



Women receive pamphlets from a healthcare worker during a learning session. [Photo by CRS Staff]

For a Healthier Future

BACKGROUND

Health is one of the top priorities for the Government of Tanzania (GoT). Despite significant improvements in the health sector the country still has some gaps. In 2019, 1.7 million Tanzanians were estimated to have HIV, where 93,000 were children under 14 years (UNAIDS HIV Data 2020). The country is also challenged by malaria prevalent in 7% of the population (2017 Tanzania Malaria Indicator Survey). With the onset of the COVID-19 pandemic in March 2020, the health system in Tanzania showed several gaps in capacity and policies which needed the cooperation of multisectoral stakeholders to its aid.

Catholic Relief Services (CRS) has been honored to serve Tanzanian communities since 1962 in a diverse range of sectors such as health, nutrition/early childhood development, agriculture, youth empowerment, and water security. In the health sector, CRS has been a long-time partner of GoT through the Ministry of Health (MoH) to achieve quality and accessible health services through interventions in community health system strengthening, HIV, Malaria, and COVID-19.

CRS HEALTH PROGRAMMING




Supported by a broad array of donors and relying on robust technical and administrative structures, CRS supports the health of individuals, communities and nations by focusing on partnership and systems strengthening. With a long history of health programming in Tanzania, CRS has the following recently closed and current health projects:

FASTER (2019-2022)

Reaching children and adolescents with antiretroviral care has been a persistent challenge facing global HIV response. Funded by Office of the US Global Aids Coordinator/CDC, The Faith-Based Action for Scaling Up Testing and Treatment for Epidemic

Response project, or FASTER, has mobilized partners in government, civil society and faith-based organizations (FBOs) to catalyze progress toward achieving HIV viral suppression with children and adolescents.

FASTER used three primary strategies to improve the pediatric and adolescent testing and treatment:

-  **Reduce structural barriers** to testing and treatment such as the regulatory and policy environment, supply chain, and other service-delivery related barriers.
-  **Expand innovation** by accelerating adoption and scale-up of new or novel approaches to improve pediatric case-finding, including screening tools and other testing methods.
-  **Scale up what works** by expanding use of proven approaches and promoting new products, tools and approaches backed by evidence to maximize impact.

With the effective strategies, the program has achieved remarkable results: the number of Point of Care Early Infant Diagnosis (POC EID) facilities increased from 54 to 114, the testing coverage expanded by 10.5% in year 1 alone, and the average diagnostic registration duration decreased from 120-200 days to 90 days. By the end of 2020, FASTER supported facility testing comprised 24% of national POC EID tests. FASTER, with the Tanzania Commission for AIDS (TACAIDS), engaged faith leaders of 5 FBOs – the Tanzania Episcopal Conference (TEC), Christian Council of Tanzania (CCT), National Muslim Council of Tanzania (BAKWATA), Council of Pentecostal Churches of Tanzania (CPCT), and Seventh Day Adventists (SDA) - and made significant progress in the coordination and involvement for the HIV response in the country. 140 FBO leaders were oriented on optimal antiretroviral therapy and the importance of treatment adherence. FASTER has also brought national-level structural impact: the team comprehensively supported the review and revision of the HIV risk assessment tool in order to escalate

pediatric and adolescent case identification, and the tool has been endorsed and disseminated nationwide. CRS also supported the implementation of enhanced maternal retesting approach that was later adopted and scaled up across the country. Meanwhile, the team has developed the HIV Risk Assessment tool for Pregnant and Breastfeeding women (PBFW).

COVID-19 Response and Vaccination Rollout (2020-Present)

In the early phase of the COVID-19 pandemic, Tanzania struggled to comply with and enforce the emergency response guidelines set by the World Health Organization (WHO). Working in partnership with various faith-based organizations (FBOs) to aid the government in responding to the ensuing pandemic, CRS delivered crucial medical supplies to six medical facilities that had been overwhelmed by the number of COVID-19 cases. In six months, 263 Health care providers (HCP), 182 community health workers (CHW) and support staff in the six facilities were trained by experienced COVID-19 and Infectious Diseases National trainers on the WHO guidelines on overall COVID-19 knowledge, prevention, and control methods. CRS and the FBOs designed communication materials that were distributed amongst the FBOs' communities to educate the members on preventive measures and to encourage them to seek treatment should they become infected. With the development of the COVID-19 vaccination in 2021, CRS Tanzania assisted the MoH in rolling out the vaccine supplies to health facilities to ensure Tanzanians are protected from COVID-19. Funded by the Latter-Day Saints Charities, CRS Tanzania was able to support distribution of deliver 60,060 COVID-19 vaccine doses and administered through health facilities and community outreach programs. CRS worked with FBOs and health care workers to advocate for people to get vaccinated which enabled communities to reach an 85% vaccination rate. To date, CRS continues to assist the MoH in reaching more communities to administer the COVID-19 vaccine to ensure everyone is protected.

Primary and Community Health System Strengthening Project (2021-Present)

This is a UNICEF funded project in Kigoma Region focused on improving health and wellbeing of children, adolescents, women of reproductive age and the community through improving Primary health care services quality and access. The project capacitated 388 community health workers (CHWs) to implement integrated promotive and preventive services based on the National Community Based Health Program (CBHP) guideline in 5 councils and will now scale up to 3 more councils.

Improving Maternal Retesting (2022-Present)

Building on the success of FASTER, CRS Tanzania piloted the Improved Maternal Retesting program to expand HIV testing on eligible pregnant and breastfeeding women (PBFW). Supported by the CRS Innovation Fund, the project is aimed to eliminate transmission of HIV from mother to child through early identification of mothers living with HIV. In year 1 of the project implementation, the number of eligible PBFW tested increased from 12% to 65%. Out of the 112,000 eligible PBFW tested in 49 demonstration facilities, 336 mothers with incident HIV infection were identified. They were all enrolled into care and their exposed infants provided with HIV prophylaxis and follow-up care. For sustainable impact, CRS Tanzania has supported MoH to include maternal retesting indicators in the District Health

Information System. CRS capacitated 500 PMTCT mentors who then offered onsite mentorship to HCP in over 4000 facilities on HIV testing services to PBFW and care for HIV exposed infants in mainland Tanzania and Zanzibar. CRS is currently supporting MoH to train the remaining 2,500 health facilities.



Dr. Evelyn Johansen trains health care workers on the enhanced maternal retesting approach. [Photo by CRS Staff]

Malaria-Nutrition Integration (2023-Present)

In January 2023, CRS Tanzania, in partnership with the MoH and President's Office, Regional Administration and Local Government Tanzania (PO-RALG) through funding from CRS CASCADE (Catalyzing Scale through Evidence) initiative, launched the Malaria-Nutrition Integration Program that seeks to reduce the morbidity and mortality due to Malaria through the existing Village Health and Nutrition days (VHND) structure that is implemented in Mbeya and Kigoma Regions. CRS has adopted the globally recognized Malaria Community Case Management (mCCM) approach for tracking and managing the malaria cases within a community and train the respective community health facility officers to be more knowledgeable of the process.

Comprehensive Child-Centered Care and Services (2023-2028)

Comprehensive Child-Centered Care and Services (C4S) is a five-year project funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Agency for International Development (USAID) and in partnership with the Christian Social Service Commission (CSSC) and AfyaPlus. C4S aims to improve the health status of pregnant and breastfeeding women, HIV-exposed infants, and children and adolescents living with HIV (CALHIV) by increasing their access to quality comprehensive healthcare and support for HIV and Tuberculosis (TB). C4S will be implemented in 11 USAID-supported regions – Arusha, Dodoma, Iringa, Kilimanjaro, Lindi, Manyara, Mtwara, Morogoro, Njombe, Ruvuma, and Singida – and 2 Centers of Excellence will be established in Mbeya and Mwanza.

LOOKING AHEAD

For the coming years, CRS Tanzania aims to expand its health programming by growing its involvement in pediatric HIV, health systems strengthening, and malaria interventions. We also aim to explore programs in other tropical and noncommunicable diseases, mental health, and tuberculosis. We look forward to investing in strategic local partnerships and strengthening the capacities of our community partners. We hope to generate evidence that can lead us to innovative initiatives for learning and scaling capacities.