Health Promotion Tanzania (HDT)-(Formally known as Human Development Trust) is a local not-for-profit non-governmental organization (NGO) established in 2004. Since its registration, it was addressing many development issues including Poverty reduction, HIV and AIDS and income generating activities through its three program areas namely capacity building, service delivery and policy advocacy. Recognizing that Tanzania is among 11 countries worldwide with highest maternal mortality rates where about 22 women dies every day due to maternal reasons and one in 12 children die before fifth birthday, HDT will in the next five years be embarking into contributing to improved maternal and child health. Below is the summary of results:

**Vision**  
A responsible and healthy society.

**Mission**  
Through Result-Based approach, HDT envisage to pioneer and promote innovative community health systems and standards that deliver sustainable impact results.

**Main Intervention**

**COMMUNITY SYSTEM STRENGTHENING:**
Building capacity of community and health systems to take responsibility and demand accountability, providing technical and financial support to community own initiatives to advance maternal and child health

**INSTITUTIONAL STRENGTHENING:**
Strengthen HDT and partners in governance, financial and technical capacity for delivering the strategic plan and own sustainability

**POLICY ADVOCACY:**
Undertake policy analysis, budget analysis, expenditure analysis, public health service monitoring and linking local advocacy to national advocacy to advance maternal and child health.

**SOCIAL ACCOUNTABILITY MONITORING:**
Working with community groups, support community oversight, public integrity, and performance management towards maternal and child health.

**Goals**
Reduce maternal mortality from 454 (in 2010) to 193 per 100,000 live birth by 2017
Reduce under-five mortality from 81 (in 2010) to 54 per 1000 live birth by 2017.

**Level 1 results**
R1: 60% of pregnant mothers makes 4+ ANC visits from current 43% (in 2010) by 2017
R2: 65% of pregnant mothers deliver at hospital (from 52% in 2010) by 2017
R3: 50% of women of reproductive Health receiving HIV services receiving FP services by 2017
R4: Reduced under-weight among under five from 21% (in 2010) to 14% by 2017
R5: 50% of males of women attending ANC tested at ANC are tested for HIV by 2017

**Level two results**

<table>
<thead>
<tr>
<th>Main Intervention</th>
<th>POLICY ADVOCACY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1. Improved CBOs’ capacity in demanding accountability for better maternal and child health services</td>
<td>2.1. Improved advocacy capacity among CBOs and women groups in operational districts</td>
</tr>
<tr>
<td>1.2. Improved health seeking behavior by community members</td>
<td>2.2. Increased financing for maternal &amp; child health from 8% of health budget (in 2011/12) to 15% by 2017</td>
</tr>
<tr>
<td>1.3. Improved Men involvement in maternal and child health</td>
<td>2.3. Increased budgeting for maternal and child health in operational districts</td>
</tr>
<tr>
<td>1.4. Improved community hygienic practices</td>
<td>2.4. Increased support from future leaders on maternal and Child Health</td>
</tr>
<tr>
<td>1.5. Improved data quality and consumption for maternal and child health in operational districts</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INSTITUTIONAL STRENGTHENING</th>
<th>SOCIAL ACCOUNTABILITY MONITORING</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1. Increased HDT capacity in Public health</td>
<td>4.1. At least two Accountability sessions done in each district by 2015</td>
</tr>
<tr>
<td>3.2. HDT financial system in all offices uses accounting soft ware</td>
<td>4.2. At least one CSO in each district has skills to undertake SAM</td>
</tr>
<tr>
<td>3.3. MER system improved with online reporting system for regional offices</td>
<td>4.3. Improved maternal health expenditure management</td>
</tr>
<tr>
<td>3.4. Functional HRM and administration</td>
<td>4.4. Improved community oversight on health services</td>
</tr>
<tr>
<td>3.5. HDT constructs its own offices for sustainability</td>
<td>4.5. Improved accountability on maternal Health issues</td>
</tr>
<tr>
<td>3.6. MCH partners capacity strengthened</td>
<td></td>
</tr>
</tbody>
</table>

**SUMMARY OF HDT STRATEGIC PLAN**  
( 2013 TO 2017)
HDT INVESTMENT PRINCIPLES:

**Principle # one High impact:** Ensuring Value for money, cost effective interventions

**Principle # two System change:** Selecting interventions that affecting the root causes than symptoms of the problem

**Principle # three Measurable:** Results that are Quantifiable beyond immediate outcomes

**Principle # four Scalable:** Develop a model that can be replicated in comparable environment to bring the same results

**Principle # five Sustainable:** Investing in results that are Durable beyond HDT investment

**Principle # six Leverage:** Recognizing efforts by other partners, build on them and record indirect impact from onset of interventions.

### PROPOSED FIVE YEARS BUDGET SUMMARY IN MILLIONS TZS

<table>
<thead>
<tr>
<th></th>
<th>Y1</th>
<th>Y2</th>
<th>Y3</th>
<th>Y4</th>
<th>Y5</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity building</strong></td>
<td>742.00</td>
<td>742.00</td>
<td>793.94</td>
<td>674.85</td>
<td>573.62</td>
<td>3,526.41</td>
<td>28%</td>
</tr>
<tr>
<td><strong>Policy Advocacy</strong></td>
<td>602.50</td>
<td>609.16</td>
<td>647.33</td>
<td>550.23</td>
<td>467.70</td>
<td>2,876.94</td>
<td>23%</td>
</tr>
<tr>
<td><strong>Social Accountability Monitoring</strong></td>
<td>106.40</td>
<td>112.07</td>
<td>121.30</td>
<td>103.10</td>
<td>-</td>
<td>442.87</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Capital investment</strong></td>
<td>514.50</td>
<td>252.23</td>
<td>41.16</td>
<td>51.45</td>
<td>61.74</td>
<td>921.08</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Support cost</strong></td>
<td>684.33</td>
<td>994.90</td>
<td>1,045.43</td>
<td>1,088.32</td>
<td>714.68</td>
<td>4,522.65</td>
<td>36%</td>
</tr>
<tr>
<td><strong>HDT institutional development</strong></td>
<td>308.90</td>
<td>20.33</td>
<td>21.75</td>
<td>18.49</td>
<td>13.87</td>
<td>383.34</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Grand total</strong></td>
<td>2,958.63</td>
<td>2,730.70</td>
<td>2,670.91</td>
<td>2,486.45</td>
<td>1,831.61</td>
<td>12,678.29</td>
<td>100%</td>
</tr>
</tbody>
</table>

**HEALTH PROMOTION TANZANIA [HDT]**

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