



# Strengthening Systems and Communities for Participatory Health Decision-Making and Action

THE HEALTH PROMOTION APPROACH OF THE HEALTH PROMOTION AND SYSTEM STRENGTHENING PROJECT (HPSS), DODOMA, TANZANIA

## Background

In common with many countries, health promotion in Tanzania has been interpreted and implemented as a top-down approach that relied heavily on health education, with communities being passive receivers of information. The 1986 Ottawa Charter<sup>1</sup> defines health promotion as a comprehensive approach within and beyond the health sector that enables people to increase control over their health. With this as a guiding principle, HPSS works to strengthen systems to implement holistic, participatory health promotion approaches in Dodoma Region of Tanzania, aimed at empowering individuals, families and communities to take action to improve and protect their health.

*“Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities - their ownership and control of their own endeavours and destinies.”*  
(Ottawa Charter, 1986)

## Theoretical framework

At the level of health and well-being, the theory behind the HPSS approach is that with strengthened participatory health promotion, communities might be empowered to address their unmet health needs. A framework was developed whereby community discussions and priority-setting commenced within sex and age-disaggregated peer groups that were followed by whole community discussions of the peer-group priorities. In order to ensure the project's initiatives might be sustained into the future, the project strengthens the health and community development systems at all levels to support community participatory decision-making. These in turn provide technical support for communities to access local authority funds to turn their plans into action for well-being.



<sup>1</sup> First International Conference on Health Promotion, Ottawa, 21 November 1986.  
<http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>

## Strengthening systems to support communities

A situation analysis conducted to inform the design of the health promotion component revealed that although government Health Officers (HOs) and Community Development Officers (CDOs) were considered to perform health promotion roles at the community level, the duties of these officers were poorly defined and they were not trained in contemporary methods and participatory techniques.

The project, working closely with government partners at the national, regional and district levels, as well as with community organisations, NGOs and educational institutions, formed a Health Promotion Technical Working Group (TWG) in Dodoma Region. This body negotiated amendments to the job descriptions of officers, setting out clear health promotion duties.

To support the officers and the Community Development and Health Systems as well as schools in implementing participatory health promotion, they were capacity-built, coached and supported to facilitate community discussion, decision-making, participatory planning and action for health.

To do this in an efficient, empowering, owned and cost-effective manner, HPSS developed a health promotion training package, which also included the mainstreaming of gender, social inclusion and HIV and AIDS. Each district sent two HOs and CDOs as well as School Health Coordinators and selected NGOs to attend the HPSS Health Promotion Master-Trainers Course and subsequently trained all officers and school health teachers in their districts. In this way all duty-bearers responsible and engaged in health promotion were trained in facilitating community participatory health promotion.

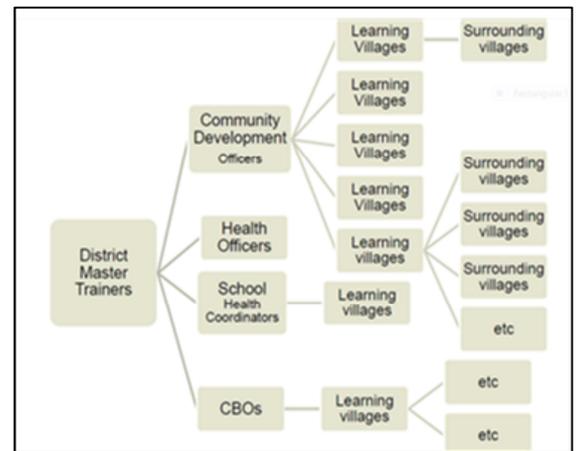
Additionally, the project provided intensive support to targeted “learning villages”, with the intention that these would provide guidance and inspiration for the two-to-three surrounds villages that received all government and NGO capacity-building interventions of the project, but without the concentrated coaching from the project that the learning villages did.

## Capturing community needs and voices

As gender and social inclusions are important cross-cutting issues within HPSS, a framework was developed whereby community discussions and priority-setting commenced within sex and age-disaggregated peer groups that were followed by a whole community discussion of the peer-group priorities. This was intended to provide a space and setting for all members of communities to voice their opinions and vote on their health concerns for action, but it also provided a stimulus for communities to discuss the particular unmet needs and concerns of women and young people.

### Highlights

- Formed a district **Health Promotion Technical Working Group** bringing together health, school and community development actors from government and civil society
- **Amended government job descriptions** to clarify health promotion duties.
- HPSS health promotion approach won the SDC **Inclusive Decision-Making Prize** awarded on Gender Day 2013.



Training was cascaded throughout the region by district Master Trainers.



Women discussing their community’s health promotion priorities, before sharing them with the community

At the outset of the project, the capacity-built community officers facilitated community participatory decision-making to determine which health issues individual villages wished to address. Analysis revealed that communities' concerns focused upon water and sanitation as the determinants of malaria, diarrhoeal, eye and skin disease.

The project responded to this overarching theme of community decision-making by training 172 HOs and CDOs from all districts in Community Led Total Sanitation (CLTS), a participatory technique to improve communities' health literacy relating to water and sanitation health issues and action. They conducted the CLTS process in 132 villages.

### Sustainable funding mechanism

In order that the new approaches to community action for health might be sustainable, HPSS trained the Health Promotion Master Trainers to facilitate communities to develop community health actions plans and budgets for submission to their local councils for funding through the Comprehensive Council Health Plan (CCHP) mechanism. At the same time, working with local bodies and the health promotion TWG, the project encourages better budgeting and fund disbursement for community and school health promotion plans and activities. Currently, almost 50% of primary schools in Dodoma are using their own funds to finance health promotion activities.

### Ensuring access: the Sanitation Revolving Fund (SRF)

In order to ensure a local supply of sanitary hardware for latrine construction and improvement, HPSS trained Community Health Workers (CHWs) in every district of the region to manufacture and socially market latrine slabs. To ensure affordability, HPSS set up the Sanitation Revolving Fund SRF to seed-fund materials and tools of the newly trained artisans. Some 151 (136 male and 15 female) CHWs from 148 villages have so far been trained on toilet slab casting and masonry. As they begin to recover the cost of the seed-funding, they revolve it to other CHWs in their districts.

At the beginning of 2017, 130 villages had health promotion schemes co-financed by the HPSS Sanitation Revolving Fund. Of the investment of Tsh 71,750,000 in cement and wire mesh, CHWs have so far produced slabs worth Tsh 43,230,000, using half of the provided materials and sales have recovered Tsh 27,158,000. Already, 10 villages in Kondoa generated enough income to have transferred the SRF seed fund to 10 others. Kongwa district, using its own resources allocated in the 2015/2016 budget disbursed funds to 14 villages to expand the SRF in villages supported by the National Sanitation Campaign. A further 30 villages have reached a stage of revolving funds to other villages. Current trends indicate that in months to come, more villages will graduate and the funds will be revolved to other villages or re-invested in the same villages for different health promotion interventions.



Community participatory prioritizing of health concerns for action.



Community Health Workers' training on casting latrine slabs.

### Highlights

- 200 villages developed health promotion plans
- 151 CHWs from 148 villages have so far been trained on toilet slab casting and masonry
- 130 villages' health promotion schemes co-financed by the HPSS Sanitation Revolving Fund.
- Of Tsh 71,750,000 disbursed, 27,158,000 has already been recovered from slab sales
- 10 villages in Kondoa generated enough income to transfer the SRF seed fund to others
- 26,982 new latrines constructed
- 83% increase in domestic latrine coverage in learning villages
- 62 villages have become ODF, with 19 reaching level 1, meaning that all households have built and are using improved latrines

## Results: health promotion for improved sanitation

Since the strengthening of the health and community development systems in participatory techniques, 300 villages have developed health promotion plans addressing 16 health themes mostly under the umbrella of water and sanitation. Following the HPSS-supported CLTS launch more than 26,500 new public and domestic latrines have been built and a further 8,000 improved and upgraded. There has been a 142% increase in domestic latrine ownership – a rise from 19,400 households to 45,982 households in the intervention areas. Additionally 2,775 households have set-up hand washing facilities. Of the 132 targeted learning villages, 72 have household latrine coverage of between 80-100% (an increase of 83%). Many of these villages are on their way to being declared Open Defecation Free (ODF).

## School health promotion

The project encouraged cross-sectoral support on health promotion planning by facilitating meetings between community, schools and health facilities. As part of these joint activities, school health screening was revived with over 154 sessions conducted so far, covering 90,000 schoolchildren with oral, eye, ear, worm and schistosomiasis screening, of which 2,532 with identified health problems were referred to specialist services. To date over 1,000 health promotion sessions have been conducted at 402 schools, promoting a range of personal and environmental health issues including hygiene, sanitation, malaria, skin and eye infections, sexually transmitted infections, HIV and AIDS, sexual reproductive health, oral health and schistosomiasis. Joint planning has also resulted in 180 schools installing over 195 hand-washing stations using the simple “tippy-tap” method.

Within schools HPSS supported the establishment of 760 School Health Clubs and 93,247 students have participated in school-based health awareness-raising.

In the course of working with School Health Coordinators at the regional and district levels, the need was identified for capacity-building and guidance on sexuality education. HPSS responded by developing a short training to introduce and roll-out the UNESCO International Technical Guidance on Sexuality Education as well as to provide support on local issues including Female Genital Cutting. Capacities were built around clear guidance on age-appropriate themes and approaches to reduce the risk among children and youth of sexual coercion, early pregnancy and sexually transmitted infections, including HIV.

## Developing health promotion policy

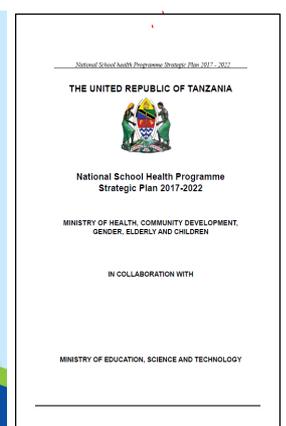
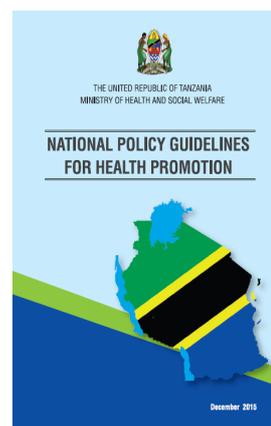
As well as working in close partnership at the district and regional levels, HPSS has engaged and exchanged with central partners, notably the Ministry of Health, Community Development, Gender, Elderly and Children (MHCDGEC) as well as the Ministry of Education,



School health screening and installed “tippy-taps” for hand-washing.

### Highlights

- **School health screening revived.**
- **90,000 school children screened** (oral, eye, ear, worm and schistosomiasis)
- **2,532 children referred** to specialist services
- **Over 1,000 health promotion sessions conducted at 402 schools**
- **180 schools installing over 195 hand-washing stations**
- **760 School Health Clubs established**
- **93,247 students** participated in health awareness-raising



Science and Technology (MEST). Within the MHCDGEC the project has worked with the both the Health Promotion and Environmental Health and Sanitation Sections.

Initially, in the absence national strategic guidance on health promotion, HPSS asked the MHCDGEC if the TWG might develop and pilot a strategy in Dodoma. The Ministry agreed and the resulting 2012 Health Promotion Strategy for Dodoma Region subsequently informed the development of the 2015 National Policy Guidelines for Health Promotion, for which the project provided technical assistance.

MHCDGEC further solicited HPSS's experience in developing the 2017 National Guidelines for Water, Sanitation and Hygiene in Health Care Facilities; the 2014 National Sanitation Campaign Implementation Guideline; the 2016 National Guidelines for Verification and Certification of ODF Communities; the 2016 National Guidelines for Rural CLTS; and the 2015 National Guidelines for Urban CLTS.

HPSS's experience in strengthening school health promotion was also engaged by MEST to develop the 2016 National Policy Guidelines on School Health Promotion and the National School Health Programme Strategic Plan 2017-2022. The project was also invited to provide support to development of the 2016 Strategic and Action Plan for the Prevention and Control of Non-Communicable Diseases in Tanzania 2016-2020.

### Expanding health promotion expertise

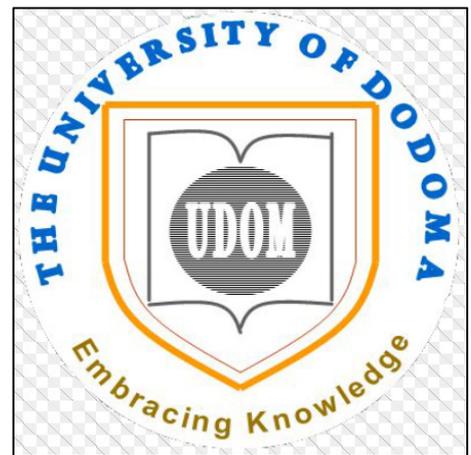
In order to strengthen regional high-level expertise on cutting-edge participatory health promotion, HPSS together with the University of Dodoma (UDOM) has established a Health Promotion Resource Centre. As well as providing academic materials and information sources, the project developed a short course and has trained and coached three lecturers from different disciplines over the last three years. The course is now full-run by UDOM, with continued support from HPSS and trains health and community development professionals from government and civil society. Additionally, the resource centre partners with HPSS in operational research.

### Strengthening preventive responses to disease outbreaks

With the project's strong presence in the districts, HPSS was alerted early to the occurrence of cholera cases within the region. As health services were oriented towards case management, the project worked with regional and health management teams to capitalize on strengthened community action for health and health promotion support of HOs and CDOs. In this way, the project rapidly initiated health promotion and social mobilization through mass-media, including radio spots and dialogue and strengthened the capacities of CHWs to prevent and control infection transmission. Both public and household water chlorination was initiated, together with awareness-

### National Policy Contributions

- National Policy Guidelines for Health Promotion
- National Policy Guidelines on School Health Promotion
- National School Health Programme Strategic Plan 2017-2022
- Strategic and Action Plan for the Prevention and Control of NCDs.
- National Guidelines for Water, Sanitation & Hygiene in Health Care Facilities
- National Sanitation Campaign Implementation Guideline
- National Guidelines for verification and Certification of ODF Communities.



Community action to improve village sanitation.

raising among communities to reduce the number of infections and associated mortality. Where gaps existed, HPSS initiated supported contact-tracing of infection cases and provided chemoprophylaxis to communities.

## Next steps - Community Action to Prevent NCDs

The participatory health promotion piloted in Dodoma has so far proven to be an effective means by which communities have become empowered to debate, prioritise, plan and take action to improve their health. HPSS believes that this model holds promise to empower individuals, families and communities to address the morbidity, disability and premature death caused by the sharp rise in non-communicable diseases (NCDs) in Tanzania, particularly cardiovascular disease, diabetes and cancers. Currently HPSS is encouraging communities to use the strengthened systems for participatory health promotion to enable them to plan, fund and act to prevent degenerative disease linked to diet, physical activity and other lifestyle factors. In this way people might take the lead in promoting and protecting their health and that of their families and at the same time, prevent a catastrophic burden on the health system.

## Results within the health promotion areas of action

- **Building healthy public policy** piloted a Regional Health Promotion Strategy that informed the development of the 2016 National Strategy.
- **Creating supportive environments:** negotiated health promotion responsibilities within the duties of Community Development Officers and Health Officers. Launched a Sanitation Revolving Fund, to ensure a supply of sanitation hardware accessible to the rural poor.
- **Strengthening community actions:** initiated community dialogue, prioritization of health concerns, action planning and supported community council funding applications.
- **Developing personal skills:** All District School Health Coordinators, HOs and CDOs in the region were trained in participatory health promotion techniques. A new health promotion course was launched at the University of Dodoma.
- **Re-orienting health services:** The project, in capacity-building duty-bearers has re-oriented services from a top-down health education approach to community participatory health promotion.

## Further information:

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A short video of the HPSS's participatory approach for the perspective of community members can be viewed at:

<https://vimeo.com/82300215>