



*A regional mentor providing guidance on infection prevention and control at Nzega Town Hospital in Nzega District, Tabora Region*

# TANZANIA

## COVID-19 Response

**PROJECT LOCATION:** Tabora Region

**PROJECT DURATION:** One Year

**REPORTING PERIOD:** May 15, 2020 - May 15, 2021

**GRANT AMOUNT:** \$500,000

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## Executive Summary

This report details how Bloomberg Philanthropies funding enabled CARE to respond to the COVID-19 pandemic in the Tabora Region of Tanzania and highlights key improvements in health services and systems achieved by CARE in close cooperation with the Tanzanian government.

CARE partners with the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) and the President's Office of Regional Administration and Local Government (PORALG) to support health activities in all eight districts of Tabora Region. CARE supports the Government of Tanzania in implementation of key government guidelines, including Tanzania's National COVID-19 Response Plan, National Guideline on Infection Prevention and Control (IPC), National Guideline for Gender and Respectful Maternity Care, and National Plan for Action to End Violence Against Women and Children (NPA-VAWC).

The project enhanced health systems and community response to COVID-19 in the region through:

- **Health facilities:** On-site mentorship and supportive supervision for IPC to 248 health care workers (doctors, nurses and midwives); training on health care response to gender-based violence (GBV) for 50 health care workers, district and regional managers; and procurement of 216 handwashing stations for health facilities.
- **Health systems:** Training for 446 community health workers (CHWs) on household hygiene; capacity building for 54 regional and district health teams on infectious disease surveillance and risk communication; gender capacity building for 32 regional and district health managers; and cascade training for 20 regional IPC mentors.
- **Communities:** Within existing community savings groups, facilitated dialogues among 621 participants on the gendered impact of COVID-19. These dialogues allowed participants to discuss gender relations and action plans to address challenges. CARE also built capacity among 18 local organizations for GBV response. Furthermore, CARE supported activation and capacity building of 32 village committees in response to violence against women and children.

The impact of these achievements extends beyond the life of this investment. CARE has built our implementation on existing government structures at all levels (regional, district, health facility and community). By training government mentors at the regional and district levels, we are helping ensure sustainable capacity in IPC and integrated disease surveillance and connecting health care providers to mentors for ongoing support. The project has also enabled local organizations to respond to GBV issues on an ongoing basis. Community savings groups continue beyond the implementation period and will serve as ongoing forums for participants to discuss and follow up their action plans on addressing gender equality. These continued mechanisms for sustainability will facilitate equitable access to infectious disease, reproductive, maternal, newborn and child health services over the long term.

## Project Activities and Results

### Overview of partnership between Government of Tanzania and CARE

To implement COVID-19 response funded by Bloomberg Philanthropies, CARE built on our successful partnership with the Government of Tanzania. In Tabora, CARE partners with the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) and President’s Office for Regional Administration and Local Government (PORALG) to support health activities in all eight districts of the region. This investment leveraged existing funding from the Government of Canada as part of the Tabora Maternal Newborn Health Initiative (TAMANI) to improve gender-equitable access and quality of reproductive, maternal and newborn health services across health facilities and communities. Tabora is the largest geographic region in Tanzania and has among some of the most remote and underserved districts in the country.<sup>1</sup>



<sup>1</sup> Ministry of Health, Community Development, Gender, Elderly and Children (Mochdre) [Tanzania Mainland], Ministry of Health [Zanzibar], National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and ICF. 2016. Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015-16. Dar es Salaam, Tanzania, and Rockville, Maryland, USA: MoHCDGEC, MoH, NBS, OCGS, and ICF.

CARE’s support to health activities in Tabora Region includes:

- Capacity building of Regional/District Council Health Management Teams (R-CHMTs);
- Capacity building of health care workers;
- Supporting health facility infrastructure for infection prevention and control (IPC);
- Enabling community health workers (CHWs) to conduct outreach on health services and hygiene practices; and
- Engaging community groups and communities for healthy behaviors and care seeking.

**COVID-19 context:** The first reported case of COVID-19 in Tanzania was on March 16, 2020. While data on COVID-19 cases were originally reported through the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), the government stopped reporting data on COVID-19 cases. The last report, in May 2020, indicated 509 confirmed cases and 21 deaths.<sup>2</sup> Former President John Magufuli declared Tanzania to be “COVID-free” in June 2020.<sup>3</sup> After President Magufuli died in March 2021, Vice President Samia Suluhu Hassan assumed office as president. Under the new president, the stance on COVID-19 has changed, with an open recognition of the pandemic and need for precautions by the government, proactive communication strategy, and updated response plan by the newly established task force.

In accordance with the government’s National COVID-19 Response Plan,<sup>4</sup> CARE worked with regional and district health management teams in the Tabora Region to:

- Build capacity among health care workers on implementation of national IPC guidelines;<sup>5</sup>
- Procure 216 handwashing stations for health facilities;
- Train CHWs on household hygiene competencies; and
- Support government efforts to roll out integrated disease surveillance and response.

With the onset of COVID-19 in 2020, CARE implemented a digital survey to understand the impacts of COVID-19 as well as a Rapid Gender Analysis to understand the gendered impact of the pandemic.<sup>6</sup> The majority of female respondents reported increases in gender-based violence (GBV) and harassment, with COVID-19 restricting women’s access to resources and decision-making.

In accordance with the Government of Tanzania’s National Plan for Action to End Violence Against Women and Children



*Health care workers and regional and district government officers trained in GBV response with signs reading “Let’s fight against GBV, it begins with me”*

<sup>2</sup> World Health Organization. [Tanzania COVID-19 Situation Report](#). May 2020.

<sup>3</sup> BBC News. [“Coronavirus: John Magufuli declares Tanzania free of Covid-19.”](#) June 8, 2020.

<sup>4</sup> Ministry of Health, Community Development, Gender, Elderly and Children. National Covid-19 Response Plan Version Two July 2020-June 2021. June 2020.

<sup>5</sup> The United Republic of Tanzania Ministry of Health and Social Welfare. National Infection Prevention and Control Standards for Hospitals in Tanzania. 2018 Update.

<sup>6</sup> CARE International. [CARE Rapid Gender Analysis for COVID 19 in East, Central and Southern Africa](#). April 2020.

(NPA-VAWC) 2017-2022,<sup>7</sup> CARE worked with government representatives in social welfare and community development to conduct the following:

- Mapping of local organizations responding to GBV and capacity building of these organizations for response and referral;
- Facilitation of community dialogues on the gendered impact of COVID-19 and action plans for community members to improve gender dynamics in households and communities; and
- Support for formulation of village committees for GBV response and capacity building as per NPA-VAWC.

### **Key Activities**

**Objective:** Enhance ability of health systems and communities to respond to COVID-19 in Tabora Region. CARE focused on continuity of essential health services and social protection through the following platforms:

- **Health facilities:** CARE provided training and on-site/supportive supervision to health care workers (doctors, nurses and midwives) on IPC and health care response to GBV, and procured handwashing stations for health facilities.



*Handwashing stations for health facilities*

- **Health systems:** The project provided capacity building for regional and district health teams on infectious diseases surveillance, risk communication and gender considerations during COVID-19. Additionally, CARE developed regional IPC facilitators/mentors for further capacity building on the ground. The project provided further training to CHWs on household hygiene (including handwashing, waste management and safe water) as part of an effort to strengthen health systems at the community level.
- **Communities:** Within existing community savings groups, CARE helped to facilitate dialogues on the gendered impact of COVID-19. These dialogues allowed participants to discuss gender relations and action plans to address challenges. CARE also built capacity among local organizations for GBV response in coordination with government authorities, in alignment with the National Action Plan to End Violence Against Women and Children. Furthermore, CARE supported the formation of 32 Women and Children Protection Committees at the village level and provided them with capacity building for GBV response.

### **Health care worker training**

CARE conducted five days of training on IPC for 40 health care workers (58% female, 42% male) using IPC guidelines developed in 2018 by the Ministry of Health. The training aimed at strengthening the workers' capacity in IPC practices so as to minimize and avoid infections. Each district council was represented by five participants from various specialties and included nurses, clinicians and laboratory technologists. National

<sup>7</sup> Government of United Republic of Tanzania, UNICEF and partners. [National Plan of Action To End Violence Against Women And Children In Tanzania 2017/18 – 2021/22](#). 2016.

facilitators worked with trained regional facilitators to coordinate theoretical training and practical sessions on various mechanisms for avoiding infections. The IPC training package covered:

- Introduction to IPC;
- IPC processes;
- IPC in special settings; and
- IPC management.

Additionally, CARE worked with the government's Regional and District Council Health Management Teams (R-CHMTs) to provide training on GBV response in health care settings. The training also involved district social welfare officers who are coordinating GBV response within district health teams. The training reached 50 participants (34% female, 66% male), 40 health care workers, eight district social welfare officers and two regional representatives. The following topics were covered:

- Gender concepts;
- Essential GBV response;
- Case management;
- GBV and emerging/re-emerging issues with reference to COVID-19;
- GBV and child growth monitoring;
- GBV and nutrition; and
- Gender considerations for all in health care services, including respectful maternity care.

The training built on existing national guidelines (NPA-VAWC and Gender and Respectful Maternity Care).

To strengthen the continuity of health care, the project enabled the region to distribute new reproductive and child health cards at health facilities. MoHCDGEC introduced new cards in booklet format containing sections for newborn medical records and health messages about hygiene and infection prevention. A total of 14,804 cards were distributed to 210 health facilities. These cards are issued to mothers with newborns. As of April 2021, a total of 12,180 women have received these cards. Hygiene messages available on the cards continue to strengthen the community's resilience to infectious diseases. Introduction sessions provided 308 health care workers (61% female, 39% male) with information on how to use new cards.

Pre- and post-training assessments for all trainings indicated increases in knowledge across key competencies for health providers.

### **Health systems**

CARE worked with MoHCDGEC to implement capacity building of regional and district health management teams on integrated disease surveillance and response, risk communication and community engagement. The training aimed at strengthening capacity of health managers on disease surveillance for supportive supervision. The training introduced 54 managers (31% female, 69% male) to key components essential for disease surveillance, including:

- Case identification, recording and reporting;
- Data analysis and interpretation;
- Response for outbreaks and other public health importance events; and
- Risk communication and community engagement.

In response to gendered impacts accelerated by the onset of COVID-19, the project facilitated R-CHMTs to build the capacity of district managers to consider gender issues in planning and decision making. The purpose of the training was to inform health managers on how women and girls are prone to gender inequalities and how these can be addressed. The training covered approaches to reaching the needs of women and girls and integration of identified needs in planning and budgeting, thus contributing toward one of the objectives in the

Comprehensive Council Health Plan,<sup>8</sup> “Improve social welfare, gender and community empowerment.” The training reached 32 health managers (56% female, 44% male). Additionally, the project developed 20 regional IPC trainers/mentors (55% female, 45% male). The availability of regional trainers and mentors has helped the region continue capacity building at other levels of health care, even without support from national facilitators.

### **Community health workers**

CHWs play a key role in connecting communities to health systems through health promotion at the community and household level. CHWs reach where health care workers cannot, creating awareness about health behaviors and generating demand for services by linking clients with health facilities for care.

In response to COVID-19, CARE assisted the Tabora Region in training CHWs on household hygiene. Hygiene practices are recognized as one of the ways that households can mitigate the spread of infectious diseases.<sup>9</sup> CARE trained a total of 446 CHWs (53% female, 43% male) from all eight district councils. The areas covered during the training included:

- Environment and waste management;
- Basic standards of hygiene at household level, safe water, toilet hygiene, handwashing, waste management and utensil hygiene;
- Control of infectious diseases through handwashing, safe water and proper management of waste (among the key preventive measures in infection control of COVID-19, cholera, diarrhea, etc.); and
- Strengthening resilience in community surveillance during outbreaks of infectious diseases.



*Health care workers creating action plans to address GBV*

Trained CHWs are contributing to awareness creation on household hygiene and data collection from the ground. (Annex 1 shows progress of CHWs in reporting household hygiene data via national systems before and after Bloomberg support in the Tabora Region.)

*A young mother from Kailua District described how the community health worker explained COVID-19 to her: “I was not aware about this before, but now I am familiar with protecting myself and protecting others. In fact, the education he gave me helped me a lot and I applied some of the instructions he gave me. For example, in the beginning I used regular water for washing but the health worker instructed me to use running water and soap and I bought a special bucket with a watering can for handwashing.”*

<sup>8</sup> In Tanzania, Comprehensive Council Health Plans are developed by district councils annually to plan and budget for the coming year’s essential health and social welfare programs (<https://pubdocs.worldbank.org/en/842521595010580232/Tanzania-TF0A8160-COMPILED-SLIDES-CCHP-DISSEMINATION-28-February-2020-Final.pdf>).

<sup>9</sup> World Health Organization. Water, Sanitation, and Hygiene. 2021. <https://www.who.int/health-topics/water-sanitation-and-hygiene-wash>

## **Communities**

During the past year CARE continued to promote community awareness of the gendered impacts of COVID-19, conducting community engagement activities in smaller groups to align with safety guidelines. Within existing savings groups, CARE facilitated discussions on the gendered impacts of COVID-19. CARE trained community facilitators, who facilitated these sessions under supervision of district officials and project staff.

Facilitators followed the community action cycle of CARE’s Social Analysis and Action approach,<sup>10</sup> which engages participants to address gender imbalances through actions in their personal and professional lives. Facilitators supported community groups to identify gender inequality issues accelerated by COVID-19 and set action items to address those issues. SAA dialogues addressed key gender issues raised by CARE’s Rapid Gender Analysis<sup>6</sup> as well as by the United Nations Development Programme.<sup>11</sup> The dialogues engaged 621 participants (49% female, 51% male) across 24 communities in Tabora Region.



*Community health worker training on household hygiene*

CARE also built the capacity of 18 local organizations integrating GBV responses in their programming at the community level. The training involved government officials responding to GBV at the district and regional level. The training included 61 participants: 16 officials from eight district councils, 36 from CSOs, seven project staff, and two police Gender and Children Desk officers. Topics covered the following and included specific district action plans to address issues raised:

- Gender concepts;
- NPA-VAWC;
- Emergency response to GBV; and
- GBV and emerging/re-emerging socioeconomic issues in reference to COVID-19.

CARE also worked with the Regional Community Development Department to support formulation of village committees for ending violence against women and children as well as capacity building. This effort built on NPA-VAWC, which requires each village to have a functional committee. A total of 32 committees (four villages per district) formulated and trained on NPA-VAWC strategy. The 744 training participants (48% female, 52% male) represented various groups: government officials, religious leaders, disabled, elders, influential people, children, etc. The committees are the primary organ responding to GBV at the community level, with accelerated response as a result of COVID-19. The training covered various topics including:

- Gender concepts;
- Reporting mechanisms;
- GBV and norms/values;
- Roles of the committees; and
- Thematic areas of NPA-VAWC.

<sup>10</sup> CARE. [Social Analysis and Action Global Implementation Manual](#).

<sup>11</sup> United Nations Tanzania. Rapid Socio-Economic Impact Assessment of COVID-19 in Tanzania. 2020.

Pre- and post-training assessment indicated increases in knowledge across key competencies for health participants.

### **Key Achievements**

- Improvement of household hygiene practices through awareness creation and data collection by 446 trained CHWs. Indicators from Tanzania’s National Sanitation Management Information System shows improvement in Tabora Region of key indicators including households with handwashing facilities and toilets. (Annex 1 shows data before and after Bloomberg support in capacity building to CHWs.)
- Bloomberg funding has enabled the Tabora Region to have government IPC facilitators and mentors based in the region/district. In collaboration with MoHCDGEC and the Regional Management Health Team, the Bloomberg grant funded training that developed 20 IPC facilitators. Regional IPC facilitators continue with capacity-building activities even without project support.
- Capacity building of 54 regional/district health managers (31% female; 69% male) on IPC and integrated disease surveillance.
- Training of 32 health managers (56% female, 44% male) on gender consideration in planning and decision making.
- IPC mentorship implemented, with national mentors working with district mentors after sessions using newly developed standards.
- GBV response on the ground through capacity building of 18 local nongovernmental organizations reaching communities for awareness creation, response and reporting.

*A woman from Igunga District noted, “Regardless of the myth within our community that COVID-19 won’t affect black people, the community health worker visited us and shared information regarding handwashing and insisted each household wash their hands using running water and soap. I insist that my children wash their hands thoroughly. As you know, kids play with their friends in the neighborhood so I make sure once they return home, they wash their hands.”*

Key findings from household visits on household hygiene highlighted improved hygiene practices and behavior change. CHWs played a crucial role in dispelling myths about COVID-19 and providing accurate information to community members for safe response. Qualitative monitoring data suggests that both digital messaging and training on COVID-19 influenced CHWs’ ability to integrate this knowledge into their household visits.

### **Key Outputs**

- Strengthened capacity of health facilities and CHWs to deliver gender-responsive COVID-19 prevention, mitigation and treatment services.
- Strengthened capacity of Regional/District Health Management Teams to deliver gender-responsive COVID-19 prevention, mitigation and treatment services.
- Community systems and existing group platforms leveraged for awareness on outbreaks and strengthened health service and gender-responsive COVID-19 prevention, mitigation and management.
- Pre- and post-training assessments indicating increases in knowledge across key competencies for health participants.

## Learnings and Sustainability

The impact of these achievements extend beyond the life of this investment. The implementation has built on existing government structures in all levels – regional, district, health facility and community. Trained regional and district IPC facilitators/mentors guarantee capacity building beyond the lifetime of the project. As of now, the Tabora Region is able to implement IPC capacity-building activities without expertise from MoHCDGEC, using local mentors/facilitators. Thanks to this project, they are connected to national government mentors on IPC and integrated disease surveillance for ongoing support.

Trained CHWs at the community level guarantee future promotion of health behaviors, as the trainees come from the local communities. Meanwhile, districts have started including trained CHWs in incentive packages and provision of data-collection tools. The Bloomberg grant has leveraged resources with government counterparts since it offered funds for capacity building of CHWs, while the government has carried the responsibility of sustaining trained CHWs.

Investment in GBV response has built on existing structures that will continue to exist over the longer term, addressing violence against women and children. CARE collaborated with government counterparts to enable local organizations to respond to GBV issues on an ongoing basis. Local organizations are working under government supervision at district level, which ensures compliance with NPA-VAWC.

Project facilitation on the formulation of village committees for ending violence against women and children has assured community-level GBV response in accordance with NPA-VAWC. The community savings groups continue beyond CARE's investment and will remain forums for participants to discuss and follow up their action plans on addressing gender equality.



*Violence Against Women and Children committee members after training*

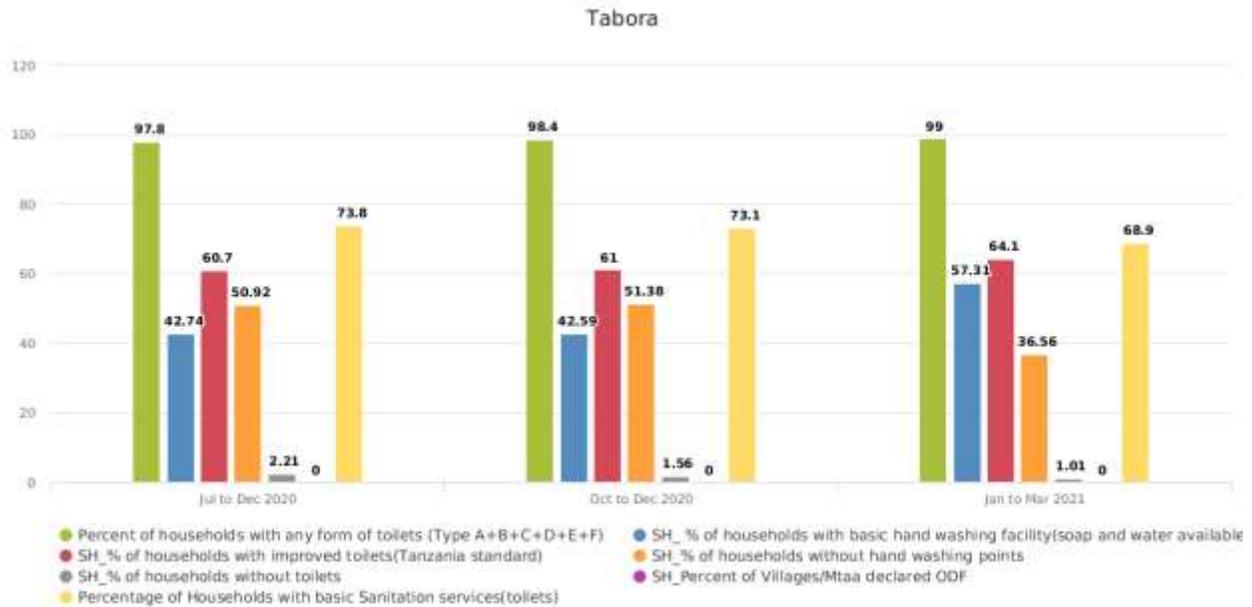
These mechanisms for sustainability will continue to enable health systems response in Tabora Region for gender-equitable access to services across infectious disease and reproductive, maternal, newborn and child health.

## Financial Report

A summary financial report and annex on summary survey results will be provided in September 2021.

## Annex 1

### Household hygiene data in Tabora Region, July 2020 to March 2021



Source: National Sanitation Management Information System (NSMIS)

CHW trainings started in the fourth quarter of 2020 (October to December). Trained CHWs both create awareness at the community level on household hygiene and contribute to reporting on a quarterly basis. The graph presentation shows improvement in the following indicators:

- Increase of households with basic handwashing facility from 42.59% in October-December 2020 to 57.31% in January-March 2021.
- Decrease of households without handwashing points from 51.38% in October-December 2020 to 36.56 in January-March 2021.
- Increase of households with any form of toilets from 97.8% in July-September 2020 to 98.4% in October-December 2020 and 99% in January-March 2021.
- Decrease of household without toilets from 2.21% in July-September 2020 to 1.56% in October-December 2020 and 1.01% in January-March 2021.