Mkapa Foundation
Bringing HOPE to the underserved

EVALUATION OF COMMUNITY BASED HEALTH PROGRAMME (CBHP) THROUGH DEPLOYMENT OF FORMAL CHWs IN CHEMBA, ITILIMA, AND MISUNGWI DISTRICT COUNCILS

Policy Brief: CBHP Coordination and Oversight at National Level

Introduction

Tanzania has a fairly well developed framework of Development Coordination and oversight that gradually grew in content and process over the last twenty five years. This country was represented at the Paris International Conference on AID effectiveness (2007) by the (late) third president Hon. Benjamin William Mkapa who subsequently guided the Nation to adopt the framework of Alignment and Harmonization[1] in development to avoid fragmentation of support, lessen confusion at grassroots and optimize the available resources that are usually scarce and availability not assured on a longer-term horizon. CHW support initiatives have existed in the country since early 1980s with insufficiencies in oversight, sub-optimal coordination and lack of transparency in overall management. In a struggle to roll out a coherent community level undertaking, CHW schemes in Tanzania exchanged notes and experiences with colleagues in neighboring countries resulting in establishing the Community Based Health Care movement in East Africa, with AMREF playing a pivotal role in 1985 and thereafter. Most of the CHW schemes then were largely NGO/FBO based short term projects whose prominence faded as funding ceased and key activists moved on to other engagements. A national program that also came into existence in 1983 as a direct influence of the Alma Ata Declaration (1978) and the CBHC movement also faded as attention shifted to delivery of selective primary health care (the famous vertical programs). A system to guarantee the coordination and sustainability of the community health ventures was not in place: For a long time it remained a donor driven or donor dependent entity implemented by FBOs and the Ministry of Health. It took twenty years of low key operations at grassroots before a serious review of the situation was flagged off in 2012, the creation and running of Health Sector Reforms during the period notwithstanding. The key issue then was that of relative invisibility of CBHC, low prioritization and low investment in funds and limited time allocation by health change agencies at various levels: That had overall negative effects on development and management of Community Based Health Care (CBHC).

1 Aid Effectiveness: Paris Declaration 2007. Alignment and Harmonization of Development Assistance

Background

This case study being about CBHP coordination and oversight at national level, it is prudent to highlight the context before going into specifics. Tanzania Government policy and guidance regarding development undertakings took a more affirmative stance after the Paris Declaration of 2007 (op cit.) underlining the aspects:

- Country ownership and leadership
- Alignment with government priorities
- Partner's harmonization and improved coordination.

The Paris Declaration had five principles which included Government ownership, alignment with national development priorities and strengthened systems, harmonization of international assistance practices, focus on results based management and focus on mutual accountability. These principles gave more substance to the SWAPs arrangement that was in existence in the Health Sector since the beginning of the 2000 decade. Within the SWAPs arrangement government guided the sector to abide by the Tanzania Assistance Strategy under the National Strategy for Growth and Poverty Reduction within which sector budgets were governed by the Medium Term Expenditure Framework (MTEF). Development Partners in Health (DPG-H) were obliged to abide by those macro-level arrangements while at the same time channeling their respective assistance to the Health Sector through either budget support under MOF, through Basket Funding governed by a signed MOU with MOH, or in some cases bilateral agreements with the Sector Ministry and others through direct assistance channeled through NGOs and FBOs.

Stakeholders including DPs have the space to discuss issues and positions within the SWAPs Technical Committee which gets input from various thematic Technical Working Groups (TWG). Within this arrangement the Health Promotion TWG was also put into operation. Technical inputs into the HP TWG are derived from its thematic working groups namely School Health, CBHP Task Force and others. This set up has been instrumental in supporting the clearance of CBHP Policy Guidelines of 2014, CBHP Costed Strategy 2015-2020 and the CBHP Implementation Design of 2017.

The guidance from these key national documents gave motivation to move into implementation of CBHP with MFP III working out specific projects (Tuwatumie, Ustawi wa Mwanamke and MFP III) that rolled into action at commencement of 2018. Benjamin Mkapa Foundation's experience in Implementing Community Based Programs such as MFP III is by virtue of its status as a local NGO dedicated to be a hub of innovation for ensuring equitable, accessible and quality health services delivery in Tanzania. The BMF Mission is facilitating the delivery of responsive health services, including HIV and AIDS, particularly in underserved areas through innovations in Health Systems.

BMF has long experience of implementing and working with the MOH in the areas of HRH. Of recent, BMF has partnered with Tropical Health Education Trust (THET) and the MoHCDGEC through the financial aid from Comic Relief to implement a 3 year