Revolutionary Government of Zanzibar

Ministry of Health

Transition Plan

for the National Community Health Program - Jamii ni Afya

March 2023

Contents

JAMII NI AFYA TRANSITION PLAN

EXECUTIVE SUMMARY

In August 2021, the Revolutionary Government of Zanzibar (RGoZ), in partnership with D-tree International, celebrated a significant milestone as Jamii ni Afya ("Community is Health")—the government's digitally enabled community health program—reached full national scale. Jamii ni Afya leverages government guidelines and global best practices to guide Community Health Volunteers (CHVs) using digital technology in delivering high quality, standardized services in maternal and child health, nutrition, water, sanitation and hygiene (WASH) and early childhood development. The data generated from these interactions is used to further personalize health services, improve supervision, and support programmatic and policy decision-making at community, district and national levels. This is an important moment for the field of global health, as Zanzibar is one of the world's first examples of a government-led digital community health program achieving national scale. By ensuring all of its 1.9 million citizens[1] have access to a digitally equipped CHV at their doorstep, the Zanzibar MOH has brought the country closer to Universal Health Coverage than it has ever been before.

Though the national scale-up is still in its early stages, Jamii ni Afya is already making an impact. Over 1.5 million people (out of 1.9 million) have been registered in the program, demonstrating strong community acceptance and buy-in. 86% of pregnant women in the program are delivering in a health facility with a skilled birth attendant—a 28% increase over the national average and one of the strongest predictors of positive maternal and newborn outcomes. Over 95% of women and children who exhibit a life-threatening danger sign successfully receive care at a health facility; more than triple the rate of typical referral completion. And due to the strong digital monitoring and supervision system, more than 75% of CHVs consistently meet performance targets for delivering quality, timely home-based care to their neighbors, ensuring that everyone receives the care they need, when they need it.

As the catalyst of Jamii ni Afya, the RGoZ and D-tree have had the program's long-term sustainability in mind from the beginning. Jamii ni Afya reflects the RGoZ's vision and commitment, and the program has been designed to position the government to fully take over the operational, technical and financial management. A supportive policy environment has been key in establishing Jamii ni Afya as a formal government initiative, enabling long-term ownership and financing of the program into the future. D-tree partnered with the MOH to spearhead the revision of the National Community Health Strategy (2019-2025), which recognizes digitally enabled CHVs as a formal part of the government's health system and the first-ever Digital Health Strategy (2020-2025) positions Jamii ni Afya within the digital health ecosystem of Zanzibar.

[1] Tanzania Population Household Survey, 2022

Transitioning to Full Government Ownership

Now that Jamii ni Afya is operating at full national scale, the RGoZ has committed to full financial, programmatic and technology ownership of the program. D-tree is working hand-in-hand with the RGoZ to foster a smooth and effective transition, strengthening the capacity of government stakeholders at the community, district and national levels. To support full government ownership of Jamii ni Afya, D-tree and the Zanzibar MOH partnered to develop a transition plan which documents clear milestones over a four-year period (2023 – 2026) in the areas of financial sustainability, program & operations management, and technology & data management.

Financial sustainability: The RGoZ will reach financial sustainability for Jamii ni Afya with a multi-pronged financing approach. This will include increasing national budget support for Jamii ni Afya over the next four years; integration of Jamii ni Afya into the planned health financing reforms, including a Universal Health Insurance scheme; and securing direct government funding from multilateral funders.

Program & operations management: Through this transition plan, we outline the steps that will be taken over the next four years in the areas of programmatic management (CHV recruitment, training, refresher training, supervision, monitoring), operations management (managing payment of CHV stipends via mobile money), and coordination of partners and government agencies interested in the community health program.

Technology & data management: The Zanzibar Ministry of Health will maintain the digital Jamii ni Afya platform which guides, coordinates and monitors CHVs' provision of community health services across Zanzibar. This includes user support, system operations, platform management, data management and data use. This transition plan outlines the steps that will be taken over four years to position the MOH to lead these aspects of the program.

Transition Milestones

Key milestones have been developed to show a clear progression for Jamii ni Afya handover to the RgoZ over the four-year period within the areas of financial sustainability, program & operations management, and technology & data. While each section has its own set of milestones, we broadly anticipate the following progression across the four years:

- **Year 1: Foundations built**. D-tree and the RGoZ will collaborate to develop the necessary roadmaps, systems and plans necessary to guide the transition over the four-year period.
- **Year 2: Basics mastered.** The RGoZ will master basic skills and begin contributing towards the financial, programmatic and technology aspects of the program, working in close partnership with D-tree.
- **Year 3: Increased government autonomy.** The RGoZ will develop increasing autonomy, largely funding and managing the program, with limited support from D-tree. D-tree will continue to be present to accompany the RGoZ, but will play a supportive, rather than leading role.

- **Year 4: Full government ownership.** The RGoZ will have the capacity, structures and experience to independently finance and manage the program, with D-tree available to provide minimum support only when needed.

Transition Plan

The tables below shows the summary of the milestones of this transition plan in 4 years to complete the full ownership of Jamii ni Afya by the RGoZ.

Financial sustainability

	YEAR 1 (2023)	YEAR 2 (2024)	YEAR 3 (2025)	YEAR 4 (2026)
NATIONAL BUDGET	The Zanzibar House of Representatives vote to include 25% of Jamii ni Afya annual operations cost in the national 2023-2024 budget.	The Zanzibar House of Representatives vote to include 50% of Jamii ni Afya annual operations cost in the national 2024-2025 budget.	The Zanzibar House of Representatives vote to include 75% of Jamii ni Afya annual operations cost in the national 2025-2026 budget.	The Zanzibar House of Representatives vote to include 100 % of Jamii ni Afya annual operations cost in the national 2025-2026 budget.
MULTI-LATERAL FUNDING	Jamii ni Afya is written into at least one RGoZ proposal to a multi-lateral funder	RGoZ has received approval for Jamii ni Afya funding from at least one multilateral donors and continues to prioritize JnA in funding requests	RGoZ has received and is utilizing funding from at least one multilateral donor for Jamii ni Afya operating costs	RGoZ has received and is utilizing funding from at least two multilateral donors for Jamii ni Afya operating costs
UNIVERSAL HEALTH INSURANCE INTEGRATION	Jamii ni Afya CHVs are actively collecting household economic data and Jamii ni Afya is integrated into plans for Universal Health Insurance	Jamii ni Afya is fully integrated into UHI plans	Jamii ni Afya is fully integrated into UHI initiative, and is set to receive funding from UHI	Jamii ni Afya is receiving routine funds from the UHI scheme to cover part of JnA operational costs

Program and operation management

	YEAR 1 (2023)	YEAR 2 (2024)	YEAR 3 (2025)	YEAR 4 (2026)
PROGRAMMATIC	Programmatic roadmap is finalized, outlining roles & responsibilities for CHV training, supervision, monitoring and district and national oversight	MOH conducts CHV training, supervision, monitoring and has district and national oversight of JnA, in close coordination with D-tree	MOH conducts CHV training, supervision, monitoring and has district and national oversight of JnA, with minimal support from D-tree	MOH conducts CHV training, supervision, monitoring and has district and national oversight of JnA, with full autonomy
OPERATIONS	Systems and service-level agreements set up to enable MOH to pay CHV stipends and send monthly data bundles	MOH pays and coordinates CHV stipends and data bundles for at least 25% of CHVs in Jamii ni Afya	MOH pays and coordinates CHV stipends and data bundles for at least 50% of CHVs in Jamii ni Afya	MOH pays and coordinates CHV stipends and data bundles for all CHVs in Jamii ni Afya
COORDINATION	Mechanism set up to coordinate community health partners and guide decision-making around expansion of CHV service package, CHV compensation or workload changes	MOH and D-tree jointly coordinate community health partners and guide decision-making around expansion of CHV service package, CHV compensation or workload changes	MOH is coordinating partner requests and making strategic decisions about the CHV service delivery package, compensation and workload changes, with minimal support from D-tree	MOH is fully coordinating partner requests and making strategic decisions about the CHV service delivery package, compensation and workload changes

Technology and Data

	YEAR 1 (2023)	YEAR 2 (2024)	YEAR 3 (2025)	YEAR 4 (2026)
TECHNOLOGY	User support, system operations and platform maintenance roadmaps developed and partially implemented; MOH staff identified and trained in all areas	User support, system operations and platform maintenance concepts fully implemented; MOH staff conducts tasks in partnership with D-tree	MOH staff conducts advanced user support, system operations and platform maintenance tasks with minimal support from D-tree	MOH staff conducts user support, system operations and platform maintenance with full autonomy
DATA MANAGEMENT	All indicators that are essential for operating and monitoring the program have been integrated into the MOH DHIS2 system and disseminated amongst relevant MOH units Protocols and processes for sharing data are in place	MOH begin to take ownership of the entire JnA data system MOH follow data quality procedures to ensure the quality of JnA data	MOH are able to maintain and own the entire JnA data system with limited support from D-tree MOH follow data quality procedures to ensure the quality of JnA data	MOH maintain and own the entire JnA data system with full autonomy MOH follow data quality procedures to ensure the quality of JnA data
DATA USE	JnA indicators are being routinely disseminated and discussed by MOH staff JnA data has been shared with trusted research partners in order to enable implementation research and innovation research	JnA data is regularly consulted by staff at all levels of the health system JnA data is being used by researchers to conduct program evaluations, implementation research, and innovation research	Relevant JnA data is used by other government MDAs	JnA data is routinely being used by decision makers at all levels of the health system, by decision makers in other MDAs, and by research partners

Forward

On behalf of the Zanzibar Ministry of Health and D-tree International I feel very proud to have the completed Transition Plan for Jamii ni Afya, which was strategically prepared to guide the sustainability of Jamii ni Afya through its full integration into the Ministry of Health (MOH) planning and budgeting cycle.

The Ministry of Health fully understands that donor funding is limited and helps to catalyze and build evidence for programs that can later be absorbed by government systems. We have experienced a number of examples of successful projects that grew up through similar evolutions. This goes back to the early nineties where we have implemented such health programs that began as donor-funded initiatives, but were ultimately institutionalized within government systems, including the Blood Bank, Health Sector Reforms, Roll back Malaria.

The decision by the Revolutionary Government of Zanzibar (RGoZ) to commit to full ownership and institutionalization of Jamii ni Afya was made in early 2019 when we updated the Zanzibar Community Health Strategy. On Chapter 6, Section 4 under the section "Resource Planning", we clearly state that "The initial phase of the Community Health programme is expected to be financed by development partners. In a bid to sustain community health programmes and universal access to health, the Government of Zanzibar is committed to gradually increasing domestic funding for community interventions from the 2019/2020 budget cycle."

The RGoZ is aware of the general conditions of the health system in Zanzibar which requires strengthening in all sectors to achieve the Universal Health Coverage for all Zanzibaris. Thus, through the MOH, the RGoZ has established and is implementing priorities toward the achievement of UHC. Examples of these priorities include the construction of health infrastructure, procurement of equipment and the reform of the health financing system. It is appropriate that within these priorities we emphasize on the full control and implementation of the Community Health Strategy to enhance the primary health care system and ensure the continuum of care from the grassroots to national level.

There is global evidence that investment in community health programmes, especially investing in Community Health Volunteers, can procure up to ten times in returns on investment.[2] In Zanzibar, we estimated the total cost for investing in the CHV program is TZS 15,8 billion for the upcoming four years (2023 - 2026)[3] with significant benefit to reduce the number of deaths and improve the lives of Zanzibaris. A comparison of the benefits and cost shows that the Return on Investment (ROI) will be 10.6x for each TZS invested in the CHV program in Zanzibar[4], making it one of the most cost-effective interventions that we can support.

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[2] *Masis, L., Gichaga, A., Zerayacob, T. et al. Community health workers at the dawn of a new era: 4. Programme financing. Health Res Policy Sys* ***19*** *(Suppl 3), 107 (2021). https://doi.org/10.1186/s12961-021-00751-9*

[3] *CHS Costed operational plan, PRAXIS final report October 2022.*

[4] *CHS Investment Case, Praxis final report 2022*

Zanzibar has established a digitally enabled community health program called Jamii ni Afya. This represents the world's first nationally scaled digital community health program, bringing high quality health services to the doorsteps of all of Zanzibar. The program has demonstrated how digital technology can transform the health system, improve health outcomes and increase access to data. As of October 2022, 1,502,261 (79.4%) of the Zanzibar population has been registered in the Jamii ni Afya Platform. More than 300,000 children under five and pregnant women have been provided the services by CHVs. Among the pregnant women enrolled 85.4% delivered in the health facilities and over 95% of the referrals made by CHVs to children or pregnant women have been completed at health facilities. This also indicates high acceptance and value of CHVs to the community where Zanzibar has become one of the few countries in the world with a recognized and standardized community health volunteer workforce, present in all shehias and all providing a standardized package of services to the entire population.

On behalf of the Ministry of Health we are committed to make all required efforts to fully implement this transition plan, resulting in full government ownership of Jamii ni Afya in terms of financial sustainability, program & operations management, and technology and data management. In this way, we will ensure the sustainability of this Community Health Program, Jamii ni Afya, which has demonstrated its potential to enhance the achievement of Universal Health Coverage in Zanzibar.

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Acknowledgements

This Transition Plan for Jamii ni Afya was developed through an extensive consultative process with different experts and stakeholders, including representatives from Ministry of Health, D-tree International, and other health professionals who are involved in provision of Community Health services in the country.

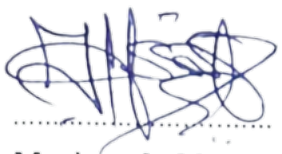
In order to develop this Transition Plan, we employed a number of methodologies, including an intensive desk review of MOH documents such as the Zanzibar Community Health Strategy, interviews with key stakeholders, and a number of presentations and collaborative workshops. The information was then compiled by selected experts. Together, we developed this Jamii ni Afya Transition Plan that outlines specific milestones and tasks that will be achieved over a four-year period. This document will serve as a roadmap to guide the progressive ownership of Jamii ni Afya by the Revolutionary Government of Zanzibar.

The Ministry of Health and D-tree International therefore, acknowledge the efforts provided by those experts working tirelessly to produce such a valuable resource.

The Ministry of Health and D-tree acknowledge with many thanks the financial assistance provided by donors over the last 13 years who supported Jamii ni Afya program reaching to this stage of development, including Fondation Botnar, The Patrick J. McGovern Foundations, The Conrad N. Hilton Foundation, UNICEF, The James Percy Foundation, USAID-Afya Yangu, Saving Lives at Birth and the Gates Grand Challenges. Without this financial support, Jamii ni Afya would not be where it is today.

There are numerous additional individuals who have contributed significantly to the development of Jamii ni Afya and this transition plan over the years. It is not possible to name them all, but we highly appreciate the invaluable contributions of everyone who has been a part of this journey and is committed to achieving what is laid out in the following plan.

With deep gratitude,



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Acronyms

BLM	Baraza la Mapinduzi
CHVs	Community Health Volunteers
DHMTs	District Health Management Teams
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPU	Health Promotion Unit
HSSP	Health Sector Strategic Plan
ICT	Information Communication Technology
IRCH	Integrated Reproductive and Child Health Program
JnA	Jamii ni Afya
MDA	Ministries Departments and Agencies
MOH	Ministry of Health
NCD	Non-Communicable Diseases
NTD	Neglected Tropical Disease
TP	Transition Plan
ZCHS	Zanzibar Community Health Strategy

Background

About the Ministry of Health of Zanzibar

The Zanzibar Ministry of Health is responsible for ensuring that every Zanzibari citizen has access to reliable, affordable and equitable preventive and curative health services. The Ministry is led led by a Minister and assisted by a Deputy Minister. Together, they are responsible for all health policies, monitoring and strategic direction. The Chief Executive of the Ministry of Health is the Principal Secretary (PS). Under the PS there is a Director General who is the technical person in charge of providing direction toward the effective delivery of health services. Below this level there are six directorates, including: Planning, Policy and Research; Administration and Human Resources; Curative Services; Preventive Services; Health Promotion; Central Medical Store; and the Health Coordinating Office Pemba. The implementation of the Jamii ni Afya Transition Plan will involve a number of directorates including the Directorates of Preventive Services; Planning, Policy and Research; and the Directorate of Human Resources and Administration. The leading department will be the Directorate of Preventive Services and Health Education.

About D-tree International

D-tree International is a global digital health organization founded in 2004 aiming to ensure that everyone has access to high-quality primary healthcare in underserved areas. D-tree improves lives by leveraging digital technology and data to transform health systems and put people at the center of the care

D-tree International is a global digital health organization dedicated to ensuring that everyone has access to high-quality primary healthcare in underserved areas. This is achieved by working with governments to design, build and deploy digital tools for frontline health workers that improve their ability to deliver high-quality, evidence-based care. D-tree engages with governments to develop a shared vision for the potential of digital health, demonstrates the effectiveness of digital systems to improve health outcomes, and accompanies governments to scale these digital systems nationally and institutionalize them within their broader health systems.

D-tree has been working closely with the Zanzibar Ministry of Health since 2010 to demonstrate the potential of digital technology to strengthen community health systems. This work began with a pilot project called Safer Deliveries which equipped CHVs with mobile phones which guided them through visits to support pregnant and postpartum women and newborns to access facility-based care and receive health education. This program, together with other community health programs, provided

evidence for the RGoZ decision to create a digitally enabled, government-owned community health program that later grew into Jamii ni Afya. D-tree has served as a trusted partner to the MOH throughout the evolution of the community health program and is committed to the successful transition of the program to the RGoZ.

Jamii ni Afya

Zanzibar's community health program, named Jamii ni Afya (meaning 'society is health' in Swahili) is a digital community health program which was formally launched by the Zanzibar MOH in February 2020. Jamii ni Afya leverages government guidelines and global best practices to guide Community Health Volunteers (CHVs) using digital technology in delivering high quality, standardized services in maternal and child health, nutrition, water, sanitation and hygiene (WASH) and early childhood development. The data generated from these interactions is used to further personalize health services, improve supervision, and support programmatic and policy decision-making at community, district and national levels.

As of August 2021, Jamii ni Afya has scaled up to all eleven districts of Zanzibar in supporting every shehia (388). 2,300 have been recruited, trained, equipped, supervised and remunerated to provide home-based services to families that live in their catchment area. CHVs are supervised by Supervisors who work at health facilities and provide a strong link between the community and facility healthcare. During each visit, CHVs provides health promotion and education; screening for danger signs and missed services; referral coordination to a health facility; individual and group coaching and counseling; tracking of community births and deaths; and collect citizen feedback about the quality of care at health facilities to improve accountability. All of this work is supported through the mobile app so that the CHV has a guide through each visit, ensuring she follows government guidelines.

Jamii ni Afya is a government led program which has been established using the guidelines from the Zanzibar Community Health Strategery (ZCHS) 2019-2925. Since the program's inception, D-tree has provided technical and financial support to the MOH to establish and manage this program. D-tree partnered with the MOH to design the service delivery package, establish supervisory structures, and build the mobile app. This included close collaboration with the Health Promotion Unit, Integrated Reproductive and Child Health program (IRCH), Nutrition Unit, HMIS and ICT Unit, all under the leadership of the Directorate of Preventive Services. D-tree and the MOH have co-led all activities related to Jamii ni Afya, increasingly building the skills of the MOH over time.

Leadership from the Zanzibar government has been critical to Jamii ni Afya's success and instilled trust in the population for the long-term sustainability of the program. By establishing Jamii ni Afya as part of a national strategy, the government has been able to formally assign oversight and implementation responsibility to government staff so that running the program becomes part of their job description and regular responsibility. The government directly pays the salaries of Jamii ni Afya CHV supervisors (210 individuals), who are environmental health officers or public health nursing officers attached to health facilities and are 100% dedicated to community health. In addition, one person in each of Zanzibar's 11 districts acts as a District Health Promotion Focal Person for Jamii ni Afya. These government employees are responsible for the coordination of the program each district, which has been critical for program oversight, coordination and government ownership. The remaining Jamii ni Afya operating costs are paid by donor funds (mobilized by D-tree), which funds equipment and working tools, CHV stipends, training, meetings, technology, and hosting costs.

Purpose & Process of the Transition Plan (TP) Development

From Jamii ni Afya's inception, there has been a clear plan for the RGoZ to institutionalize Jamii ni Afya and assume full financial, programmatic and technical management. This has been written into the Zanzibar Community Health Strategy, and sustainability was planned from the beginning. Indeed, the ZCHS outlines the roles of RGoZ staff in managing the program, which provides a clear roadmap for government ownership.

On March 3rd, 2022, the Minister of Health officially launched Jamii ni Afya and recognized the important role of Community Health Volunteers in the Zanzibar Health System. He clearly stated his decision to continue using Jamii ni Afya as the key program of the Community Health System in Zanzibar in order to improve health services and health data collection, and also to empower the Zanzibar population in seeking and demanding health services closer to their communities.

Following the launching ceremony, on March 7th, the Principal Secretary of Ministry of Health wrote to D-tree to request the submission of a plan outlining the full transition of Jamii ni Afya to the MOH. To fulfill that request, D-tree, in collaboration with the Ministry of Health under the leadership of the Director of Preventive Services formed a special task force whose assignment was to develop a comprehensive Jamii ni Afya transition plan.

The main purpose of this Transition Plan is to provide clear guidance to both D-tree and the Ministry of Health on how Jamii ni Afya can move to full government

ownership with the long-term goal of "the government taking full ownership of the Jamii ni Afya Program both financially, technically and operationally by the end of 2026." The Transition Plan Task Force is composed of technical experts from both the MOH and D-tree under the leadership of the Director of Preventive Services. The Task Force outlined the process for developing the Transition Plan, which has been followed in the development of this document. The Task Force utilized different methodologies in developing the Transition Plan, including a literature review of the key documents including the Zanzibar Government ICT Policy, ICT Law, Digital Health Strategy, Health Sector Strategic Plan (HSSP) IV, ZCHS, the Memorandum of Understanding between the MOH and D-tree International, Human Resource Development Plan (2019/2020 - 2024/2025), Human Resources Law, Health Workforce Requirement and Recruitment Plan for the Public Health Sector (2019/2020 - 2024/2025). Other documents were more recently developed, such as the Jamii ni Afya Investment Case, Investment Plan and Resource Mobilization Plan and Operation plan for Community Health. These documents provided critical information on cost and implementation plans for Jamii ni Afya and the conditions and expectations of the government.

The Task Force held four co-design workshops attended by participants from the MOH's Health Promotion Unit, ICT, Planning Unit, Preventive Department, Finance Units and Human Resources Unit, in addition to several representatives from additional MOH Health Programs. The final Transition Plan was then presented and submitted to Principal Secretary MOH for further and necessary actions of its implementation.

Jamii ni Afya Costed Operational Plan and Investment Case

In partnership with D-Tree and UNICEF, in 2021 and 2022 the MOH commissioned the development of a comprehensive Community Health Strategy (CHS) Costed Operational Plan and Investment Case. This process was led by an experienced Tanzanian firm, PRAXIS, we conducted an in-depth review of Jamii ni Afya costs and developed a strong investment case. The CHS costed operational plan and the investment case finds that Jamii ni Afya operating costs are an average of TSH 4.5 billion per year in order to implement the comprehensive required community health program activities (see Figure 1 below).

Investing in community health programs is one of the most cost-effective investments in global health. There is global evidence that shows that for each $1 invested in a CHV program there is $10 ROI[1]. The Jamii ni Afya investment case developed by the

[1] *https://chwcentral.org/wp-content/uploads/2015/09/CHW-Financing-FINAL-July-15-2015.pdf*

MOH with the support of D-Tree and Unicef in October 2022, is aligned with the above cited global evidence showing clearly that investing in Jamii ni Afya is very cost effective as for each TSH 1 invested there is TSH 10.6 ROI. That said, if the government invests the TSH 4.5 billion per year there will be a TSH 47.7 billion of ROI.

Table 1. Estimated cost by input for JnA Program 2022 - 2025 in Tz. Shillings

PRIORITY AREA	COST (in TSH)				
	2022	2023	2024	2025	TOTAL
Priority Area 1: Development and dissemination of guidelines and tools for Community Health Services	58,040,000	429,575,000	396,270,000	351,270,000	1,235,155,000
Priority Area 2: Capacity Building for CHVs and CHV Supervisors	51,106,364	561,324,689	459,288,947	272,940,000	1,344,660,000
Priority Area 3: Supervision and management of Community health activities	234,352,692	552,280,490	449,971,818	411,890,000	1,648,495,000
Priority Area 4: Coordination and oversight of Community health services	128,690,000	101,835,000	99,185,000	90,585,000	420,295,000
Priority Area 5: Remuneration and incentives for CHVs and CHV supervisors	1,608,050,000	2,327,900,000	2,327,900,000	2,327,900,000	8,591,750,000
Priority Area 6: Community engagement and mobilization for improved health knowledge, behaviour and practices	169,555,000	312,930,000	297,955,000	297,955,000	1,078,395,000
Priority Area 7: Financing and sustainability of Community Health Services	63,605,000	119,410,000	97,710,000	97,710,000	378,435,000
Priority Area 8: Monitoring, Evaluation and Knowledge management	63,562,500	188,257,500	68,560,000	51,460,000	371,840,000
Priority Area 9: mHealth (Digital) Platform for CHVs	63,850,000	351,285,000	235,595,000	120,970,000	771,700,000
TOTAL	2,440,811,556	4,944,797,679	4,432,435,766	4,022,680,000	15,840,725,000

Situational analysis

Great efforts have been deployed by the MOH through the Directory of Preventive Services to support the implementation of Jamii ni Afya, and the MOH is playing a significant role. However, many aspects of the program are heavily supported by D-Tree International. A situational analysis conducted by PRAXIS found that there is inadequate knowledge of Jamii ni Afya, especially by national level government officers and decision makers, which has contributed to delays in Jamii ni Afya and CHVs recognition and institutionalization. It is worth mentioning that the success of Jamii ni Afya depends not only on the Ministry of Health but also the engagement of the entire Government of Zanzibar, and the current situation shows that knowledge of Jamii ni Afya outside the MOH is limited. There is a need to create demand for Jamii ni Afya among other government ministries and set up processes so that data from Jamii ni Afya can be more widely used for cross-government benefit. Another bottleneck identified was lack of institutional structure within the Ministry of Health's Health Promotion Unit. Specifically, there is no institutional structure which shows who will be the key desk officers responsible for day-to-day Jamii ni Afya activities. It is only at the district level and facility level where the identified persons are currently in place. Changes in the Government decentralization policy has also affected the effective implementation of Zanzibar Community Health Strategy due to changing of lines of commands that previously involved President Office Regional Administration and Local Government. We also identified low capacity of some National and District Health promoters in managing and monitoring Jamii ni Afya. At the same time, it has been found that data generated from Jamii ni Afya is not used to its full potential at the district and national level to inform planning, decision-making and budgeting, and there is tremendous potential to better exploit this data.

The Zanzibar Community Health Strategy Costed Operational Plan developed by the Zanzibar Ministry of Health in partnership with UNICEF and D-tree in 2022 found that the annual operating cost for Jamii ni Afya is TZS 6.4 billion (approximately USD $2.73 million). Divided across Zanzibar's 1.6 million beneficiaries makes the annual cost of Jamii ni Afya USD $1.70 per capita. Currently, the government is spending $0.30 per capita on Jamii ni Afya salaries, with the rest of the program costs being paid by external donors. We recognize the great commitment of the Ministry of Health which, through the Honourable Minister, has reiterated several times the importance of Jamii ni Afya and announced his commitment to ensure 25% of the Jamii ni Afya operational cost are absorbed by the government by December 2023, with an additional 25% each year until the government is fully financing the program by 2026.

In addition, we know that the MoH is undergoing a significant health financing reform; there is a critical need to consider this reform as an opportunity for the sustainability

of the Jamii ni Afya Program. In this new health financing reform, which is mainly focused on establishing Universal Health Insurance, the MoH will be the regulator while a government agency is being created to become the purchaser. Health facilities (including primary health facilities) will be set to become direct service providers and therefore be directly reimbursed by the purchaser for rendered services. In this perspective there is a major opportunity to position CHVs to be considered in the UHI scheme by incentivizing some of their outputs on a performance-based scheme to be paid by their health facilities through UHI reimbursement.

From the financial operations perspective, Jamii ni Afya pays CHV stipends each month through mobile money platforms and automates the sending of monthly data bundles. There is currently insufficient technical financial personnel and systems set up within the RGoZ to efficiently manage these payments. There is a need for capacity building of the MOH accountant team for this end.

Jamii ni Afya digital system is largely managed by D-tree staff with technical support from Medic, though several staff from within the MOH have been working hand-in-hand with D-tree to fully learn the system. There is a need to fully transfer the technology system and dashboards to the MOH and build capacity of relevant individuals to maintain and support these systems into the future.

All of these challenges were considered and are addressed through this transition plan.

The Jamii ni Afya transition pillars

In the process of developing this Jamii ni Afya transition plan, the Task Force considered the components required to sustain Jamii ni Afya and outlined a mutually approved timeline of their transition from D-tree to the MOH. The transition plan is based on a recently completed costed operational plan for the Zanzibar Community Health Strategy and related investment case, which details the cost of the program and options for financing. The transition plan was developed together with key personnel from each of the relevant units across the MOH (i.e. Health Promotion Unit, Dept. of Planning, ICT, Human Resources, Department of Preventive services etc.,) and has been discussed in detail with the Minister of Health, the Principal Secretary (PS), Director of Planning, and Director of Preventive Services–each of whom has expressed their full support. The plan has also included the inputs and advice provided by Senior Government Officials from Government bodies outside of the MOH, as Jamii ni Afya has the potential to contribute to cross-sectoral efforts in Zanzibar beyond the MOH.

There are three functional areas or pillars of Jamii ni Afya management and ownership. These functions include: 1) Financial sustainability, 2) Program and Operations Management, and 3) Digital Technology and Data Management. Each of these areas are described below.

Financial sustainability

As described above and further detailed in the Jamii ni Afya costed operational plan, there are a number of on-going costs required to sustain Jamii ni Afya program. These costs include CHV and supervisor compensation and tools, training, and personnel and meeting costs for on-going program management. To date, D-tree has primarily funded the cost of Jamii ni Afya through grants from a variety of private donors. Going forward, the GoZ will take on increasing responsibility for financial sponsorship for the Jamii ni Afya program as outlined in this transition plan, resulting in full government funding of Jamii ni Afya by the end of 2026.

Based on discussions with top Revolutionary Government of Zanzibar officials, to maximize the potential for Jamii ni Afya to be fully owned by the government, one of the strategies is to ensure that community health data generated by the system is utilized by the entire government, not just the MOH, to increase the likelihood of cross-cutting government funding for Jamii ni Afya. The MOH and D-tree will collaborate with the Second Vice President's Office; the Ministry of Community Development, Gender, Elderly and Children; the Ministry of Finance and Planning; the President's Office; the First Lady's Office; the Zanzibar Planning Commission; the Office of the Chief Government Statistician; and the President's Office Regional

Administration and Local Government to create demand for CHVs and the use of data by public sector bodies. One important way to increase demand among these bodies will be to engage in efforts around Zanzibar's forthcoming Universal Health Insurance (UHI) system. We will demonstrate how Jamii ni Afya CHVs and the program's data will enhance the establishment of the UHI system in Zanzibar, a promising approach to health financing and social protection.

As indicated in this Transition plan, the MOH will include in its 2023-2024 budget the support of 25% of Jamii ni Afya operating costs. This will grow so that the RGoZ (not only the MOH) covers 100% of Jamii ni Afya operating costs by 2026. This cost will be covered by government funds, which should be made possible through the support by several key Ministries mentioned above, including the Second Vice President's Office, the Ministry of Health, and the Ministry of Finance and Planning. Other operational costs of the program will be covered within the annual District Health Management Team's Plan of Action through the Basket Fund.

D-tree will also support the government to apply for and secure funding from multilateral funders to support Jamii ni Afya's ongoing operating costs in the interim, as the government increases the contribution from their direct budget. This includes agencies such as the Global Fund, Gavi, the World Bank and the Global Financing Facility, and the African Development Bank–all of which prioritize and fund health system strengthening and community efforts. We will also collaborate with the RGoZ to identify multi sectoral or non-health funding mechanisms that may fund the Jamii ni Afya as its focus broadens to include sectors and benefits outside of health.

The increased demand for CHV engagement and Jamii ni Afya data from a wide range of RGoZ actors, in addition to other sustainable funds from multilateral donors like the Global Fund, will enhance Zanzibar's health and social protection systems and lead to diverse sources of financial support for sustainability.

Program & operations management

Since the program began, the MOH and DHMTs have been heavily involved in Jamii ni Afya program management. DHMTs have been leading CHV recruitment, training and refresher training. HPU focal persons within districts have been working with Supervisors to ensure there is a strong supervision system in place. All of these activities have been done in collaboration with D-tree, and D-tree has been fully funding all activities to-date. In addition, D-tree has been leading many operations tasks such as sending mobile money payments for monthly stipends and ensuring data bundles are sent in a timely manner. From a coordination perspective, D-tree has provided significant support to the MOH to coordinate with other community health

partners, make decisions about the mobile app content and service delivery package, calculate CHV workload based on the service package to ensure remuneration is fair, and coordinate mobile app updates and releases. Through this transition plan, we outline the steps that will be taken over the next four years in the areas of programmatic management, operations management and coordination. In year 1, we will develop a strong foundation from which to build, gradually handing over all aspects of program management, operations and coordination to the Zanzibar government.

Technology & data management

The Ministry of Health will maintain the digital Jamii ni Afya platform which guides, coordinates and monitors CHVs' provision of community health services across Zanzibar. Each CHV will continue to utilize a digital tool to guide his or her routine activities and the resulting data will be available to the MOH. These tools and data, which are used by CHVs, CHV supervisors, DHMTs, HMIS and higher management, are integrated with the MOH's DHIS-2 and will be maintained by the MOH. This includes activities such as maintaining the Jamii ni Afya dashboards in DHIS-2; maintaining the link with DHIS-2; managing users, devices, the database, and server; improving and maintaining the app; troubleshooting and bug fixing; hosting the system; managing access and data ownership and promoting Jamii ni Afya data use across MOH and other government stakeholders.

For the past four years, D-tree has led the technology and data management of Jamii ni Afya and has worked with the MOH's ICT and HMIS units to build their capacity to manage the Jamii ni Afya digital tool and data infrastructure. The MOH has built some of the critical skills, policies, and infrastructures required to serve as a foundation for Jamii ni Afya's ownership and the MOH and the MOH's ICT unit has committed to taking full responsibility for the Jamii ni Afya digital system.

This transition plan specifies how the MOH will take increasing responsibility for Jamii ni Afya technology and data as the primary agency to oversee and manage the Jamii ni Afya program. As collaboration with bodies across the RGoZ increases and we build their demand and engagement in Jamii ni Afya, the plan may be altered to share responsibility across offices or Ministries. D-tree will also build the skills of local partners to support the RGoZ in taking on technology and data management in order to ensure that the MOH and RGoZ are sufficiently technically supported.

Jamii ni Afya transition plan milestones

Transition Milestones

Key milestones have been developed to show a clear progression for Jamii ni Afya handover to the RgoZ over the four-year period within the areas of financial sustainability, program & operations management, and technology & data. While each section has its own set of milestones, we broadly anticipate the following progression across the four years:

- **Year 1: Foundations built**. During Year 1 of the Jamii ni Afya transition, D-tree and the RGoZ will collaborate to develop the necessary roadmaps, systems and plans necessary to guide the transition for the duration of the transition. These foundations will serve as a blueprint for subsequent years, illustrating how D-tree will support the RGoZ to build needed skills, then gradually hand over all aspects of the Jamii ni Afya program.
- **Year 2: Basics mastered.** In Year 2, the RGoZ will master basic skills and begin contributing towards the financial, programmatic and technology aspects of the program. D-tree will continue to be heavily involved, both in program financing as well as programmatic and technology management, but the RGoZ will begin to manage some aspects of these systems, and take on some financial responsibility for operating costs.
- **Year 3: Increased RGoZ autonomy.** In Year 3, the RGoZ will develop increasing autonomy, largely funding and managing the program, with limited support from D-tree. D-tree will continue to be present to accompany the RGoZ in JnA tasks, but will play a supportive, rather than leading role.
- **Year 4: Full RGoZ ownership.** In Year 4, the RGoZ will increase their ownership of the system until they are operating at full autonomy by the end of 2026. D-tree will continue to be present for extremely minimal support, when needed, but the RGoZ will have the capacity, structures and experience to independently finance and manage the program.

The table below shows the summary of the milestones of this transition plan in 4 years to complete the full ownership of Jamii ni Afya by the RGoZ.

Cross-cutting				
	Year 1 (2023)	**Year 2 (2024)**	**Year 3 (2025)**	**Year 4 (2026)**
Cross-cutting	CC1.1: The Jamii ni Afya Transition Plan is disseminated widely and awareness is raised across the RGoZ by June 2023			

Financial sustainability				
	Year 1 (2023)	**Year 2 (2024)**	**Year 3 (2025)**	**Year 4 (2026)**
National budget	FIN1.1: The Zanzibar House of Representatives vote to include 25% of Jamii ni Afya annual operations cost in the national 2023-2024 budget.	FIN2.1: The Zanzibar House of Representatives vote to include 50% of Jamii ni Afya annual operations cost in the national 2024-2025 budget.	FIN3.1: The Zanzibar House of Representatives vote to include 75% of Jamii ni Afya annual operations cost in the national 2025-2026 budget.	FIN4.1 The Zanzibar House of Representatives vote to include 100% of Jamii ni Afya annual operations cost in the national budget 2026-2027 budet.
Multi-lateral funding	FIN1.2: Jamii ni Afya is written into at least one RGoZ proposal to a multi-lateral funder	FIN2.2: RGoZ has received approval for Jamii ni Afya funding from at least one multilateral donors and continues to prioritize JnA in funding requests	FIN3.2: RGoZ has received and is utilizing funding from at least one multilateral donor for Jamii ni Afya operating costs	FIN4.2: RGoZ has received and is utilizing funding from at least two multilateral donors for Jamii ni Afya operating costs
Universal Health Insurance integration	FIN1.3: Jamii ni Afya CHVs are actively collecting household economic data and Jamii ni Afya is integrated into plans for Universal Health Insurance	FIN2.3: Jamii ni Afya is fully integrated into UHI plans	FIN3.3: Jamii ni Afya is fully integrated into UHI initiative, and is set to receive funding from UHI	FIN4.3: Jamii ni Afya is receiving routine funds from the UHI scheme to cover part of JnA operational costs

Program & operations management				
	Year 1 (2023)	**Year 2 (2024)**	**Year 3 (2025)**	**Year 4 (2026)**
Programmatic	PRG1.1: Programmatic roadmap is finalized, outlining roles & responsibilities for CHV training, supervision, monitoring and district and national oversight	PRG2.1: MOH conducts CHV training, supervision, monitoring and has district and national oversight of JnA, in close coordination with D-tree	PRG3.1: MOH conducts CHV training, supervision, monitoring and has district and national oversight of JnA, with minimal support from D-tree	PRG4.1: MOH conducts CHV training, supervision, monitoring and has district and national oversight of JnA, with full autonomy
Operations	OPS1.1: Systems and service-level agreements set up to enable MOH to pay CHV stipends and send monthly data bundles	OPS2.1: MOH pays CHV stipends and data bundles for at least 25% of CHVs in Jamii ni Afya	OPS3.1: MOH pays CHV stipends and data bundles for at least 50% of CHVs in Jamii ni Afya	OPS4.1: MOH pays CHV stipends and data bundles for all CHVs in Jamii ni Afya
Coordination	CDN1.1: Mechanism set up to coordinate community health partners and guide decision-making around expansion of CHV service package, CHV compensation or workload changes	CND2.1: MOH and D-tree jointly coordinate community health partners and guide decision-making around expansion of CHV service package, CHV compensation or workload changes	CND3.1: MOH is coordinating partner requests and making strategic decisions about the CHV service delivery package, compensation and workload changes, with minimal support from D-tree	CND4.1: MOH is fully coordinating partner requests and making strategic decisions about the CHV service delivery package, compensation and workload changes

Technology & data				
	Year 1 (2023)	**Year 2 (2024)**	**Year 3 (2025)**	**Year 4 (2026)**
Technology	TEC1.1: User support, system operations and platform maintenance roadmaps developed and partially implemented; MOH staff identified and trained in all areas	TEC2.1: User support, system operations and platform maintenance concepts fully implemented; MOH staff conducts tasks under supervision from D-tree	TEC3.1: MOH staff conducts advanced user support, system operations and platform maintenance tasks under minimal supervision from D-tree	TEC4.1: MOH staff conducts user support, system operations and platform maintenance with full autonomy
Data management	DM1.1: All indicators that are essential for operating and monitoring the program have been integrated into the MOH DHIS2 system and disseminated amongst relevant MOH units	DM2.1: MOH begin to take ownership of the entire JnA data system	DM3.1: MOH are able to maintain and own the entire JnA data system with limited support from D-tree	DM4.1: MOH maintain and own the entire JnA data system with full autonomy
	DM1.2: Protocols and processes for sharing data are in place	DM2.2: MOH follow data quality procedures to ensure the quality of JnA data	DM3.2: MOH follow data quality procedures to ensure the quality of JnA data	DM4.2: MOH follow data quality procedures to ensure the quality of JnA data
Data use	DU1.1: JnA indicators are being routinely disseminated and discussed by MOH staff	DU2.1: JnA data is regularly consulted by staff at all levels of the health system	DU3.1: Relevant JnA data is used by other government MDAs	DU4.1: JnA data is routinely being used by decision makers at all levels of the health system, by decision makers in other MDAs, and by research partners
	DU1.2: JnA data has been shared with trusted research partners in order to enable implementation research and innovation research	DU2.2: JnA data is being used by researchers to conduct program evaluations, implementation research, and innovation research		

Activities to achieve milestones

The section below outlines each milestone, along with key activities that need to take place to achieve the milestone. This section will be reviewed on an annual basis to update activities based on the current status of the transition.

Cross-cutting

CC1.1: The Jamii ni Afya Transition Plan is disseminated and awareness will be raised across the RGoZ by June 2023.

- Prepare 'fact sheet' for JnA that will be used during awareness meetings with different leaders
- Conduct awareness sessions about the JnA Transition plan with Senior Government officials including Ministries outside of the MOH, especially the Ministry of State in the Office of the 2nd Vice President, the Ministry of Community Development and Social Welfare, the Ministry of Finance and other relevant government corps.
- Create and implement effective coordination mechanisms with all Development Partners, Implementing Partners and other recognized coordinating bodies about the JnA program and transition plan.
- In coordination with the Principal Secretary of the MOH and Principal Secretary of the 2nd Vice President's Office, establish and support the JnA Transition Plan Cross-Ministry Committee to monitor the effectiveness of the transition plan implementation (through Quarterly meeting)
- Develop terms of reference (TOR) for a JnA Transition Plan Cross-Ministry Committee that will include objectives, roles & responsibilities, participants, meeting's frequency etc.
- Conduct orientation meetings with identified champions on the JnA Transition Plan as well as JnA to higher level officials including the President's Cabinet, members from the Social Welfare Committee of the House of Representatives and the 2nd Vice President's office.

Financial sustainability

Year 1 (2023)

During year 1 of the transition plan, the RGoZ and D-tree will put in place structures, processes and champions to ensure Jamii ni Afya is routinely (and increasingly) included in the national budget. The RGoZ will write Jamii ni Afya into at least one proposal to a multilateral funder, and the foundation will be set for Jamii ni Afya to become an integral part of the UHI scheme.

FIN1.1: The Zanzibar house of representatives had voted 25% of Jamii ni Afya operations cost in the national budget 2023-2024

- The Health Promotion Unit and DHMTs develop a comprehensive budget in line with the community health costed operation plan
- The Director of Preventive Services, Director of Planning and Principal Secretary ensure Jamii ni Afya operational cost are included in the draft budget in line with the transition plan
- The Ministry of Finance ensures Jamii ni Afya operational cost remains in the reviewed draft budget
- The Ministry of Health advocates to the Social Welfare Committee and other members of the House of Representatives to vote on the JnA operational budget.
- Lobbying the Ministry of Finance to increase the MOH total budget from 7 to 10% toward the Abuja declaration commitment of 15%
- Engagement of the Health Financing Technical Working Group in active advocacy for JnA budget allocation
- Include CHVs operations cost budget into the MoH Mid Term Expenditure Finance/ PBB/PoA 2023/2024

FIN1.2: Jamii ni Afya is written into at least one RGoZ proposal to a multi-lateral funder

- Actively support the development of the Global Fund proposal with a support line to Jamii ni Afya as one of the priorities for health systems strengthening.

FIN1.3: Jamii ni Afya CHVs are actively collecting household economic data and Jamii ni Afya is integrated into plans for Universal Health Insurance

- The Zanzibar Research Centre for Socio-Economic and Policy Analysis (ZRCP) works with D-tree and the RGoZ to develop and finalize a household socio-economic survey
- D-tree updates the CHV app to include survey questions, and determines the mode for data collection
- CHVs begin data collection in October 2023
- ZRCP advocates for the integration of JnA into RGoZ relevant technical working groups and planning committee for Universal Health Insurance (UHI)
- Jamii ni Afya's role within the UHI scheme is formalized through a MOU/TOR (including collection of socio-economic data, CHV mobilization for the informal sector, data to support health facility accreditation)

Year 2 (2024)

During the second year of the implementation of this Transition Plan, key RGoZ officials beyond the MOH including the house of representatives will have been convinced with the relevance of investing in Jamii ni Afya. While continuing to build awareness across the RGoZ to mobilize internal resources, D-tree International will continue to support the MOH to mobilize external resources as well to promote a smooth transition.

FIN2.1: The Zanzibar house of representatives had voted 50% of Jamii ni Afya operations cost in the national budget 2024-2025.

- The Health Promotion Unit and DHMTs develop a comprehensive budget in line with the community health costed operation plan requesting 50% of JnA operating costs from the national budget
- The Director of Preventive Services, Director of Planning and Principal Secretary ensure Jamii ni Afya operational cost are included in the draft budget in line with the transition plan
- The Ministry of Finance ensures Jamii ni Afya operational cost remains in the reviewed draft budget
- The Ministry of Health advocates to the Social welfare Committee and other members of the House of Representatives to vote on the JnA operational budget.
- Lobbying the Ministry of Finance to maintain the MOH total budget within a 10% margin.
- Engagement of the Health Financing Technical Working Group in active advocacy for JnA budget allocation
- Include CHVs operations cost budget into the MoH Mid Term Expenditure Finance/ PBB/PoA 2024/2025.
- Support the MOH to develop proposals to mobilize substantial funds from other partners to supplement the government gaps.

FIN2.2: RGoZ has received approval for Jamii ni Afya funding from at least one multilateral donors and continues to prioritize JnA in funding requests

- Jamii ni Afya is written into at least 2 proposals to multilateral funders
- D-tree continues to support the RGoZ to mobilize complementary funds from other partners needed to support Jamii ni Afya operations.
- RGoZ has received approval from a multilateral donor to directly fund Jamii ni Afya

FIN2.3: Jamii ni Afya is fully integrated into UHI plans

- CHVs finalize data collection the social-economic status of all households in Zanzibar

- ZRCP conducts an analysis of the data, producing a report which will support the UHI initiative to map all households needing government assistance for social protection
- Data will be available and shared with MOH and other key Ministry department and agencies (including, but not limited to, the 2nd Vice President's Office, the Ministry of Community Development and Social Welfare, the Ministry of Finance)
- Plans for how Jamii ni Afya will support and be integrated into the UHI scheme are further developed, with Jamii ni Afya formally being written into UHI plans.

Year 3 (2025)

During this year of implementation of the Transition Plan it is expected that the government will have allocated more budget to cover JnA operations cost and secured funds from multilateral funders. CHVs will have been recognized for their work across Ministries as their data will have impacted other Ministries, the Ministry of State and Ministry of finance will be among those supporting budgets to be allocated to the Jamii ni Afya program.

FIN3.1: The Zanzibar House of Representatives vote to include 75% of Jamii ni Afya annual operations cost in the national 2025-2026 budget

- The Health Promotion Unit and DHMTs develop a comprehensive budget in line with the community health costed operation plan requesting 75% from the national budget
- The MOH through the Directorate of Policy and Planning, together with Preventive Services & Health Promotion Unit, ensure Jamii ni Afya operational costs are included in the draft budget in line with the transition plan
- The Ministry of Health advocates to the House of Representatives to vote on the JnA operational budget.
- The Ministry of Finance advocates to maintain the MOH total budget within a 10% margin.
- HPU engage the Community Health TWG as well as Health Financing TWG in active advocacy for JnA budget allocation
- Include CHVs operations costs into MoH Mid Term Expenditure Finance/ PBB/PoA 2025/2026.

FIN3.2: RGoZ has received and is utilizing funding from at least one multilateral donor for Jamii ni Afya operating costs

- The MOH has received funding multilateral funding and is using it to cover Jamii ni Afya operating costs
- The MOH develops two or more new proposals to mobilize complementary needed funds from other partners to support Jamii ni Afya operations.

FIN3.3: Jamii ni Afya is fully integrated into UHI initiative, and is set to receive funding from UHI

- The UHI includes CHVs in their financial plan as a part of the UHI initiative
- Jamii ni Afya is fully integrated into UHI activities, providing ongoing data to support UHI initiatives (i.e. health facility accreditation, periodic assessment of household socio-economic status)

Year 4 (2026)

During year 4 of the transition plan, the government will be actively advocating for Jamii ni Afya to be fully included in the national budget, and significant funding will have been received from multilateral donors. JnA will also begin receiving funding from the UHI to partially cover operating costs, which will result in the program being fully funded by RGoZ resources.

FIN4.1: By December 2026 the RGoZ has included 100% of Jamii ni Afya operational costs in its 2026-2027 budget

- The MOH includes 100% of Jamii ni Afya operational cost within the national budget with the support from other Ministry Department Agencies (MDAs) who will be beneficiaries of JnA services and data

FIN4.2: RGoZ has received and is utilizing funding from at least two multilateral donors for Jamii ni Afya operating costs

- The MOH has received significant funding from at least two external donors to support program operations
- The MOH, with support from other MDAs, coordinate partners to mobilize additional resources to continuously support the JnA program

FIN4.3: Jamii ni Afya is receiving routine funds from the UHI scheme to cover part of JnA operational costs

- The UHI initiative supports a part of JnA operating costs
- JnA is fully integrated into UHI systems

Program & operations management

Year 1 (2023)

PRG1.1: Programmatic roadmap is finalized, outlining roles & responsibilities for CHV training, supervision, monitoring and district and national oversight

- Develop TORs and/or Standard Operating Procedures (SOPs) outlining the roles and responsibilities of all RGoZ stakeholders at the facility, district and national levels in program and operations management for Jamii ni Afya
- Conduct training sessions to orient RGoZ stakeholders on agreed upon roles and responsibilities

- Identify and sign a Memorandum of Understanding with RGoZ stakeholders who will lead JnA program and operations tasks, including the following roles:
    - Unguja & Pemba HPU focal points (2 people)
    - Unguja & Pemba ICT focal points (2 people)
    - District HPU focal points (11 people, one per district)
- Support the DHMT and CHV Supervisors to fulfill all responsibilities outlined in their TORs
- Conduct quarterly feedback meeting between HPU-IRCHP -D-Tree to discuss the progress of JnA

OPS1.1: Systems and service-level agreements set up to enable MOH to pay CHV stipends and send monthly data bundles

- MoH develops services contract with one or more mobile network operators for payment of CHVs and sending of data bundles
- Review MOH financial systems and develop a roadmap to enable MOH to manage CHV mobile money payments, with assistance from D-tree

CDN1.1: Mechanism set up to coordinate community health partners and guide decision-making around expansion of CHV service package, CHV compensation or workload changes

- Develop a SOP to guide stakeholder engagement in JnA, including managing requests for new service delivery areas, changes to the mobile app or communication to be delivered by CHVs.

<u>Year 2 (2024)</u>

PRG2.1: MOH conducts CHV training, supervision, monitoring and has district and national oversight of JnA, in close coordination with D-tree

- The MOH leads CHV and Supervisor recruitment and replacement trainings with limited support from D-tree
- The MOH will plan and conduct primary and refresher training for new and existing CHVs and their supervisors
- HPU and DHMTs oversee District HPU focal persons and CHV supervisors.
- DHMTs Monitor performance of CHVs and CHV supervisors and follow-up promptly to address any issues
- At least 75% of CHVs routinely meet performance targets
- Key community health indicators remain stable or improve over the previous year

OPS2.1: MOH pays CHV stipends and data bundles for at least 25% of CHVs in Jamii ni Afya

- D-tree provides technical assistance to the MOH to finalize systems and service-level agreements and build skills to enable payment of CHV stipends and data bundles
- The MOH begins to make makes direct payment (stipends, bundles and phone replacement) to 25% of CHVs

CND2.1: MOH and D-tree jointly coordinate community health partners and guide decision-making around expansion of CHV service package, CHV compensation or workload changes

- The MOH coordination mechanism (set up in year 1) meets quarterly to review partner requests and decide on any changes or additions to the CHV service package, compensation or workload
- HPU and Districts develop annual comprehensive plans that fully incorporate JnA activities that combine program implementation and monitoring.

Year 3 (2025)

PRG3.1: MOH conducts CHV training, supervision, monitoring and has district and national oversight of JnA, with minimal support from D-tree The following activities will be conducted among others:

- CHV supervisors routinely support CHVs, through supervision visits, monthly meetings, performance review and other operational supports
- HPU district focal persons work with CHV supervisors directly supervising their work, review CHV performance, analyze dashboards and provide feedback appropriately
- DHMTs plan Jamii ni Afya activities in their districts, coordinate activities, implement and report about achievements and challenges, with minimal support from D-tree
- HPU continues to lead CHV replacement (recruitment, training and support) and CHV refresher trainings (including planning, conducting and financing trainings), with minimal support from D-tree
- At least 75% of CHVs routinely meet performance targets
- Key community health indicators remain stable or improve over the previous year

OPS3.1: MOH pays CHV stipends and data bundles for at least 50% of CHVs in Jamii ni Afya

- The MOH routinely uses systems and structures in place to manage mobile money payments and data bundles for CHVs
- The MOH makes makes direct payment (stipends, bundles and phone replacement) to 50% of CHVs

CND3.1: MOH is coordinating partner requests and making strategic decisions about the CHV service delivery package, compensation and workload changes, with minimal support from D-tree

- The MOH coordination mechanism (set up in year 1) meets quarterly to review partner requests and decide on any changes or additions to the CHV service package, compensation or workload
- HPU and Districts develop annual comprehensive plans that fully incorporate JnA activities that combine program implementation and monitoring.

Year 4 (2026)

PRG4.1: MOH conducts CHV training, supervision, monitoring and has district and national oversight of JnA, with full autonomy

- The Directorate of Preventive Services through HPU, together with DHMTs, takes all initiatives for Jamii ni Afya implementation and management.
- The Jamii ni Afya structure with the MOH is routinely coordinated and CHVs efficiently supported
- At least 75% of CHVs routinely meet performance targets
- Key community health indicators remain stable or improve over the previous year

OPS4.1: MOH pays CHV stipends and data bundles for all CHVs in Jamii ni Afya

- The MOH routinely uses systems and structures in place to manage mobile money payments and data bundles for CHVs
- The MOH makes direct payment (stipends, bundles and phone replacement) to 100% of CHVs

CND4.1: MOH is fully coordinating partner requests and making strategic decisions about the CHV service delivery package, compensation and workload changes

- The MOH coordination mechanism (set up in year 1) meets quarterly to review partner requests and decide on any changes or additions to the CHV service package, compensation or workload
- HPU and Districts develop annual comprehensive plans that fully incorporate JnA activities that combine program implementation and monitoring.

Technology & data management

Year 1 (2023)

TEC1.1. User support, system operations and platform maintenance roadmaps developed and partially implemented; MOH staff identified and trained in all areas

General:

- Conduct needs assessments for user support, system operations and platform maintenance
- Develop roadmaps for users support, system operations and platform maintenance
- Identify staff and provide basic training"

User support:

- Define support levels and SOPs, ticketing system, service level agreements (SLAs), knowledge base system, reporting and analytics and communication channels
- Adopt existing systems (e.g. ticketing, knowledge base) and create new systems as needed"

System operations:

- Start migration of Jamii ni Afya servers to ZICTIA data center
- Develop System Operations Manual, including SOPs (backup/restore, upgrades and testing, system user and app user management, security and data protection, monitoring, etc.) and SLAs (including quality metrics, e.g. guaranteed system uptimes; good communication of planned and unplanned maintenance periods, etc.)
- Develop device replacement plan
- Develop Mobile Device Management concept

Platform maintenance:

- D-tree and MOH collaboration on bug fixes and new developments

DM1.1. All indicators that are essential for operating and monitoring the program have been integrated into the MOH DHIS2 system and disseminated amongst relevant MOH units

- D-tree and MOH jointly set up data processing pipelines so that indicators are being updated in DHIS2 on a monthly basis
- Train HMIS and ICT staff to be able to manage the JnA indicators in DHIS2, including incorporating them into dashboards
- Train HMIS and ICT staff to be able to follow a defined procedure for provisioning data access to MOH colleagues and other stakeholders
- Train key MOH staff so that they are aware of the JnA data, and understand the definitions of indicators and when it is appropriate to use them

DM1.2. Protocols and processes for sharing data are in place

- Create protocols and processes for sharing data within MOH, with other RGoZ MDAs, and with external stakeholders, have been created
- Train key staff to follow protocols and procedures

DU1.1. JnA indicators are being routinely disseminated and discussed by MOH staff

- Ensure that JnA data is regularly appearing in newsletters and reports
- Faciliate staff from multiple different units, and DHMTs, to routinely look at and discuss JnA data
- Facilitate HPU and DHMTs to use JnA data to inform decisions about improving the JnA program
- Develop strategies to increase the use of data within MOH, including improved dissemination within MOH and building a data use culture that encompasses all levels

DU1.2. JnA data has been shared with trusted research partners in order to enable implementation research and innovation research

- Conceptualize at least one research or innovation project
- Follow data sharing protocols to share data with research partners
- MOH staff engage in discussions about research and innovation
- D-Tree collaborates with local academic institutions, develops and signs an MOU and SOW to support the MOH on data analytics, including data science

Year 2 (2024)

TEC2.1. User support, system operations and platform maintenance concepts fully implemented; MOH staff conducts tasks under supervision from D-tree

General:

- Provide advanced trainings, as well as replacement trainings
- Continuous reporting, monitoring and evaluation, as well as change management (adaptations according to evaluated issues); D-tree leads

User support:

- Review user support SOPs and SLAs and adjust as necessary
- Maintain and review Jamii ni Afya knowledge base
- Maintain or contribute to maintenance of ticketing and knowledge base systems

System operations:

- Finalize migration of JnA servers to data center
- Review system operations SOPs and make necessary changes

- Review system performance vis-a-vis metrics defined in SLA and make necessary changes
- Implement device replacement plan
- Implement Mobile Device Management system
- Add mobile device management to SOPs and SLA

Platform maintenance:

- Define Jamii ni Afya governance structure, including TORs for steering and product management committees
- Define initial Jamii ni Afya product roadmap

DM2.1. MOH begin to take ownership of the entire JnA data system

- Begin a program of technical support and training on the topics of DHIS2, database management, and data protection

DM2.2. MOH follow data quality procedures to ensure the quality of JnA data

- Create new data quality procedures, or update existing ones
- Train key staff to follow data quality procedures
- HMIS ensures that data quality procedures are being followed

DU2.1. JnA data is regularly consulted by staff at all levels of the health system

- Implement strategy for increasing data use and building data use culture within MOH, at all levels
- Conduct trainings so that staff at all levels, including MOH leadership, are able to understand and present JnA data, and link it to decisions

DU2.2. JnA data is being used by researchers to conduct program evaluations, implementation research, and innovation research

- MOH staff regularly engage in discussions about research and innovation

<u>Year 3 (2025)</u>

TEC3.1. MOH staff conducts advanced user support, system operations and platform maintenance tasks under minimal supervision from D-tree

General:

- Provide continuous staff capacity development, including replacement trainings (MOH and D-tree co-lead)
- Continuous reporting, monitoring and evaluation, as well as change management (adaptations according to evaluated issues); D-tree and MOH co-lead

User support:

- Review user support SOPs and SLAs and adjust as necessary
- Maintain and review Jamii ni Afya knowledge base
- Maintain or contribute to maintenance of ticketing and knowledge base systems

System operations:

- Review system operations SOPs and make necessary changes
- Review system performance vis-a-vis metrics defined in SLA and make necessary changes
- *Platform maintenance*
- Implement JnA governance structures
- Maintain JnA product roadmap

DM3.1. MOH are able to maintain and own the entire JnA data system with limited support from D-tree

- Provide ongoing technical support and training on the topics of DHIS2, database management, and data protection

DM3.2: MOH follow data quality procedures to ensure the quality of JnA data

- Create new data quality procedures, or update existing ones
- Train key staff to follow data quality procedures
- HMIS ensures that data quality procedures are being followed

DU3.1. Relevant JnA data is used by other government MDAs

- Share data with relevant MDAs, following the data sharing protocol
- Train MDAs about JnA data, including definitions of indicators and potential use cases

<u>Year 4 (2026)</u>

TEC4.1. MOH staff conducts user support, system operations and platform maintenance with full autonomy

General:

- Provide continuous staff capacity development (MOH leads)
- Continuous reporting, monitoring and evaluation, as well as change management (adaptations according to evaluated issues); MOH leads

User support:

- Review user support SOPs and SLAs and adjust as necessary
- Maintain and review Jamii ni Afya knowledge base
- Maintain or contribute to maintenance of ticketing and knowledge base systems

Systems operations:

- Review system operations SOPs and make necessary changes
- Review system performance vis-a-vis metrics defined in SLA and make necessary changes

Platform maintenance:

- Monitor JnA governance structure
- Maintain JnA product roadmap

DM4.1. MOH are able to maintain and own the entire JnA data system with minimal support from D-tree

- Provide very minimal technical support on the topics of DHIS2, database management, and data protection

DM4.2: MOH follow data quality procedures to ensure the quality of JnA data

- Create new data quality procedures, or update existing ones
- Train key staff to follow data quality procedures
- HMIS ensures that data quality procedures are being followed

DU4.1. JnA data is routinely being used by decision makers at all levels of the health system, by decision makers in other MDAs, and by research partners

- HMIS regularly promotes and facilitates data use within health system
- MOH frequently interacts with other MDAs to ensure JnA data is being used
- MOH staff engage in research projects with partners, throughout the entire project lifecycle, including conceptualization, implementation, analysis, and publication

Monitoring of the JnA Transition Plan

Monitoring and Evaluation (M&E) of JnA Transition Plan implementation from 2023 to 2026 aims to inform progress on the planned interventions/activities within the plan. The monitoring process will show the progress and achievement of the milestones indicated in this plan. We will conduct an annual review, and engage in a more intensive midterm evaluation of the plan to understand the progress as well as bottlenecks of the implementation of this Transition Plan.

Quarterly and semiannual meetings will be conducted to discuss the progress of the implementation of the plan. Meetings will involve all stakeholders who are part of the implementation of this plan. The Health Promotion Unit and D-tree will organize these meetings.

Annual reports will be developed using activities reports and other information obtained through different ways to disseminate findings about progress in the plan, celebrate achievements, and call for increased attention on any areas that are not performing as expected.

The multisectoral committee which will be established to enforce the implementation of the plan will be regularly informed by reports of the implementation of the plan.