HEALTH PROMOTION TANZANIA

ACHIEVEMENT REPORT

July 2018 to June 2019
ACKNOWLEDGEMENT

I would like to express my deepest appreciation to all those who supported Health Promotion Tanzania to accomplish these achievements for the year 2018/19. A special gratitude goes to the Government of Tanzania for creating enabling environment that allowed all the work to be done. I would specifically like to acknowledge Ministry of Health Community Development Gender, Elderly and Children (MoHCDGEC) for their partnership and support throughout the year. The directorate of Preventive Services is particularly appreciated. Ministry of President Office Regional Administration and Local Government particularly the directorate of health services is very much appreciated. We would also like to thank Tanzania Commission of AIDS for their support and partnership.

Special thanks also go to Tanzania parliament; honorable speaker Honorable Job Ndugai for his support on our campaign to make Tuberculosis a public health concern. Chairperson of HIV/TB committee Hon Oscar Mukasa for his dedication to bring TB and HIV together as sister diseases. Many appreciations also go to the leadership of Ngara, Biharamulo, Mbinga, Geita district councils and leadership of Katavi, Kigoma and Tabora regions. I Salute RMNCH and HIV/TB desk officers on the above district and regions who worked without teams o day to day basis to achieve the results presented here.

Furthermore, I would also like to acknowledge with much appreciation the crucial role of donors who supported our work in this year. To mention the main donors they include (Action Global health Partnership- RESULT US, USAID, Bill and Melinda gates-Johns Hopkins University, Jhpiego, PEPFAR, HENNET, EANASO, PAI, Walter Reed Program, Eleanor Crook Foundation, Dubai Care, SAMASHA Medical Foundation, OPTIONS Ltd.

I would finally like to thank leadership of HDT; my fellow board members, Dr. Bwijo Bwijo, Dr. Amos Kahwa, Christine Mwanukuzi, Neville Meena and Simon Malanilo. I would like to thank the Director of Health Promotion Tanzania Dr. Peter Bujari for his leadership to make this possible. Staff who worked during this year including Ms. Aagnes Kisala, Mr. Greysmo Mutashobya, Mr. Salvador Hokororo, Mr. Nelson Telekela, Abduel Msuya, Joachim Henjewele, Andrew Katemi, Belinda Kijangwa, Tonny Muyengi, Domina Iugaiganisa, Lightness Charles to mention some key staff.

While I may not mention all people and partners, I wish to thank all those who have contributed to this work. Finally, I welcome more partnership and call for more dedication to serve Tanzanian.

Sincerely yours

Feddy Mwanga

HDT Board Chairperson
Contents

Abbreviations: ...................................................................................................................................................... 3

1. Health Promotion Tanzania Program summary: .................................................................................................. 4
2. Project summaries.............................................................................................................................................. 5
   2.1 CCM+ Project ............................................................................................................................................... 5
   2.2 Diseases of poverty ..................................................................................................................................... 5
   2.3 Advance Family Planning .......................................................................................................................... 5
   2.4 CSO/Global Financing Facility (GFF) ......................................................................................................... 5
   2.5 The Motion Tracker .................................................................................................................................... 6
   2.6 Comprehensive Community Based HIV Program ..................................................................................... 6
   2.7 BORESHA AFYA BY HDT/JHPIEGO USAID ......................................................................................... 6
   2.8 Water project in Geita: ............................................................................................................................... 7
   2.9 RUKWA NUTRITION ADVOCACY ....................................................................................................... 7
3. GENERAL ANNUAL ACHIEVEMENT .................................................................................................................. 8
4. Key Advocacy achievements: .......................................................................................................................... 10
   4.1 Increased GFF-CSO’s capacity in budget analysis, advocacy, accountability ............................................. 10
   4.2 Increased uptake of FP services and FP funding in 4 regions of Kigoma, Tabora, Dar es salaam and Pwani through PPF ....................................................................................................................... 10
   4.3 Increase visibility of Reproductive Health (RH) commodity supply challenges through media .......... 11
   4.4 Strengthened capacity of CSO’s to meaningfully engage in TNCM processes ....................................... 12
   4.5 Increased Political visibility for TB in Tanzania ......................................................................................... 13
5. Key Community System Strengthening interventions achievements: .......................................................... 15
   5.1 Improvement in quality and access of service delivery on RMNCH ......................................................... 15
   5.2 Increase access to full range of services such as Malaria, RCH and Family Planning ............................. 15
   5.3 Increase of facility delivery in Biharamulo and Ngara districts ................................................................. 16
   5.4 Increased identification of HIV + clients through HIV testing ................................................................... 16
   5.5 Increased HIV PREVENTION services in two districts of Mbinga TC and DC ................................. 17
6. Other Achievements: ...................................................................................................................................... 17
   6.1 Development of regional advocacy plans .................................................................................................. 17
   6.2 Improved sanitation by ensuring access to clean water in Geita district ................................................. 18
7. Lesson learnt ................................................................................................................................................... 18
8. Conclusion and recommendations ................................................................................................................ 18
9. Annexes............................................................................................................................................................ 19
   9.1 A satisfied family plan user ....................................................................................................................... 20
   9.2 Improved quality of maternal health services in Kigoma Tabora Pwani and Dares salaam ..................... 21
   9.3 Minister for Health becomes TB champion ............................................................................................... 22
   9.4 Quality and access of RMNCH services improved by community scorecard in Ngara and Biharamulo ... 23
   9.5 Involvement of media to inform community and stakeholders ................................................................. 23
**Abbreviations:**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDT</td>
<td>Health promotion Tanzania</td>
</tr>
<tr>
<td>CCM</td>
<td>Country Co-ordinating Mechanism</td>
</tr>
<tr>
<td>CG</td>
<td>Community Group</td>
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<td>Country Technical Team</td>
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<tr>
<td>EANNA SO</td>
<td>Eastern Africa National Networks of AIDS and Health Service Organizations</td>
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<td>GFATM</td>
<td>Global fund for TB and Malaria</td>
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<tr>
<td>KVP</td>
<td>Key and Vulnerable Population</td>
</tr>
<tr>
<td>PRs</td>
<td>Principal Recipients</td>
</tr>
<tr>
<td>RH</td>
<td>Reproductive Health</td>
</tr>
<tr>
<td>NFPCIP II</td>
<td>National Family Planning Costed Implementation Plan II</td>
</tr>
<tr>
<td>FY</td>
<td>Final year</td>
</tr>
<tr>
<td>FP</td>
<td>Family Planning</td>
</tr>
<tr>
<td>GFF</td>
<td>Global Financing Facility</td>
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<tr>
<td>HDT</td>
<td>Health promotion Tanzania</td>
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<tr>
<td>PPFP</td>
<td>Post-partum family planning</td>
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<tr>
<td>RMNCAH</td>
<td>Reproductive, maternal, new-born child and adolescent health</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>TNCM</td>
<td>Tanzania National Co-ordinating Mechanism</td>
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1. Health Promotion Tanzania Program summary:

Health Promotion Tanzania (HDT) is a local NGO with over seven years’ experience in public health advocacy and community-based health interventions. Our niche is promoting maternal and newborn health in Tanzania as well as addressing diseases of poverty including Malaria, HIV and TB epidemics. Health Promotion operates in three pillars namely Policy advocacy, Community system strengthening and Knowledge and Innovation.

Working in these three pillars, HDT has become a household name in the country, reputable in mobilizing other partners to attain outcomes in health through SMART advocacy – an evidence-based decisionmaker-centered approach that stresses on right timing for advocacy intervention, right decision maker and right message. Therefore, HDT is supporting the Ministry of Health and President office regional administration and local government to reduce maternal mortality rate by undertaking community-based health promotion and advocating for increase in RMNCH financing. On another hand, HDT advocates for policy change and public health responsibility and accountability. HDT is also supports the Government efforts in attaining the United Nations High Level meeting targets for TB by 2023 through establishment of Multi-sectoral Tuberculosis partnership chapter in Tanzania.

HDT is leading country task team to enable civil society and community group (CS/CG) constituencies to contribute to “increased uptake of HIV, TB and Malaria services among key and vulnerable populations”. This is done through enhanced performance of rights-based and gender responsive HIV, TB and Malaria programs, community government system and Improved quality of civil society and community constituencies’ participation in GFATM decisions.

Under Community System Strengthening, our interventions are focused on improving Maternal and Child Health performance. Our interventions also focus on reducing HIV/AIDs and TB infection rate by conducting focused HIV prevention sessions, HIV testing and referral to identified positive cases for treatment. To contribute to health service quality, we undertake community score card to increase health rights and accountability. To contribute to improved quality of life among PLHIV. We support creation of PLHIV support groups where PLHIV discuss issues concerning treatments and income generating activities. In 2018/2019 we have made good strides in touching lives of vulnerable and disadvantaged groups and we are proud to share achievement in this report. This report presents achievements over the period of June 2018 to July 2019. It also shares challenges and lessons learned throughout the year which makes us stronger and well positioned to achieve even more in year 2019/2020.
2. Project summaries

2.1: CCM +Project
CCM/CS plus is a project that seeks to strengthen Civil Societies (CS)/Community Groups (CG) constituencies to engage with Tanzania National Coordinating Mechanism (TNCM) to address the challenges facing their participation in overall Global Fund processes. The project aiming at enabling Civil Society/Community Groups constituencies to contribute to “increased uptake of HIV, TB and Malaria services among country and disease specific key and vulnerable populations” through; having Enhanced performance of rights-based and gender responsive Global Fund HIV, TB and Malaria programs delivered through community systems and government; Improved quality of civil society and community constituencies’ representation and feedback/consultation to the TNCM. The project is funded by GIZ through Eastern Africa National Network of AIDS and Health Service Organizations (EANNASO). These country task team comprises two CSO members who are in TNCM and three members who are Not in TNCM. Country task team coordinate, empower and build the capacity of CS/CG to effectively national. In the end this process aims to increase Global Fund efficiency and effectiveness.

2.2: Diseases of poverty
The project aims to influence policy and mobilize resources to fight diseases of poverty and achieve equitable access to health. By establishing TB partnership, strengthening TB country caucus, increase visibility and prioritization of TB in national plan, advocate for government to address the barriers of immunization and others. It is funded by Gates through Action Global Health Advocacy Partnership, which advocates number of interventions including TB and RMNCAH+N advocacy.

2.3: Advance Family Planning
Advance for family planning (AFP) project is funded by Gates institute of public health through Johns Hopkins University. In support of Family Planning 2020 which targets 120 million women and girls to access and use family planning by 2020, AFP seeks to achieve a global goal of expanding access to quality, affordable and voluntary access to family planning services and supplies through a broader evaluation on financial investment in the country and political commitments.

In 2018/2019 AFP operated at National and sub national level and in Tabora, Kigoma, Pwani and Dar es Salaam. As part of increasing accountability HDT advocate for disbursements and spending for Family Planning of 192 LGAs. To increase Family Planning uptake, HDT advocated for increasing investment on PPFP

2.4: CSO/Global Financing Facility (GFF)
The Global Financing Facility is a financing mechanism which comprises of a loan and grants from different donors that altogether amounts to $306 million to end preventable maternal and child deaths. GFF also offers a forum for dialogues around RMNCAH+N in the country with one of its main objectives being Civil Society Organization being fully engaged in seeking for and enhancing RMNCAH+N accountability.

As part of Civil Society engagement, Health Promotion Tanzania has been selected as the secretariat for CSO – GFF Coordinating Group to speed gear dialogues and conversations among CSOs to ensure that the donors and the Government are held accountable for the improvement of RMNCAH+N in
Tanzania. HDT supports efforts to coordinate CSOs and build their capacity to be engaged in GFF processes at National level and in low performing regions where GFF is implemented. CSOs developed a scorecard for both process indicators and output indicators. This platform has also been using Government led score cards, and CSO have analysed the quarterly RMNCAH+N scorecards and develop their advocacy plans. These interventions were supported by OPTIONS consultancy and ACTION.

Health Promotion Tanzania (HDT) in partnering with HENNET implements a one-year project that aim at closing the gaps and increase access to the full range of affordable and quality reproductive health commodities in national and sub-regional level in Tanzania. The main goals of the project are to mobilize and sustain effective advocacy to ensure inclusion of reproductive health supplies in the GFF financing mechanism, addressing policy barriers and increase political visibility at national and sub-national levels. Funded by RHSC supplies through Health Ngo Network (HENNET).

HDT used platforms such as the media, Commodity Security TWG and Annual Health Sector review meeting to share evidences and contribute to providing suggestion on priority policy strategies for Health Sector Strategic Plan.

2.5: The Motion Tracker
Funded by SAMASHA Medical Foundation and later by Population Action International, this project aims at translating global commitments into local action. This project tracks the extent at which Tanzania is making progress in achieving FP2020 commitments and Every Woman and Every Child (EWEC).

The project focuses on collecting data from stakeholders such as CSOs, INGOs, Development partners and the Government to acknowledge stakeholders’ contribution and determine progress.

2.6: Comprehensive Community Based HIV Program: Funded by PEPFAR through Henry Jackson Research and medical Foundation (HJRMF), this project objectives were to implement comprehensive evidence-based community outreach programs tailored to priority populations and key populations by increasing number of KVP’s identified and tested for HIV, improving referral and linkage to Facility, increasing knowledge on Gender Based Violence and reduction of gender inequality, and encouraging male engagement in HIV/AIDS interventions. It focuses on community-based HIV prevention and care. The target groups of CCHP-HBC program are Key Population (FSW), Priority population (Adolescent girls and young women) and People living with HIV (PLHIV), partners of FSW, and men. The project was implemented by HDT in Ruvuma region.

2.7: USAID/BORESHA AFYA PROJECT: BORESHA Afya is a community based RMNCAH+N Project, funded by USAID through Jhpiego and is implemented by HDT in Ngara and Biharamulo districts.

The goal of the project is on improving the availability and access to quality respectful and integrated health services for mothers and children. It uses people - centred approach in which Community Health Workers (CHWs) are central to the program. Linked to health facilities, this cadre bring services to household and facilitate accountability among communities, facility and government. CHWs also facilitate dialogues on Male involvement in RMNCAH, Gender Dialogue, educative cinema shows, Gulio la Afya and Community Score Card.
2.8: Water project in Geita: This is a one-off project for constructing five water harvesting tanks in five health facilities of Kasang’hwia, Kishinda, Mwamitilwa, Nyalwanza and Nyamwilolelwa Dispensaries.

The objective of the project is to facilitate availability of water in the health facilities to provide water storage and supply services and therefore improved water sanitation and hygiene (WASH) services.

Inadequate and unreliable water supply affects sanitary conditions for provision of health services. This includes all types of services and health service beneficiaries; including people affected by HIV. Therefore, improved water storage and supply will benefit all recipients of health services in the respective facilities. This project was of PEPFAR Ambassador’s Fund for HIV/AIDS Relief (AFHR)

2.9: RUKWA NUTRITION ADVOCACY: Eleanor Crook Foundation provided a short time grant to undertake Nutritional Budget Advocacy in Rukwa region. This is a region with highest stunting rate in the country Rukwa-56.3%, other corresponding regions are Njombe-49.4%, Ruvuma-44.4%, Kagera-41.7% and Iringa-41.6% Advocacy in the region complemented central Government directive that was issued in 2016 requiring all Local Government to allocate funding for nutrition. HDT conducted the study with collaboration with Nutrition Department of PORALG and technical assistance and technical assistance from the ACTION Secretariat
3. GENERAL ANNUAL ACHIEVEMENT

Health Promotion Tanzania contributed to Government’s efforts in meeting various targets in

- Meeting Tanzania FP2020 targets,
- Universal Health Coverage by 2030,
- UNHLM stop TB country targets 2022.

Meeting Every Woman Every Child,
One Plan II country targets by 2020
Meeting HSSPIV target of quality health

HDT is proud to have contributed to increased political commitment on TB whereby Minister for Health committed to be TB champion, speaker of parliament also became champion and took initiative to motivate religious leaders to be active in participating to identify TB missing cases.

**FP2020 & EWEC TARGETS:**
1. Increase its allocation for FP commodities from Tshs. 14 billion in 2017 to Tshs. 17 billion by 2020.
2. Increase the number of FP users from 3.8 million in 2017 to 4.3 million in 2020 to reach a modern CPR of 45% by 2020.

**ONE PLAN II COUNTRY TARGETS:**
1. Increase Modern methods CPR from 27 % 45 % by 2020.
2. Increase number of clients receiving modern FP methods 2.6 million 4.2 million by 2020.
3. Increase four or more antenatal care visits from 43% to 70%.
4. Increase coverage of health facility delivery from 50% to 80%.

Throughout this period, we influenced Maternal Child Health budget increment of 52% comparing to the previous year. Family planning budget increased both at national level and local government level. Family Planning uptake also is on increase due to prioritization of Post-Partum Family Planning in Dar es salaam, Tabora, Pwani and Kigoma regions. We also contributed to increased visibility on regional disparities on immunization; for regions such as Katavi, Tabora and Shinyanga regions through enlighten of respective Member of Parliament.

Health Sector Strategic Plan IV (HSSPIV), commits to **quality improvement of primary health care services, delivering a package of essential services in communities and health facilities** under its strategic objective one. HDT implementation of community-based system strengthening has contributed to improvement of quality of health services. This has led to
increased facility delivery, Antenatal care attendance of 4+ visit and male participation in reproductive maternal New-born child health interventions in Ngara and Biharamulo districts.

Also reducing HIV incidence through HIV prevention, testing and treatment and care services. HDT has contributed to an increase of HIV + identification by reaching 13,324 with HTC service and diagnose 890 clients with HIV. 853 +VE were linked to treatment. 4,119 of Key Population groups were served with HIV preventive services such as condom distribution and social behavioural change and communication session; these contributed to reaching 90-90-90 HIV targets.

Broadening our scope of work, HDT has engaged CSOs in eight regions implementing Global Financing Facility (GFF) referred to as GFF-CSOs to engage in assessment of performance of Maternal New-born Child Health Program. CSOs have been engaging in accountability and performances in their LGA’s and Health Facilities to increase performance. Three task team’s advocacy, Accountability and capacity building were formed and have been coordinating the engagement of CSOs in GFF. CSOs has been engaging in reviewing quality Maternal Child Health Score card and tracking performance.

We also supported CSO to effectively engage in TNCM\(^1\) by building capacity of CSO around the region to have a good understanding of global fund opportunities and how to meaningful engage in the global fund processes.

HDT also supported health facilities to improving water and sanitation. We supported construction of 250,000 litres tanks in Geita district. This was done by construction of five rainwater harvesting tanks in five health facilities that serve up to 115,000 people.

Through advocacy in Rukwa regional nutritional budget increased by 20% from the expected allocation. The region was expected to allocate TZS 244 Million in year 2019/20, but allocated TZS 299 million.

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\(^1\) Tanzania national coordinating mechanism
4. Key Advocacy achievements:

4.1 Increased GFF-CSO’s capacity in budget analysis, advocacy, accountability

To achieve meaningful CSO engagement in Global Financing Facility, Health Promotion Tanzania has mobilized over 30 CSOs from the eight low performing regions of RMNCAH+N to bring accountability for GFF implementation and processes. These initiatives started in 2017 and has continued since then. On 28th-30th May 2019, 40 CSO’s members were trained on RMNCAH budget analysis and tracking to influence accountability and performance in 8 LGA’s and health facilities. GFF financing aims to provide up to $3.2 million annually for Family planning which can only be accessed when targets are met. (See annex 3). Therefore, planned to advocate for increased health facility performance on Family Planning indicators. Trainees reviewed and analysed RMNCAH scorecard to identify areas of weakness and as a result, organizations developed regional based work plans. In these work plans highlighted challenges and strategies to solutions. Such as in contributing to ending the AIDS epidemic in Tanzania by 2030 they will increase number of Care and treatment Centres by 10% in June 2020. To reduce rate of adolescent pregnancy by 5% by 2020 in Kigoma they agreed to incorporate sexual reproductive health education in primary and secondary school curriculum by Dec 2019. Follow up is being made to assess outcomes of the work plans.

4.2 Increased uptake of family planning uptake and budget in Kigoma, Tabora, Dar Es Salaam and Pwani.

The Tanzania Costed Implementation Plan for Family Planning recommends Post-Partum Family Planning as priority intervention to reach mCPR of 47% for married women and 40% for all women by 2023. With this understanding, HDT therefore conducted advocacy in 4 regions of Dar es salaam, Tabora, Kigoma and Pwani to prioritize Postpartum Family Planning. Our analysis of World Bank GFF performance shows that 77% of deliveries in Tanzania now take place in health facilities creating opportunity to intensify PPFP services. This means that

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2 Kigoma, Tabora, Kagera, Geita, Mwanza, Shinyanga, Simiyu and Pwani region.

3 National Family Planning Costed Implementation Plan II.
prioritizing Post-Partum Family Planning will ensure that 77% of delivering mothers receives Family Planning counseling and make informed choices. To achieve this, a landscape assessment was conducted in 4 regions on the status of PPFP provision. The figure below compares PPFP services and health facility deliveries in four regions.

A postpartum period represents a significant opportunity when women and health care meet and if FP-choice messages are not given, it is a missed opportunity. Evidence shows that provision of PPFP services is still low (highest 39% in Dar es salaam region to lowest 1% in Tabora region) compared to women delivering at the facility. HDT therefore used the data above to engage regional leaders (members of CHMT’s and RHMT’s) to discuss data implication and way forward. The meeting also discussed financing allocated to Family planning. All four regions committed to prioritize PPFP services by setting annual targets in their CCHP’s. (See achievement of this intervention under annex2)

4.3 Increase visibility of Reproductive Health (RH) commodity supply challenges through media

Engagement of media has been proven to be a way through which communities and decision makers receive information. As a result, HDT engaged selected media editors on concerns of procurement policies that affect availability of essential commodities to its end user. The procurement process for essential contraceptives attracts several taxes, charges and levies including Value Added Tax (VAT) of 18% of the total invoice, Customs Duties of 25% of the total invoice and Inspection fees of 0.6% of the total contraceptive invoices leading to
demurrage costs and stock outs. HDT analysed RMNCH commodity stock status from Commodity security committee and collected some data from health facilities which was used to inform media on current stock status at MSD and health facilities as a concern to reduce Maternal deaths in the country. The media took on the initiative to seek responses from decision makers like Minister of Health Hon. Ummy Mwalimu and Deputy Minister of Health Dr. Faustine Ndungulile. While the minister commented not to be sure, the deputy minister agreed on the challenges patterning commodities availability and committed to take necessary action to avert or reduce the issues (see Annex 5).

4.4 Strengthened capacity of CSO’s to meaningfully engage in TNCM processes

HDT has been implementing CCM+ project that aims to increase their engagement in decision making in TNCM and oversight. This project target more than 30 CSO’s that participates in TNCM processes. We help them to understand their roles, functioning and responsibilities with respect to their constituencies but also orienting CSOs on development of priority areas for the next GF funding request based on existing programmatic and epidemiological data. CSO’s play a critical role in representing the needs and interests of key and vulnerable populations and other under marginalized community groups; they have to be involved in the design and implementation of programs, and in monitoring for quality and equitable access, to ensure that programs are implemented as intended. In addition to that it created awareness to them on opportunities
of global fund and how to effectively engage in to receive funds of their priorities and monitor the fund that government has received to ensure it goes to required prioritized focus.

4.5 Increased Political visibility for TB in Tanzania.

Tanzania is ranked the 6th with TB burden out of 22 countries with the highest prevalence rate. In Tanzania TB is recognized as epidemic where it accounts for about 8% of the burden of diseases and 6% of all deaths in the country for people aged 5 years and above, primarily due to HIV/ TB co-infection. However, HIV/AIDS and TB programmes have no inter-agency coordinating committee which has been established, yet there are TB/HIV collaborative activities. In the Parliament, there were no where TB was discussed, neither was it in HIV committee and this led to it being a business of no body. Health Promotion Tanzania advocated for inclusion of TB in the mandate of HIV committee, given that these are twin diseases. HDT is further supporting establishment of STOP TB partnership chapter in Tanzania. (refer to annex 4)

The UN High Level on TB was conducted in New York in end of September 2018 with both Political commitments and Country targets commitments. Tanzania committed to make enrol 87100 in preventive therapy, diagnosis of 9600 children, MDR-TB diagnosis and treatment 178 and 74200 TB diagnosis and treatment in 2018

HDT organized a meeting with parliamentary TB caucus, Parliamentary secretary in partnership with NTLP. A presentation on the magnitude of TB, burden to economy and health system and its low funding was discussed in the meeting. Rationale to include TB in HIV portfolio was also made and as a result the chairperson of HIV/AIDS’s committee took upon the agenda to the speaker to in cooperate TB in HIV programming and financing. It was agreed that the committee will be renamed to be HIV, TB and Drug abuse and the TB mandate will be incorporated in this committee.

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To better ensure multi-stakeholders’ collaboration, STOP TB global was formed in 2001 and countries were required to form national chapter. By 2018, only 27 countries had established national chapter, but Tanzania was not among them. Health Promotion therefore worked with other partners to advocate and support NTLP to establish STOP TB National chapter. These efforts were building from the National TB and Leprosy Control Strategic Plan (2015-2020) which recognizes the need for multisectoral collaboration.

In April 23rd, 2019, Health Promotion Tanzania supported the NTLP of the Ministry of Health to convene a multi-sectoral Partnership meeting bringing together about 50 people from CSO, GoT, Private sector, Donors, Media and Academia to begin the process. The meeting was Graced by Minister of Health Hon. Ummy Mwalimu and attended among others by the Director of Preventive services Dr. Leonard Subi, Chief Medical Officer Prof. Muhamad Bakari Chairperson of HIV committee Dr. Oscar Mukasa. During the meeting, the Minister of Health acknowledged the existing TB burden in the country and committed to be TB champion even beyond her term.

The speaker of the Parliament in Tanzania Hon. Job Ndugai joined other high-ranking officials to be TB champions and became the patron of Parliamentary TB caucus. Hon. Ndugai committed to provide leadership in engaging key community leaders to participate in the identifying of TB missing cases. Hon. Ndugai motivated religious leaders in a one-day meeting held in Parliamentary offices in Dar Es Salaam on 17th July 2019 and as a result 5 main resolutions were agreed upon to contribute to meeting UNHLM targets that Tanzania is set to achieve by 2023.
5. Key Community System Strengthening achievements:

5.1 Improvement in quality and access of service delivery on RMNCH

Through Community Score Card (CSC) meetings\(^5\) and gender &RMC\(^6\) meetings village leaders in collaboration with CHW\(^7\)'s committed to influence pregnant women into attending clinics during pregnancy and after delivery. Through CSC meetings citizen were given opportunity to provide feedback on the quality of health services they receive and what was needed to be changed. Government leaders and health providers on another hand were responsive and answerable on how the services were being provided. After a meeting, decisions would be made on what to improve to address citizen’s concerns. This led to improvement of health service quality, which in turn attracted women attending health facilities for Antenatal Care, delivery and postnatal care. Isambala and Kitwechembo village in Biharamulo district influenced renovation of existing Health Facilities through Community Score Card. In Mkalinzi village a dispensary known as Lwimbogo dispensary had one service provider and through CSC the Government deployed a nurse to assist on delivery of services. (See attached CSC story: A case study of Biharamulo and Ngara).

5.2 Increase access to full range of services such as Malaria, RCH and Family Planning.

To bring health services closer to people and avert the distance they must travel, Health Promotion invented and implemented a Gulio la afya\(^8\) (health service market) & cinema shows approach. The approach of combining health services provision and edutainment through cinema have contributed in reinforcing behavioural changes in communities towards better reproductive health services. Community members were educated on importance of family planning, male involvement, the importance of early booking before 12 weeks of pregnancy, HIV testing, appropriate nutrition during first 1000 days. These activities brought together a large group of people who access health services at a time in one place closer to them.

Evidences shows in Biharamulo district there is an increase of Family Planning uptake of all methods among women of reproductive age, where about 9082 women were reached out of 25580 women equivalent to 35% in a year comparing to 32% family planning uptake of 2015/2016 (DHS)

\(^5\) Community score cards are qualitative monitoring tools used for community-level monitoring and evaluation of services and projects, and to catalyse face-to-face meetings between service providers and community members.

\(^6\) Respectful maternal care refers to care organized for and provided to all women in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labour and childbirth – is recommended.(WHO.2018)

\(^7\) Community health workers are members of a community who are chosen by community members to provide basic health and medical care to their community capable of providing preventive and promotion

\(^8\) Gulio la Afya is mobile health service at a community market where community members are reached with services such as counseling of HIV, Family planning and malaria
In Ngara Family planning uptake also in all method also seems to show a very good improvement. From annual data in DHIS2 shows that in 2018, 48748 women were reached for family planning services compare to 28477 of 2017

5.3 Increased facility delivery in Biharamulo and Ngara districts.

CHW’s has worked with households, visiting house to house, conducted gender dialogue sessions, community score cards contributed to influencing pregnant women delivering at the facility. Program facility-based data show that in Biharamulo facility deliveries are now at 79% as of September 2019 compared to 63% of 2016/2017 national average (TDHS-MIS) and antenatal visit in 2018 was 20518 compared to 18228 of 2017.

A World Bank report, “Strengthening Primary Healthcare for Results through Result Based Financing,” showed that 77% of deliveries in Tanzania now take place in health facilities and therefore in the case of Biharamulo there has been an increase for up to 79% facility delivery and 12 weeks Antenatal visit of 52% by September 2019. Whereby in Ngara District evidence shows they have increased facility delivery from 11,711 in 2017, to 15,790 in 2018 facility up to November 2019. Antenatal visit increased to 19,177 in 2018 compared to 16,569 of 2017. This is an increment of 15%

5.4 Increased identification of HIV + clients through HIV testing.

Key population and priority population are identified to have high prevalence rate of HIV than general population. For example, the data show that Female Sex Workers have 31.4% prevalence in Tanzania (UNAIDS Report 2017). In supporting the government to meet [90 90
90\% targets, HDT successfully contributed to identifying 890 positive HIV clients and linked 853 (95\%) to Care and Treatment Centres (CTC) in Ruvuma Region. Furthermore 4,119 Key Population (KP) and Priority Population (PP) were linked to HTC, CTC and other organisation service providers that offer KP and PP friendly services. The program also reinstated 1230 PLHIV to care and treatment.

5.5 Increased HIV PREVENTION services in two districts of Mbinga TC and DC.
Social behavioural change and communication sessions helps key populations to discuss important issues on HIV prevention and care and gender-based violence. Through provision of condoms and education on use, psychosocial education, STI and TB screening, referral networks, the program to reach 1,125 Female Sex Workers and 33 People Injecting Drugs. Also, through formulation of small group discussion for demonstration of proper and consistent use of condoms led by peers 2,960 Adolescent girls and young women were reached, and 256 clients received post GBV care due to stigma and cultural norms which are obstacles to HIV services accessibility.

6. Other Achievements:
6.1 Development of regional advocacy plans
40 GFF CSO’s members were trained on RMNCAH budget tracking and analysis to influence accountability and performance in their selected LGA’s and health facilities. Through Result based financing LGA’s are to receive a total share of $3.2 million annually to Direct Linked Indicators and therefore the training was to capacitate GFF CSO’s members from low RMNCH profile regions into developing SMART advocacy strategies specifically targeting indicators of Family Planning to be able to receive the funds. Trainees reviewed and analysed RMNCAH score card to identify areas of weakness and as a result, Organizations Developed regional based work plans. In these work plans highlighted challenges and strategies to solutions.

<table>
<thead>
<tr>
<th>GFF CSO's work plans summary:</th>
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<tbody>
<tr>
<td>1. To increase availability of FP commodities in health facilities by 2% in Mara and Geita region by 2020.</td>
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<tr>
<td>2. Contribute to increasing Family Planning services by 5% in Kagera region by 2020.</td>
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</tbody>
</table>

\footnote{90,90,90 is a set of goals introduced by UN IN 2013 that by 2020, 90\% of people who are HIV infected will be diagnosed, 90\% of people who are diagnosed will be on antiretroviral treatment and 90\% of those who receive antiretrovirals will be virally suppressed}
HDT engagement in the Universal Health Access.

Health Promotion Tanzania sent an open letter to the President of United Republic of Tanzania on UHC and to Minister for health. This was on accountability for Government to plan and allocate resource to reach its commitment to reach 70% of Tanzania with health insurance by 2020. Amongst specific recommendations were to enact a Single National Insurance schemes and a functional Health Financing strategy in accelerating quality, affordable and accessible health services without facing financial hardship.

6.2 Improved sanitation by ensuring access to clean water in Geita district

Inadequate and unreliable water supply affected sanitary conditions for provision of health services in Geita. This includes all types of services and health service beneficiaries; including people affected by HIV, mothers, and children. HDT through PEPFAR ambassador fund for HIV/AIDS relief in partnership with Geita district council constructed water harvesting tanks to support the community and health facilities to access clean water, which Improved sanitation and in a long run reduce deaths that are caused by poor sanitation. Therefore, improved water storage and supply benefited all recipients of health services in the respective facilities of Geita district\(^\text{10}\).

7. Lesson learnt

- Political leaders have big influence on the government and people they serve. To empower them and engage them in advocacy campaign brings good impact in policy changing and awareness at large.
- Knowledge and information are powerful especially when undertaking advocacy and accountability. It is important to be informed and knowledgeable to be able to identify areas that need advocacy or identify commitments that needs holding the Government to account
- The AFP SMART Advocacy approach is useful in undertaking advocacy. Following the steps and stages in the SMART advocacy can yield quick wins and achievements. One of the key things to consider, is identification of the key decision makers and getting to understand the decision makers and the things they care about.

8. Conclusion and recommendations

In ensuring we have responsible and healthy society, HDT in partnership with local government authorities, local and international development stakeholders ventilated innovative interventions such as SMART advocacy, community score cards and others. The expected results of the projects were achieved to a large extent contributed by commitment that we have at achieving our Goals, numerous of support from our government and partners and engagement of community itself in advocating and holding the Government accountable.

\(^{10}\) Kasang’hwa, Kishinda, Mwamitiwa, Nyalwanzaja and Nyamwiloilelwa Dispensaries
However, there is lack of sustainability in some of projects, and this is largely contributed by limited resources. There is a great need CSO and Government to mobilize more internal and external resources to support activities related to CSOs engagement. Community and development stakeholders should use data in planning and innovating new strategies, as from advocacy experience HDT learned that information available can be used to bring about changes in the community.

The Tanzania Government struggles in making sure there is constant availability of essential commodities to avert maternal deaths challenges and therefore as health partners there is still a need to advocate for sustainability in areas of financing, policy and accountability. Therefore, reducing Maternal and Child death in the country, more advocacy efforts are needed making sure the Government commits to the same.
9. Annexes

9.1 A satisfied family plan user

A satisfied Family Planning user: A case of Ms Jackline Lucas from Biharamulo District

“Even with so many challenges, Jackline Lucas is definitely a strong woman. Although she meets her husband only two months in a year, she manages to take care of her 5 beloved children in a way that she can afford. This may not seem to be simple, but she struggles”.

Jackline Lucas is a 30 years old lady married to Gervaz (31) living in Mwinyororo Village from Runazi Ward in Biharamulo district. They are blessed with 5 children whereby their first born is 10 years old and the youngest is 1 year. Her husband works in nearby regions thus always meet his family every June and December in a year. She always struggles to take care of her family living costs all by herself. She says,

“Sikubahatika kuishi na mume wangu hapa hapa nyumbani kilo siku. Huwa anakuja kila mwezi wa sita na mwezi wa kumi na mbili ndani ya mwaka. Anafanya kazi zake Kiloma na Tabora. Kiwakweli watoto wangu wananigemea mimi tu karibu kwa kilo kitu”.

Jackline started using a family planning method, Depo Provera injection since 2016 after Abdias Leonard who is a Community Health Worker in Mwinyororo village, advised her to start using any of family planning method in order to space her children. Abdias advised her to adopt family planning when she was pregnant with her 3rd child after seeing how she was struggling to take care of her children. According to her, she has heard about family planning side effects that are accompanied by its use, but she said can endure it all because she knows the hustles someone that one passes through when having many children with small resources.

She says, “Nafurahi kikutana na Abdias, kama sio yeye kunifundisha kwa kina faida za uzazi wa mpango, mpaka sasa ningekuwa hata na watoto kumi. Niliation kutumia uzazi wa mpango kwa mwanangu wa nne na wa tano na kiwakweli hata mwonekano wangu umeshikilika. Watu wanasema kuna madhara kutumia dawa za uzazi wa mpango, kwangu mimi naona siyo kweli na kuwa na watoto wengi nisiozeka kuwatimiza mahitaji! Nisingependa wanangu wateseke”. Jackline looks energetic and strong compared to when she used to be pregnant every year. She has managed to build her small house where she lives with her children because initially they used to be homeless. According to her, she can now work and harvest cash crops where she sells and gets some money to cover her family’s living costs.

Jackline is one of hundreds in Biharamulo district who have benefited from the USAID- Boresha Afya project with the goal of improving the health status of all Tanzanians.
9.2 Improved quality of maternal health services in Kigoma, Tabora, Pwani and Dares Salaam

“I am happy with maternal child health services to a point that I have been convincing my friends to also come to the health facilities” said Ms. Amina a mother of two from Kigoma.

A: Contraceptive Uptake Increase

The contraceptive prevalence rate of regions such as Kigoma, Tabora, Dar es Salaam and Pwani has tremendously increased over the past three years since the introduction of a Results Based Financing under The Global Financing Facility (GFF). See table 1 below.

Regional Reproductive and Child Health Coordinator (RRCHCo) of Tabora says the inclusion of the region in GFF program has triggered LGAs to think strategically on ways to increase uptake of family planning. For instance, Tabora Region has been conducting community outreach in the hard to reach areas, which has largely contributed to increase of contraceptive uptake, hence the region’s Contraceptive Prevalence Rate (CPR). The increase in the CPR in Kigoma, Tabora, Pwani and Dar es Salaam regions also seen the improvement of provision of maternal child health services at health facilities. In regions such as Kigoma one health facility increased contraceptive uptake from 10 to 700, and in Tabora and 16 to 800.

“Over the past few years, there has been an increase in family planning clients to a point of exceeding the capacity of our health facility” – Said Ms. Sarah Simama- healthcare provider at Malamba Mawili health facility in Mbezi – Dar es Salam. Ms. Simama explained that their health facility has one RCH room that serves nearly 900 family planning clients monthly. She further highlighted on a much-needed support to increase the number of RCH rooms at the
providers’ lack of courteous behavior leading to poor customer service. Currently, the situation has changed, Ms Amina noted, adding that they are now motivated to seek for services.

Ms. Amina speaks on behalf of thousands of women who have been airing out concerns regarding bad ANC service quality. In a study by Johns Hopkins University Centre for Communication Programs (CCP), which HDT was part of, concluded that both clients and providers attributed increased utilization of health services and improved health outcomes¹ to good quality of services characterized by good communication, active listening, keeping confidentiality, and service providers’ courtesy when speaking with clients.

**B: About Global Financing Facility**

The Global Financing Facility by the World Bank is an initiative that complements the UN secretary General efforts to end preventable maternal, newborn and child deaths. The GFF leverages resources from the World Bank in form of IDA and other grants from donors to support countries in improving the general status of RMNCAH+N and yielding positive RMNCAH+N impact.

Tanzania started implementing the GFF at the end of 2015 through Strengthening Primary Healthcare for Results (SPHC4R), where the country receives a total of USD 300 million to support the implementation of the five years project in the eight regions namely Pwani, Kigoma, Tabora, Mara, Simiyu, Kigoma, Geita and Mwanza. The chart below shows the distribution of the USD 300 million per thematic area.

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¹
facility in order to accommodate more family planning clients.

GFF and the Pay for Performance system has increased resources at health facility level for every disbursement-linked indicator that has been met. About 75% of the resources disbursed are for health facility strengthening and 25% for healthcare providers incentives. This has improved not only health providers’ productivity and quality of services, but also infrastructure such as construction of service waiting areas, and other needs including procuring chairs, tables, fans, stationeries, and printing of RCH cards, which usually were out of stock.

“The Government has improved and renovated 10 health centers and has additionally constructed modern theatres” says Dr. Yudas Ndungile – Dar es Salaam’s

Direct Health Facility Financing is impactful

The Regional Medical Officer who explained that the introduction of Direct Health Facility Financing has enabled Health Facility Management to set aside resources for improvement of health facilities including expansion of RCH rooms to accommodate the increasing demand for family planning services.

Ms. Amina Omary (24) from Kigoma says “I’m happy with the services to a point that I have been convincing my friends to also come to the health facility”. Ms. Amina further explains that in the previous years, her friends and herself did not like seeking care due to healthcare
To optimize the function of GFF, Health Promotion Tanzania with the support of Advance Family Planning (AFP) and other donors, mobilized and organized over 30 CSOs from the eight regions to form CSO-GFF coalition\(^2\). The main objective of the CSOs coalition is to hold the Government and the World Bank to account, and to undertake monitoring and accountability for GFF.

Analysis and advocacy by HDT documented that family planning is embedded in Disbursement linked indicator 3 and 4 worth about $16.2 million for five years. Effective delivery of Family Planning services would therefore bring additional annual resources for FP of about USD 3.24 million.

C: The Advocacy Issue
Local Government Authorities and Health facilities in the eight regions where GFF is being implemented were not performing well to meet target indicators and did not know about additional resources that were available. CSOs from the regions had limited analytical and advocacy capacity on RMNAH+N.

D: Advocacy methods and processes undertaken.
Health Promotion Tanzania identified potential CSOs from the regions to engage with. It then organized a regional and national level based CSOs (30) to advocate towards improved provision of MNCH health services to—realize GFF resources. A series of training and capacity building sessions were undertaken to members of the CSOs coalition including but not limited to budget analysis, budget interpretation, Government planning, expenditure tracking, score card analysis and data interpretation.

In that same regard, members of the coalition were trained on undertaking advocacy by using the AFP SMART Advocacy approach. With the use of the advocacy technique CSO members were supported on developing regional advocacy strategies and plans guided by SMART objectives to influence LGAs to oversee that health facilities exceed the expectations of the GFF Disbursement-Linked Indicators.

\(^2\) Health Promotion Tanzania is a Secretariat to the CSO-GFF platform
CSOs coalitions in the eight regions embarked on awareness creation and leadership sensitization on GFF’s Results-Based Financing approach at LGAs level and in Health Facility Governing Board. This helped increase understanding among GFF implementers on how it strengthens primary health systems to yield more outcomes on RMNCAH+N. Coalition members and HDT joined efforts to advocate for improved performance of service delivery by increasing number of skilled healthcare providers. The advocacy efforts were also aimed at increasing health facility deliveries as well as encourage more attend 4+ANC visits during pregnancy.

HDT advocated for the inclusion of Post-Partum Family Planning (PPFP) as an innovative way to boost contraceptive prevalence in Pwani, Dar es Salaam, Kigoma and Tabora regions.

Such advocacy initiative involved influencing decision makers such as those from Regional Health Management Teams (RHMTs) and Council Health Management Team (CHMTs) including RMOs and DMOs of the regions mentioned above. As such, RMOs committed to prioritize PPFP in the regions with such commitment, follow up will be done to ensure that regions record maximum results with prioritization of PPFP as an innovative way to increase contraceptive uptake.

At national level, GFF advocacy meetings targeted the Ministry of Health, President Office Regional Administration and Local Government (PO-RALG) and the World Bank.

E: A long way to go – Missing gaps.

The Tabora Regional Reproductive and Child Health Coordinator (RRCHCo), Ms. Mpandachalo says that despite the increase of family planning uptake, more clients are missed due to long distances to the health facilities, poor infrastructures especially during rainy seasons, and the cost of travel to the health facility. Ms. Mpandachalo calls for partners’ support to scale up family planning outreach services, especially in hard to reach areas.

Her counterpart in Pwani Region, Joyce Gordon said: “With the increase in family planning uptake, there is a great need for on-the-job training to build competent healthcare providers.” Ms. Gordon further says that healthcare providers need to be capacitated on administering long acting family planning methods and Post-Partum Family Planning to be able to meet the demand and needs of all types of clients.
On her part, the RRCHCo for Dar es Salaam Ms. Ziadi pointed out that long waiting hours at the RCH unit was a challenge, adding that the government should strengthen integration of FP services in other reproductive health services in order to improve service accessibility. “Family Planning shouldn’t be treated as a standalone but should rather be integrated in all health facility departments” says Ms. Ziada.

F: Conclusion

This case study has demonstrated that SMART advocacy efforts can galvanize program efficiency. Targeted advocacy at every level of service such as increasing the number of service providers, training of services providers, and the benefit in implementing results-based financing, has generated outcomes that regions could continue building on.

Collective advocacy efforts by capacitated CSOs ensures sustained efforts especially with respect to advocacy and accountability. Leaders have demonstrated eagerness to excel in their performance in order to access resources. Regions are more likely to continue registering successes in GFF implementation and especially with respect to FP service provision as they work in partnership with CSO coalitions.
9.3 Minister for Health becomes TB champion

Hon. Ummy Mwalimu commits to be TB champion beyond this term......

‘My number one priority focus is TB and even after this term, I will still continue supporting TB to ensure we end the epidemic...’

Gracing the TB stakeholder meeting organized by NTLP and supported by Health Promotion Tanzania in Dar Es Salaam on April 15th, the minister acknowledged the continuous efforts from the Government in tackling TB cases and through Primary Health care. She said that the Government has invested in providing TB treatments through all public health facilities and some of the Private Health facilities.

The urgency of establishment of STP TB partnership is based on the fact that Tanzania ranks 6th among 30 countries with high burden of TB in the world and ranks 4th in Africa. In 2015 the world Health organization estimated the prevalence of TB of all forms to be 528/100,000 with case detection rate at 36%, meaning that every 64 TB cases in every hundred goes undetected. This translates to an estimation of missing cases annually to 108,429.

The National TB and Leprosy Strategic Plan committed to increase care detection by 29% by 2020.

Speaking at the occasion, Hon. Dr. Oscar Mukasa said, “committed to engage the Speaker of the Parliament, Members of TB caucus to leverage the Uhuru Freedom Torch messages to include TB awareness and arguing regional leaders to identify TB cases for early treatment”. Alluding to minister commitment, the Chief Medical Officer and director of preventive services called for development of strategies for effective TB case finding, resource mobilization for TB, integrating TB programs in current projects and use mobile technology to increase case identification.

Ms. Belinda Kijangwa Health Promotion Tanzania Program Officer called for Government and partners to renew strategies and Government funding to reach Tanzania UNHLM TB targets of diagnosing and treating 561,100 cases, 3963 Drug resistant cases and 72,600 childhood TB by 2022. Health Promotion Tanzania (HDT) is a National NGO affiliated to Action Global Health Partnership (www.action.org) focusing on diseases of poverty including TB epidemic. For more information on please visit http://healthpromotiontanzania.org.
9.4 Quality and access of RMNCH services improved by community scorecard in Ngara and Biharamulo

**Quality of Health Services Improved in Ngara and Biharamulo through Community Score Approach**

What you may not have known:

Accountability\(^1\), Transparency\(^2\) and answerability\(^3\) are increasingly becoming significant aspects in improving health system performance and accelerate health progress. Health Promotion Tanzania has been using Community Score Card (CSC is a tool used to improve the quality, efficiency and accountability of services at community level). It increases accountability in health and as a result, citizen reports improved quality of RMNCH health services in Ngara and Biharamulo District. This approach has been used in the implementation of USAID BORESHA AFYA for RMNCAH in Bukiriro, Mabawe, Kibimba, and Keza wards in Ngara district. In Biharamulo District Nyakahura, Kalenge, Lushunga, Nyamahanga, Nisibo, Katahoka, Runazi, Nyabusozi, Nemba, Kabindi and Nyanza wards. The text box summarizes the values of Community Score card.

Despite anti-corruption Framework available, Warioba report (URT 1996) reported corruption across all sectors in Tanzania including health. Quality Improvement Framework in Health Care (2011-16) (URT, 2011) reports corruption in health care system. Finally, the most recent draft revised National Health Policy (MoHCDGEC, 2017). Of concern to health-system stakeholders, including policymakers, is the practice of petty corruption and health-provider absenteeism, but also low productivity among public health providers. The underlying reasons incentivizing such informal practices are complex and overlapping - evidence to date underscores that they are a consequence of unmet expectations and needs of both providers and health users\(^4\). Negative consequences for patients can result in catastrophic out-of-pocket expenditures and further impoverishment of marginalized groups, inequality and discriminatory access to services and high-quality care, loss of public confidence in public health care, and inequality in health outcomes.

Health Promotion Tanzania’s Community Score Card efforts aims to support the current Government’s efforts in fighting corruption, containing inefficiencies and misuse of public funds, ensure the wellbeing of every Tanzanian. The government attention is focused on strengthening delivery of quality primary health services to optimize use of scarce resources, as well as to ensure equitable access to essential care. Attention is also focused on exploring feasible incentive schemes to motivate trained personnel to work in rural areas.

**Implementation of Community Score card:**

Community Score Card (CSC) documents citizen perceptions and feedback regarding service availability, service access and service quality. Health service providers, community members and government are part of meeting. Five groups are selected each comprising of youth, elders, village leaders and health committees (health service providers & selected members of health facility governing board). This runs into five phases summarized above.

\(^1\) relationship between a bearer of rights or a legitimate claim and the agencies responsible for fulfilling or respecting that right

\(^2\) requires that decisions and actions are taken openly, and sufficient information is available for citizens or agencies to monitor government actions

\(^3\) denotes obligations of decision-makers to justify their decision to citizenry

\(^4\) Strengthening accountability for better health outcomes through understanding health system bottlenecks: Insights from Tanzania
Key Results of Community Score card:

As a result of improved quality of antenatal services due to score card, health facilities in areas of operation have recorded increased deliveries of up to 79% by September 2019. As part of citizen responsibility, Kasulo village in Ngara district went from zero household on Community Health insurance to 40 by August 2019. This initiative will reduce out of pocket expenditure contributing to Tanzania ambition to reach all Tanzania with health insurance.

To unlock the second delay in maternal health to reach health facilities for delivering mothers, communities established emergency transport funds in both Ngara and Biharamulo districts. In Biharamulo district 3 village of Migambo, Kitwechembo and Bisibo.

In both Ngara and Biharamulo districts, men participation in maternal child health has increased. For a long period, men participation has been low, and was partly due to health system that prioritized women only. Number of Men who escort their wives to clinic in Ngara increased in 2019 compared to 2018 as the graph below shows. (data obtained from community health facilities of Mukatabo, Muhuhamba and Katerere of Ngara DC

Community Score card empowered men to understand their role in maternal issues and this was witnessed by Mr. Sweetbert Gozibert from Rukora village in Biharamulo who said “I am now fully involved and ensure that my wife attends clinics and have all the necessary requirements before delivery period”.

In areas of operation, there has been more government answerability and responsiveness towards improved maternal child health issues. Maternal health issues have been embedded in village leadership and is no longer left for health providers. As a result, village leaders are now involved in ensuring issues of Reproductive health are improved and well addressed. Sharing his experience Mr. Peter Ngh’onera (WEO) from Kabindi in Biharamulo said, “As a village leaders I knew issues of Reproductive health are for health workers only but I know understand I am too responsible in preventing Maternal and Child deaths through the help of Community score card meeting.”

In conclusion:

Health Promotion Tanzania monitoring and evaluation data has clearly shown remarkable increase in leadership and community responsiveness in accessing health services. Health providers has become more responsible in upholding the rights of patients. These parameters have led to improved quality of health services. We call upon partners to support scalability of this intervention to cover all district and beyond.

Health Promotion Tanzania, popularly known as HDT, is a leader in promoting maternal and infant health in Tanzania. With over seven years of experience in promoting health and wellbeing, we focus on health systems strengthening and advocacy for policy change. HDT has become a household name in the country, reputable in mobilizing other partners to attain outcomes in health through SMART advocacy - an evidence-based decisionmaker-centered approach that stresses on right timing for advocacy intervention

For more information kindly visit our website at http://healthpromotiontanzania.org.

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5 Three maternal health delays are (1) DELAY in deciding to seek appropriate medical help for an obstetric emergency, (2) DELAY in reaching an appropriate obstetric facility, and (3) DELAY in receiving adequate care when a facility is reached.
9.5 Involvement of media to inform community and stakeholders

Waziri azungumzia upungufu dawa za wajawazito

Na MWANDISHI NETU
SAAR ES SALAAUM

WAZIRI wa Afya, Mwalimu ya jamii. Ilmiia. Wairee na Waturu, Umunya Aliyemekuru, amesangakura taarifa ya kwawo upungufu wa dawa za wajawazito katika baadhi ya wilaya mikonzi Kagera. hubu akawata waanga wa wilaya na maele au taarifa huyo uka hukuku.

Kauli huyo imekuza baada ya Tassaji ya Health Promotion Tanzania (HPT) kutu taarifa kuhusu kuwakaa tuwa dawa mihimu na taarihi wao kwa sahihi yake maele au maele au hukuku ya kujifunzika.

Aliyemekuru na MTANZA-NIA jami. Umunya aliyemekuru taarifa ya HPT jekoni pamoja na kwawo tamaa ya changamoto, ibadha dawa mihimu zinapatikana katika vitinoo ya kutoka hadhira na afya.

“Siasoni huyo riwoti (ya HPT), ilaa dawa mihimu zinapatikana katika vitinoo ya kutoka kuhusu. Kama huko Kagera, kuna changamoto basi ni bora uthabiti na Mparaga Mkonu wa Mkaa wakulindwa tafadhali ni nini.”

“Katika matamka wa niliyosheza michezo nchini hali ya upatikana ni dawa mihimu ni uawa. Changamoto yenu kwa sahihi yake kukata sahihi na kufikia kwa sahihi wakati na maele au maele au akabi. Hakika dawa mihimu zinaweza kusaidia maisha ya wawaini na kufanya zinawezesha vitamini na fursa ya juu.”

“Alipeleka dawa mihimu zinaweza kusaidia maisha ya wawaini na kufanya zinawezesha.”