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TANZANIA

Pamoja Tuwekeze Afya (Together Let's Invest in Health)

The faith-based health facility network, represented by the Christian Social Services Commission (CSSC), provides more than 40 percent of the health services in the country. In March 2019 the government launched the construction of 67 new district hospitals and began the withdrawal of support to CSSC hospitals. In response, CSSC has embarked on an initiative that will enable hospitals to become financially self-reliant and provide quality services tailored to different segments of the market.

OBJECTIVES

- Create a network of financially and managerially sustainable health facilities.
- Improve the capacity of health facilities to provide a continuum of quality care of TB/HIV/AIDS and reproductive, maternal, newborn, child, and adolescent (RMNCAH) health services.

BUDGET \$10.45 million

DURATION

September 2020 – September 2025

ACTIVITY LOCATIONS

Nationwide

IMPLEMENTING PARTNER

Christian Social Services Commission

PARTNERS

- Ministry of Health
- President’s Office for Regional Administration and Local Government

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EXPECTED RESULTS

- Beginning with 15 focus hospitals in 2021, CSSC introduced cost reduction and revenue generation innovations that have increased hospital financial self-reliance. Progressive scale-up of PATA technical assistance to additional hospitals, distribution of print and video documentation of lessons learned, and promotion of peer exchanges will eventually institutionalize market-based approaches in 109 hospitals.
- Focusing initially on 16 dispensaries, PATA demonstrated how these lower tier health facilities can support people on treatment for HIV, identify new HIV cases, and integrate HIV services with non-communicable diseases (NCDs) such as diabetes and hypertension services. The eventual roll-out of integrated services at CSSC’s nearly 700 dispensaries will be a transition toward more comprehensive health services.
- PATA leverages CSSC’s relationships with Christian and Muslim religious leaders, church and mosque groups, and community volunteers. These faith and inter-faith relationships are structural advantages of PATA in conducting community health outreach and follow-up of patients. Surveys show that these relationships increase community awareness, access, and utilization of health services.