014. The following table shows a continued need for improvement, but a significant increase in CHW functionality between 2012-2014.

Key: 0=non functional, 1=partially functional, 2=functional, 3=best practice



## WHAT'S NEXT?

World Vision Tanzania plans to train a substantial number of CHWs in TTC aligned with the government MNCH curriculum. Currently the majority of CHWs are not adequately trained, do not have job aids, and do not receive refresher trainings; training greatly increases CHW effectiveness in improving the health of their communities. The gap between trained and untrained is significant—600 CHWs are already trained, with 1,100 more to be trained as the next step. Training CHWs in Tanzania is estimated at \$700/CHW.

## CURRENT FUNDING AND MAJOR GRANTS

Irish AID - AIM Health project  
DFATD - SUSTAIN MNCH project (ended but trained a lot of CHW through it)  
DFAT - East Africa Maternal Newborn Child Health  
BMSF - Community PMTCT project

*Note: Above grants are MNCH grants which also have a nutrition piece. CHWs in these grants are trained for 3 weeks before beginning household visits. Grants support CHWs in terms of job aids, transport, and refresher trainings.*

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