MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AN
CHILDREN

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OM JANUARY TO DECEMBER,

REPORTED BY:

LIST OF ACRONOMY

CECAP	Cervical Cancer Prevention
CECAP CPO	Cervical Cancer Prevention Community Program Officer
CHAC	Council HIV and AIDS Control and Coordinator
CHMT	Council Health Management Team
CTC	Care and Treatment ~~Centre~~ Clinic
DACC	District AIDS Control ~~and~~ Coordinator
DED	District Executive Director
DMO	District Medical Officer
DRCHco	District Reproductive and Child Health Coordinator
MoHCDGEC	Ministry of Health, ~~-~~Community Development, Gender, Elder and Children
PORALG	President's Office and Regional Administrative and Local Government ~~……~~
RHMT	Regional Health Management Team
RACC	Regional HIV and AIDS Control Coordinator
RRCHco	Regional Reproductive and Child Health Coordinator
RMO	Regional Medical Officer
TNW+	Tanzania Network of Women Living with HIV and AIDS
UNAIDS	United Nation Programme on HIV/AIDS
UNWOMEN	
WHO	World Health Organization.

CECAP COMMUNITY MOBILIZERS EMPOREWED BY MINISTRY OF HEALTH ~~UNWOMEN~~ – UKEREWE DISTRICT, MWANZA

ACKNOWLEDGEMENTS

Jali Afya is a participatory approach for community mobilization, empowerment and response to cervical cancer and HIV integration services that among other interventions it increases awareness of, and access to cervical cancer prevention and treatment services in Tanzania. The Jali Afya Model approach focuses on deepening community analysis and understanding of cervical cancer and HIV and its impacts for collective action. The JALI Afya Model approach is a product of joint partnership between communities in Dar es Salaam and Mwanza to address and increase demand for cancer prevention, screening and treatment.

The process of demand creation was engaging various actors from national level Ministry of Health Community Development, Gender, Elderly and Children, regions level – RHMT and districts/municipal level was CHMT Teams. The data collection from identified facilities and consolidated field experiences that resulted in the JALI Afya community guide has been challenging yet very enriching.

We are sincerely grateful to all those who have been involved in one way or another and at different levels to make the JALI Afya Model intervention a reality. Our appreciation goes to various contributors who found time to give input to the model in various forms including effective participation in implementing the intervention together as a team from MOHCDGEC, PORALG in collaboration with the TNW+, implementing partners in target districts and community based WLHIV supporting groups and other women from the community. We would also like to acknowledged the unique role of CECAP community mobilizers led by Network of Women Living with HIV (TNW+) who braved the initial implementation of the JALI Afya intervention, at a time where we were all learning community led approach, we had an opportunity to receive technical support from RCHS Unit at MOHCDGEC, PORALG, UNAIDS, UN-Women and NACP, we thank you for your valuable contribution

EXECUTIVE SUMMARY

JALI AFYA CECAP Community-led model facilitates and supports the mobilization and active participation of women living with HIV and other women from general population to respond

against cervical cancer infections and AIDS pandemic through mutual reflection, analysis, planning and joint action. It is community driven and people centered, holistic intervention that provides and strengthens critical social support structure, community solidarity and actions in improving health services to women. JALI AFYA model encourages a sustainable, community driven CECAP and HIV response, generating community energy for advocacy, action and social change against the pandemic.

JALI AFYA model operates in a joint-focal lens of gender, reproductive health rights and HIV making it a unique approach that addresses an integrated response to the reproductive cancer. JALI AFYA strengthens community of women living with HIV, capacity in social mobilization, Sensitization and solidarity among women to demand rights and access to CECAP services. JALI AFYA further provides and or improved social space and structure for women living with HIV and other women in general population. All these is geared towards ensuring a sustainable and continuous building up of a people centered community response to CECAP and HIV pandemic. The major JALI AFYA attributes are: understanding and action on the linkage between HIV, CECAP and women access to health rights.

The JALI AFYA guide is formulated based on the experiences and innovations of JALI AFYA pilot program done in all districts of Mtwara and Pwani region in 2014 and Songwe, Geita, Tanga, Njombe regions in 2017-2018. It has drawn from wide range of participatory method such as engagement of community mobilizers who are women living with HIV from the Network of Women living with HIV (TNW+). JALI Afya covers 4 section of implementation structure. Section 1 provides an overview and evolution of JALI AFYA approach, describes the key elements, processes and likely benefit. Section 2 focused on how to get started from pre-inceptions where facilities providing screening for cervical cancer and identified women living with HIV was done. Inception meeting involved government officials from MOHCDGEC, PORALG. The inception phase comprises introductory meetings to RHMT and CHMTs. Selection of community mobilizers was done and capacity building, CHMTS had knowledge to plan for community led approach in order to eliminate cervical cancer by 2030.

JALI AFYA principles are: people centered (access to information, women power to communicate and advocate. Mutual respect: respecting women knowledge, experiences, perspectives, skills and the unique role of the community in seeking health services. Participation: ensure equal space for individual women from all diversity and collective participation for knowledge transfer. Social mobilization: from a woman, family, community, national reflection, organization and mobilization for action at all levels. Holistic response: based on the knowledge that cervical cancer is multidimensional requiring an integrated, long term and multisectoral response.

INTRODUCTION

Tanzania Network of Women Living with HIV and AIDS is a membership network established and run by women living with HIV and AIDS (TNW+). Members are from 105 supporting groups in Tanzania Mainland. The network helps women living with HIV and other women from general population to demand and access reproductive health services at health facilities. TNW+ vision: Envision a Tanzania where women and girls living with HIV, can live free of gender oppression, realizing and claiming our full rights inclusive reproductive health, legal, social and economic rights. TNW+ in support of the broader Comprehensive Cancer Programme, Jali Afya model execution was done by MOHCDGEC, PORALG in collaboration with TNW+.

Jali Afya is a Cervical Cancer Community-led Model that focused on HIV and cervical cancer integration, increasing awareness of, and access to cervical cancer prevention and treatment services in Tanzania, implementing partners are MOHCDGEC in collaboration with Tanzania Network of Women Living with HIV (TNW+).

MOHCDGEC together with UNAIDS Under GF reprogramming funds in collaboration with TNW+ took the opportunity to increase demand and access to cancer prevention and treatment through Fast-Tracking commitment 10 that focus in taking AIDS out of isolation for expansion of Jali Afya model in conjunction with the broader Comprehensive Cancer Programme (CCP), Jali Afya Model was included in the Comprehensive Cancer Program (CCP) which is an evidence-based comprehensive initiative aimed at reducing the burden of cancer morbidity and mortality in two targeted regions, Dar es Salaam and Mwanza, in Tanzania.

The model is a ~~people~~community-centred system to improve universal health coverage, including TB, Cervical Cancer and Hepatitis B and C. aiming to increase demand for and uptake of cancer prevention, screening and treatment services through community mobilization by WLHIV and, by raising awareness, reducing delayed diagnosis of cancer and improving prognosis.

On the other hands the RCHS Unit-MOHCDGEC adapted and supported the model to yield the expected results, at the same time the CCP supported the provision of cancer screening and treatment services in the targeted regions through capacity building of healthcare workers, purchasing of Cervical Cancer medical ~~large~~ equipment and supplies, building ~~infrastructure at hospitals included in the~~ partnership and strengthening the existing partnership. This was an entry point to position cancer and HIV integration towards planning of GF cycle 2021 – 2023.

Focus areas of the intervention were:

- Community mobilization for demand creation of prevention and screening services,
- F~~f~~acility-based and Community outreach screening services, integration of HIV and Cancer (breast, cervical and prostate) services, Commodities; equipment and supplies and

- Capacity-building for continued service provision. All these interventions followed community-led approach.

BACKGROUND

In May 2018 WHO Director General announced a global call to action towards the elimination of cervical cancer. Tanzania's government has a political will to make elimination a reality. In country stakeholders on health has united behind this common goal and implement a global strategy to accelerate cervical cancer elimination with clear targets 2020-2030.

Globally women with HIV have up to 5 times higher rates of cervical cancer compared to other women. HIV positive women developed cervical cancer on average of 10 years earlier than other women.

"It is revealed that almost 40% of new cancer cases in females in 2018 was cervical cancer and together with breast cancer it constituted more than 50% of new cases in females in 2018. **In order to reach more women, meaningful engagement of men was planned through advocacy on prostate *cancers check-up. Prostate cancer death in Tanzania reached 3,309 or 0.89% of total death.*"** Cervical Cancer is a major public health challenges and is the leading cause of cancer related morbidity and mortality on women in Tanzania. Recognizing this challenge, the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC)under department of Preventive services (DPS) through Reproductive and Child Health Section (RCHS) is committed to ensure that safe, high quality cervical cancer prevention services are provided to all women in the country.

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To date a number of cervical cancer prevention implementing partners and donors in Tanzania have supported the MOHCDGEC to improve access of cervical cancer screening services using VIA methodology and treatment of pre-cancerous lesion with cryotherapy. More than 119 sites are currently routinely providing screening services in Dar es Salaam.

STRATEGIC OBJECTIVES:

i. Create awareness of local cancer prevention, screening and treatment services among people living with HIV and other community members across all 13 districts of the two target regions of the CCP (Mwanza and Dar es Salaam).
ii. Increase demand for, and uptake of cancer screening and treatment services.
iii. Strengthen capacity of regional and districts stakeholdres and partners, including the Council and Regional Health Management Teams, to sustain cancer services in the two regions, hereby facilitating ownership by Regional and District Councils authorities, and hence sustainability of reproductive cancer services.

METHODOLOGY:

Methodology used in this intervention were use of Public Address system, local community mobilizers, training, discussions, meetings, dialogues and consultations.

OUTPUT:

THE JALI AFYA MODEL complimented CECAP community led approach that shows how the same can be replicated to other regions with high level of cervical cancer infection.

IMPLEMENTATION PROCESSES.

65 community mobilizer's women living with HIV were trained from TNW+ and NACOPHA district clusters to sensitize community members on availability of cancer prevention and screening services in all districts (13 total) of Mwanza and Dar es Salaam regions. The ultimately goal of the training was to improve knowledge capacity to community mobilizers on cervical cancer prevention to HIV infected women and other women from low income areas in their wards. The trained community mobilizers were also equipped with facilitation skills and basic knowledge on cervical cancer prevention, screening and treatment. The trainers came from TNW+ and MOHCDGEC trainer-of trainees. Criteria used to identify community mobilizers was based on their ability to interact with community members, members of women network and clusters, open about their HIV status, attached to health facilities as Peers, Lay Counselors, ability to read and write Swahili language and spirit of voluntarism.

Information, Education materials in form of brochures, billboard and fliers were developed with various messages. The same were disseminated during the sensitization meetings, posted in health facilities, ward and village authority offices. The materials were very informative.

Provision of cervical cancer screening and treatment services was accessed by women from community and other HIV positive women in public health facilities in the supported districts and through mobile outreach (in Mwanza and Dar es Salaam municipals and districts). Trained Community mobilizers from TNW+ in collaboration with RCHS Unit -MoHCDGEC, President Office's Regional Administration and Local Governance (PORALG) and IPs already working in the targeted regions were effectively engaged and the impact is narrated in attached appendix 1.

Payment and consumables for cervical cancer screening and treatment of pre-cancerous lesions to public health facilities where these are needed to reduce stock-out of equipment and consumables for CECAP services was purchased for smooth implementation of the outreach screening services. 386 Biopsy analyzed were paid direct to Bugando by MOHCDGEC RCH- Unit from lake zone regions (Mara, Kagera, Geita, Shinyanga, Mwanza, Simiyu)

Community mobilizers conducted quarterly joint supportive supervision and data quality assurance visits in project districts, including surveillance of availability of equipment and supplies for cancer screening. The interventions were jointly done by PORALG, MOHCDGEC in collaboration with TNW+. Detailed report is attached for reference.

The consultation meetings with MoHCDGEC RCHS units and PORALG to advocate for increasing service delivery days for cancer was done. The JALI Afya team participated in Council Comprehensive Health Plans (CCHP) development to ensure budget allocation for cancer prevention and screening. All 13 Council were sensitized on the burden of cervical cancer in Africa it was 25.2% of incidences per 100,000 and mortality rate was 17.6%, Eastern Africa was 34.5%and mortality rate is 25.3% and Tanzania is 50.9% of incidences rate while mortality is 37.5%. The sensitization meetings that has officials from 13 districts/municipal of Dar es Salaam and Mwanza. The participants of the meeting include 10 WLHIV who are also community mobilizers,2 DEDs, 2 2 District Planning Officer, 2 District Health secretary, 2 District Treasurer, 2 Council Chairman, 2 DMO, 2 DNO, 2 DRCHCo, 2 DAC, 2 CHAC, 2 RMO, 2 RAC, 2 RRCHco, 3 MOH.

During meeting some areas of focused were highlighted and the same was proposed to be included in CCHP budget cycle of 2021/2022. Focus areas:

- Each municipal/district to develop a pool of Community mobilizers who are living with HIV for demand creation of cervical cancer prevention and screening services.
- To reach more women especially women from low income by investing more on Facility-based and Community outreach CECAP services.
- The integration of HIV and Cancer (breast, cervical and prostate) services was taken into consideration and RHMT and CHMT were advised to emphasize to health facilities to develop culture of doing the variety services under one roof to avoid unnecessary movement and saving time.
- CECAP Commodities; equipment and supplies were very crucial to be budgeted for the coming plan to reach more women at their locality and provide health services.

ACHIEVEMENTS.

- 65 Women living with HIV from Mwanza (4) and Dar es Salaam (20) were equipped with basic knowledge on cervical cancer and community mobilization for CECAP screening.
- 13 CHMT Teams were very supportive and ready to provide technical assistance to community mobilizers by providing technical support to reach the expected target of WLHIV and other women from community.
- Functional facilities were identified to link sensitized WLHIV and other women from community to the cervical cancer screening and treatment.

- MOHCDGEC managed to reach respective sites and all targeted CHMT members (DMO, DRCHco, DACC, CHACC,).
- Outreach and community mobilization for women to go for CECAP services is revealed with the under data is highlighted in the tables below:
- UNwomen supported the intervention by providing resources to train 20 Community mobilizers from .Ukerewe and Kwimba districts. They also supported the outreach activities at Kaseni Ukerewe and Nyambiti UNwomen supported the intervention by providing resources to train 20 Community mobilizers from .Ukerewe and Kwimba districts. They also supported the outreach activities at Kaseni Ukerewe and Nyambiti UNwomen supported the intervention by providing resources to train 20 Community mobilizers from .Ukerewe and Kwimba districts. They also supported the outreach activities at Kaseni Ukerewe and Nyambiti Kwimba.

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MWANZA

Month/year	Sensitized	Screened	VIA+	Suspicious with cancer	# of women for biopsy	HIV+	HIV-
MAY	3076	645	16	9	6	1222	1854
JUNE	8083	3115	85	16	3	5694	2389
JULY	3966	1143	46	8	8	1632	2334
AUGUST	3437	798	27	14	14	1813	1624
SEPTEMBER	3023	603	28	7	7	1172	1851
OCTOBER	6354	1519	16	4	4	3626	2728
NOVEMBER	5973	1501	16	8	6	3745	2228
DECEMBER	1126	529	26	2	2	868	258
TOTAL	**35038**	**1053**	**260**	**68**	**50**	**20272**	**15266**

DAR ES SALAAM

Month/year	Sensitized	Screened	VIA+	Suspicious with cancer	# of women for biopsy	HIV+	HIV-
APRIL	1180	563	22	11	11	970	210
MAY	1305	483	6	5	5	1151	154
JUNE	2863	938	12	11	18	2365	498
JULY	3411	1727	18	10	9	2387	1024
AUGUST	4155	2257	7	14	14	3053	1102
SEPTEMBER	3884	1716	43	8	8	2873	1011
OCTOBER	3500	1619	34	10	8	2523	977
NOVEMBER	5003	1447	25	18	18	4040	963
DECEMBER	4059	890	19	14	5	3268	791
TOTAL	**29360**	**11640**	**186**	**101**	**96**	**22630**	**6730**

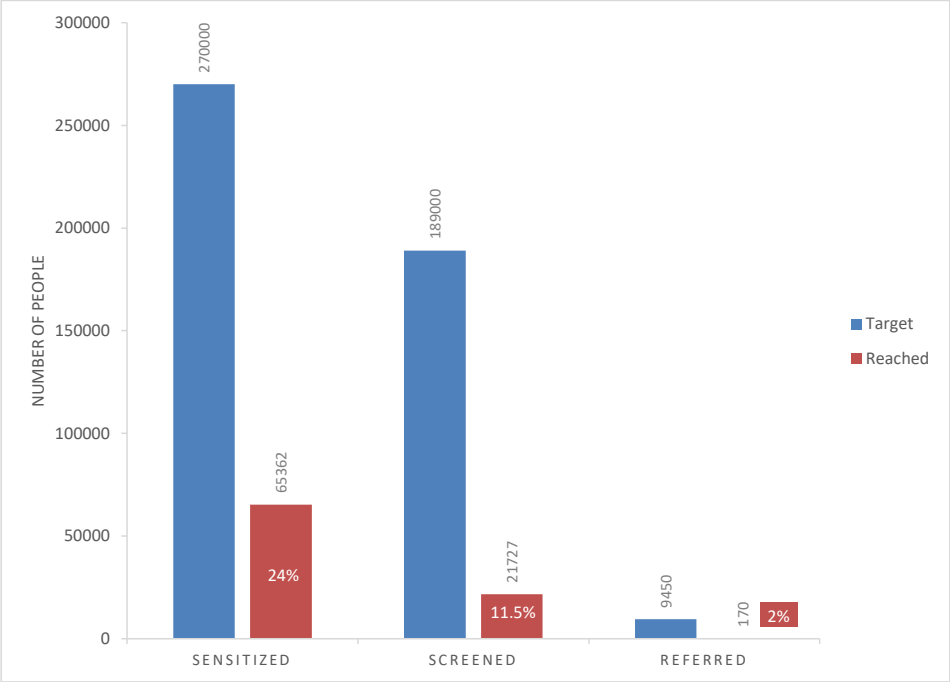
CERVICAL CANCER OUTREACH SERVICES CONTACTED AT KWIMBA AND UKEREWE DISTRICTS BY UNWOMEN

Month/year	Sensitized	Screened	VIA+	Suspicious with cancer	# of women for biopsy	HIV+	HIV-
NOVEMBER	1180	234	3	1	1	97	137

Result Summary:

		Sensitized	Screened	VIA+	Suspicious with cancer	# of women for biopsy	HIV+	HIV-
MOH	**DSM**	29360	11640	186	101	96	22630	6730
	MWANZA	35038	9853	260	68	50	20272	15266
UN-WOMEN	**UKEREWE & KWIMBA**	964	234	3	1	1	97	137
Total Reached		65362	21727	449	170	147	42999	22133
Target		270000	189000		9450		251690	
% Reached		24%	11.5%		2%			

The following graph shows the project estimation outcomes against reached



BOTTLE NECK:

The intervention started bit late due to the reason beyond our control. The COVID-19 was another bad lack that frustrated the program as trained community mobilizers were forced to stay at home and unable to mobilize other women for screening.

CHALLENGES

- The facilities provide CECAP services are very few for e.g. Ukerewe has only two sites that provide CECAP services, only one provide screen and treatment services while the other one provide screening service only.
- Ukerewe district has Almost 38 Islands that need health services and are hard to reach and only means of transport is small boats.
- They are some efforts put in place by the government and implement partners to create awareness and mobilize Women Living with HIV and in general population but more work has to be done to reach more women in our community especially WLHIV.
- Due to lack of correct knowledge about CECAP most of women which experience the signs and symptoms of Cervical Cancer they believe that they have been witched, so they start visiting witch doctors or traditional healers until when the situation is worse that is when they go to the hospital but it is not easy to help them since it is too late we end up losing our women.
- Geographical location of some districts are hard to reach like Kwimba, Buchosa, and Ukerewe where there is a high demand of the CECAP services.
- There is a need to scale up sites that provide CECAP services and train more health care providers on area of CECAP in districts outside the city of Mwanza.
- Ensure supplies and equipment they are available in all facilities that provide CECAP services to minimize referral challenging.
- It is highly recommended to focus on outreach services in hard to reach areas like fishmongers Islands within Ukerewe District.
- Additional staffing and trained on CECAP to meet the high demand of women in locality.
- Using NHIF earnings to purchase cryotherapy machine for sustainability.
- Engage M2M approach to sensitize other women in the community.
- Periodical mentorship to CECAP Health Providers for quality control.
- Engagement of DNO to be part of coordinating team to easy DRCHco several duties that jeopardize community engagement.

RECOMMENDATION:

1. Following the high impact realized by community mobilizers in Mwanza and Dar es Salaam it is recommended to scale up the JALI Afya intervention to other regions Simiyu, Shinyanga, Kagera, Mara, Singida, and Dodoma.
2. Request PEPFAR to fund community led CECAP by complementing JALI AFYA Model.
3. To develop a hub of community mobilizers living with HIV to ensure they are available at ward level and to be well coordinated at district level by DRCHCO and CHAC.
4. Periodical data collection and recorded in DHS2.
5. Continued available resources for implementing Cervical Cancer demand creation among WLHIV.
6. Support women especially those who are living with HIV to have income generating activities to help them to take care of their health.
7. More number of service providers to be trained on cervical cancer screening to fill the gap of facilities does do not provide the screening services due to unavailable staff with that knowledge.
8. Additional of more cryotherapy machines and supplies to facilities that have none.

Report submitted by: Ms. Joan Chamungu