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Case Title: Community Engagement to Improve Male Partner HIV Testing at Songea Prison Dispensary in Tanzania

Mentor offering Continuing Medical Education (CME) to healthcare providers on documenting male partner testing tools

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Summary:

Male partner HIV testing is essential for family health. It allows men to know their HIV status along with their female partners, enabling them to plan their lives accordingly. When couples are aware of their HIV status, the HIV-negative partner can adopt effective preventive measures like PrEP and condom use early on, while the HIV-positive partner can start antiretroviral therapy immediately. HIV treatment not only suppresses viral load and enhances the health and well-being of the person living with HIV (PLHIV) but also prevents vertical transmission of HIV and transmission to the partner. Despite this importance, male partner testing at reproductive and child health (RCH) facilities in Tanzania, particularly at Songea Prison Dispensary, was below 68%. The Songea Prison Dispensary collaborated with the community to encourage men to get tested for HIV alongside their partners at RCH, following guidance from the USAID Police and Prisons Healthcare during supportive supervision. This collaboration led to improvements in male partner testing over time, achieved through adaptive management and the use of successful local approaches from other social interventions. These approaches included using street criers to promote attendance at the special 'Village Health Day,' where male partner testing was a key agenda item. As a result, the facility is witnessing a cultural shift among men living around Songea Prison Dispensary, with increased interest in their partners' health, accompanying them to clinics, and getting tested for HIV together. Currently, higher rates of joint testing are being observed compared to previous times.

1. WHAT: What is the general context in which the case takes place? What organizational or development challenge(s) or opportunities prompted you to collaborate, learn, and/or adapt?

In Tanzania, particularly Songea, accompanying women to reproductive health services is culturally unacceptable. This deeply ingrained norm, coupled with the emergence of HIV, has created significant challenges in promoting concurrent HIV testing among partners, despite its crucial role in HIV prevention. Traditional gender roles, which often prioritize men's economic responsibilities, further exacerbate the issue. National HIV data reveals higher HIV prevalence among women and greater awareness of their HIV status compared to men. This disparity perpetuates a cycle of infection and reinfection within couples and their offspring. Additionally, a disconnect exists between healthcare facilities and the community, with services often reactive rather than proactive. This gap is evident in the limited community engagement outside of health crises, despite the presence of village health committees and regular meetings. To address these challenges, village governments must actively mobilize community members to participate in meetings and foster open dialogue with healthcare providers. By prioritizing community involvement and addressing the specific needs and concerns of men, a more comprehensive approach to HIV prevention can be achieved, aligning with the principle of "Nothing about us without us."

2. What two CLA Sub-Components are most clearly reflected in your case?

- Collaboration
- Adaptive management



3. HOW: What steps did you take to apply CLA approaches to address the challenge or opportunity described above?

The USAID Police and Prisons Healthcare implemented a CLA (Collaborating, Learning, and Adapting) approach to enhance the Songea Prison Dispensary's ability to collaborate with the community and improve

partner HIV testing. This approach involved learning from data and experiences with men in Songea. The following CLA processes were implemented:

1. **External Collaborative Approach:** The first step was to engage the surrounding community and local government leaders to understand their cultural norms, particularly regarding men escorting female partners to RCH clinics. The village health day was established as a forum for healthcare providers to discuss health issues with the community, learn from each other, and create action plans to address identified issues. This collaboration fostered mutual ownership among village leaders, community members, and healthcare providers.
2. **Facilitating Community Change:** To encourage male participation in their partners' reproductive health, including joint HIV testing, community health workers conducted door-to-door visits and used loudspeakers to sensitize men. At the facility level, a focal person was appointed to ensure couples received immediate services, allowing men to return to their daily activities promptly. This approach considered the cultural norm of men as primary breadwinners, as identified in the first step.
3. **Sharing Progress and Encouragement:** Healthcare providers shared updates on male participation during village health day meetings. Men who escorted their partners to RCH visits were congratulated, while those who did not were encouraged to do so in future visits. This fostered ongoing positive discussions about male participation within the community. Over time, repeated implementation led to improved male engagement in their partners' reproductive health, resulting in higher rates of partner HIV testing.

Overall, poor community engagement was identified as a key factor in men's lack of participation in their partners' reproductive health and HIV testing. The USAID Police and Prisons Healthcare aimed to improve male partner HIV testing services and monitored progress on a monthly basis. Throughout the implementation, USAID continued to collaborate, learn, and adapt based on feedback and ideas from men attending the facility and healthcare providers participating in village health day meetings.

4. **RESULTS: Choose one of the following questions to answer.**

We know you may have answers in mind for both questions; However please choose one to highlight as part of this case story

Throughout the implementation of the CLA approach, it was observed that external collaboration was crucial. The USAID Police and Prisons Healthcare leveraged the insights gained from working with healthcare providers, community health workers, the community, and local leaders to refine and adapt their strategies, ensuring the sustainability of the development outcomes achieved. This collaborative effort fostered a culture of cooperation in addressing reproductive health issues within families and the community at large. This was evidenced by the ongoing improvement in male partner testing at the Songea Prison Dispensary and the continued community discussions on reproductive health issues.

This significant achievement sustains the development results through continuous collaboration, reflection, and learning from partner testing outcomes summarized quarterly, as well as feedback from community members during village health days. A total of 176 men were tested for HIV, accompanying 221 female partners at RCH clinics, resulting in a partner testing rate of 79%. The partner testing rate improved from 68% in September 2022 to 92% in March 2024. These positive outcomes have sparked a cultural shift in communities around other healthcare facilities in Songea and have piqued the interest of healthcare

providers from other police and prison facilities in Tanzania during quality program review meetings. Additionally, there is an increase in positive discussions about male involvement in reproductive health during village health day meetings and within the community, which indicates the potential for sustaining these results and extending them to other communities in Songea and Tanzania as a whole.

ENABLING CONDITIONS: How have enabling conditions - resources (time/money/staff), organizational culture, or business/work processes - influenced your results? How would you advise others to navigate any challenges you may have faced?

The key enabling conditions for this activity included the village leaders' willingness to collaborate with healthcare providers to address health issues in their community by creating a forum for discussion. The community, especially men, also provided a supportive environment by openly discussing the barriers to their participation in reproductive health issues. Healthcare providers were flexible in developing a working relationship by establishing a focal person for male participation at the facility, participating in meetings, and providing education on the importance of male involvement. These enabling conditions were crucial in improving male participation and overcoming obstacles such as the cultural belief that reproductive health issues are solely for women and the lack of political support at the national level. The misconception that women should not be denied services if not accompanied by their partners has been misinterpreted in some communities as diminishing the importance of male participation.

The maintained collaboration, gradually built through the relationship between the USAID Police and Prisons Healthcare, the Songea Prison Dispensary, the community, and their leaders, has led to a mutual exchange of needs and support, thereby improving development outcomes despite the mentioned obstacles. The enabling conditions—openness of all parties, the relationship forged between the community and healthcare providers, and the willingness to use all available resources—were crucial in fostering this activity. This has brought about a shift in the culture of male involvement in reproductive health issues and ensured its continued discussion within the community.

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