

Capacity Statement for Health Promotion Tanzania

Health Promotion Tanzania Registration No: 00001581

Type of organization: Local NGO

Affiliation

Global Health Action Partnership

ACTION Secretariat

C/O RESULT EDUCATION FUND

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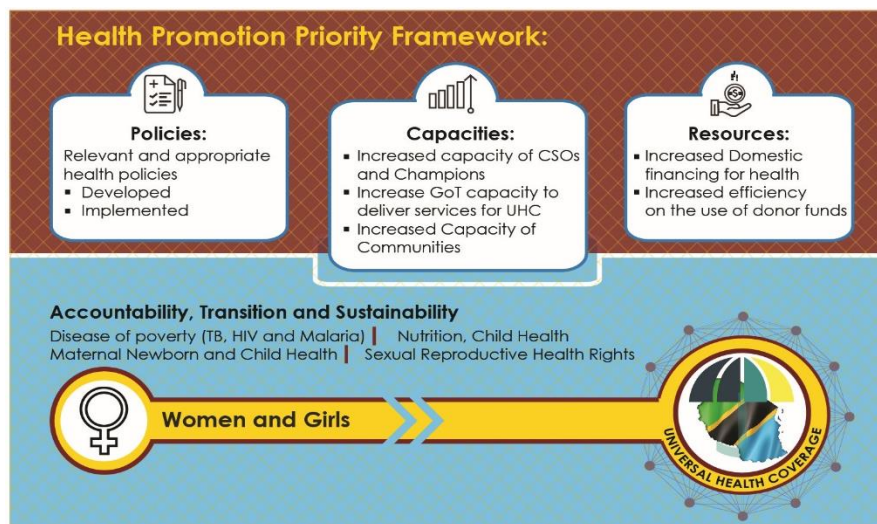
A: Introduction and general context to Health Promotion Tanzania (HDT):

[Health Promotion Tanzania](#), commonly known as HDT is a local not-for-profit Non-Government Organization (NGO), legally registered in Tanzania has a Memorandum of Understanding with Ministry of Health (2020-2024) to support RCHS, NTLP and NACP in their designated mandate. It brings over 14 years of experience in managing Reproductive, Maternal, Newborn, Child Health and Nutrition as well as HIV and TB through community-based interventions and strategically tailored advocacy. Disease focused experience ranges from HIV and AIDS, Tuberculosis, Malaria ([See Malaria youth program](#)) and NCDs- hovering from health promotion, community empowerment and system change advocacy that addresses equity issues ([See recent analysis](#)).

Over the 14 years, HDT has constantly envisaged to improve the lives of mothers, children, and adolescents through its operation using a result-based human centered approach to plan and implement innovative, community and national level-based interventions that have proven to yield positive outcomes. Health Promotion's experience is informed by community experience through our field-based offices, national level through our engagement in national policy, strategy and budget processes. Internationally through our partnership in ACTION Global Health Advocacy Partnership (www.action.org) we impact on global health programming and financing largely on World Bank programs, Global Fund financing. This blend of experience is not always easy to find among local organization peers.

B: Health Promotion Priority Frame

In line with ACTION Africa priorities, Health Promotion Tanzania priority frame hinges on three



areas namely Policies, capacities, and resources for health). We prioritize supporting government to ensure relevant and appropriate policies are developed and implemented. We also prioritize strengthening capacities of CSOs, Government and communities to deliver universal health Services.

Finally, we prioritize and support initiatives that will increase domestic finances for health and efficient use of both donor and domestic resources.

Embedded across the interventions are accountability, transition, and sustainability of intervention and impact we make. We envisage to make impact on diseases of poverty that is TB, HIV and Malaria, Nutrition, Maternal newborn and child health as well as sexual reproductive health rights. In long run, we envisage to contribute to establishment and sustaining of strong safety net and community health system that will lead to universal health coverage.

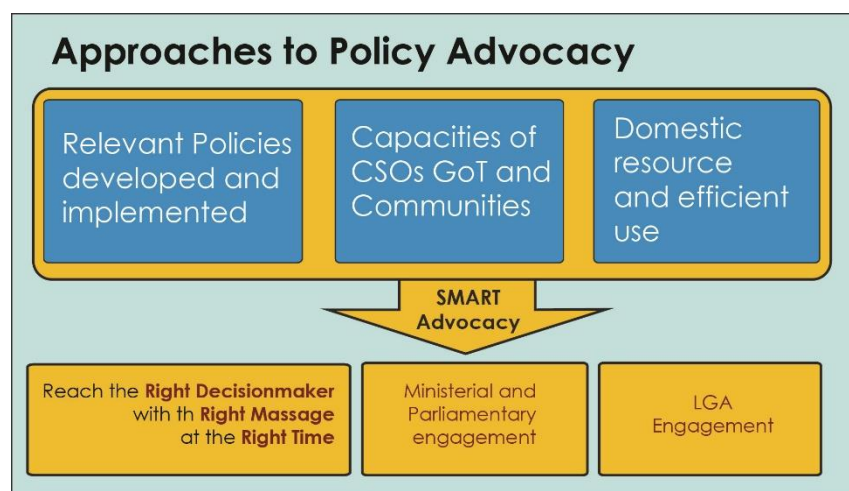
C: Community based experiences

Health Promotion Tanzania's use evidence based and results oriented approach that focuses on community health promotion and engagement to build capacity of individuals and community groups to take responsibility of their health and hold duty bearer on account. As a result there is an increase positive health seeking behavior and utilization of health services at the household, community, and health facility levels. HDT works closely with trained Community Health Workers (CHWs), health facilities, Council and Regional Health Management Teams (R/CHMTs) to improve the coverage and quality of RMNCAH services. We work with over 300 well-trained community health worker who supported with provision of RMNCAH education, household visits, escorting pregnant women to health facilities and data collection to inform progress over time. We have been part of implementation of HIV-Community Based HIV Prevention and Home Based Care in Southern highland, GFATM, Maternal Child Survival Program, BORESHA AFYA in Kagera region, Advance Family Planning, RMNCAH advocacy and accountability, Youth Leaders For Health program to mention a few.

To contribute to increased quality of health services and accountability, we use "**community scorecards**" – an accountability initiative that provided a platform for stakeholders such as healthcare providers, health service recipients and representatives of CHMT to evaluate performance and quality services. In this meeting challenges limiting access to quality services are identified, reasons, and plans to address them developed. On monthly basis, we support community scorecard meetings with nearly 60 people from different sections of community to evaluate the performance of key RMNCAH indicators such as Antenatal Care visits, Family Planning uptake, facility delivery, exclusive breastfeeding, male involvement and post-natal care. It is through the community scorecard, dialogue forums were created which further led to enhanced accountability amongst duty bearers and healthcare providers. and created a forum for dialogue which further led to enhanced accountability.

D: Strategic Policy advocacy experiences

Health Promotion has become a household name for advocacy programming; particularly on Reproductive, Maternal, Newborn and Child health, HIV and TB. We have influenced policies, budget systems and decision makers to make much needed actions for better health of Tanzania. Our advocacy work is evidence based to either inform development of policy, budgets and strategies and or implementation of the same. This was we hold duty bearers accountable towards realizing their commitments for RMNCAH. The application of our SMART advocacy unfolds at three levels, (i) global and



(ii) regional and (iii) country level. As an organization, we leverage our partnership within the ACTION Global Health Advocacy Partnership to inform our advocacy and link country-led initiatives with global level initiative to yield maximum impact. Our advocacy approaches hinges to our priority frame to ensure (a) Informed and relevant policies, strategies and budgets are

developed and implemented, (b) Communities, CSOs and government has necessary capacities to implement evidence based health programs and (c) health resources are allocated and efficiently used.

Our advocacy manifests through a non-confrontational approach famously known as “**SMART advocacy**” which calls for targeting the right decision makers, with the right messages and at the right time. To achieve advocacy wins, we work closely with members of the parliament, Government officers and other stakeholders. We further use evidence derived from analysis and baseline survey to inform our advocacy, thus making it evidence-based and backed up with data and information. Over years, we have advocated for Family Planning financing, Commodity security, General health financing, procurement regulations such as zero rating and framework contract. Our advocacy on TB/HIV ranged from increasing domestic financing for HIV and TB, supporting and strengthening Global Fund processes, advocating for HIV objective in MTEF to allow allocation for HIV funding. Currently we are advocating for special funding to reduce dependence from external funding. We are also working and supporting RHMTs and CHMTs to increase their capacity on data use and improve evidence-based planning. For example in Kigoma and Tabora (where there is low Family Planning use) we have been supporting them on increasing facilities that provide Post-Partum Family Planning.

For the past five years, we have been on the forefront to advocate for [Global Financing Facility \(GFF\)](#) a World Bank funded program to end preventable maternal, newborn and child deaths. We took lead to form a CSOs GFF Coordinating group – a coalition with GFF member regions to advocate for GFF performance. As the secretariat of the coordinating group, we built capacity of CSOs in budget analysis

and tracking, advocacy and accountability thus enhancing their skills in advocacy. With our advocacy techniques and networks, we advocated for GFF performance at the World Bank HQ, World bank Country Office and Ministry of Health and PoRALG and as a result, 6 out of the 7 Disbursement Linked Indicators have been either achieved or partially met.

E: Program Management and leadership experiences:

We are indigenous organization with stable Governance and Leadership with head office in Tanzania. Our Board of Directors comprising of six members who provide overall oversight and make major decisions. Board members have broad program and organizational management experiences which remains assets to HDT. Ms. Feddy Mwangi retired as Technical Director for Engender Health, Dr. Amos Kawha is a director of Research at NIMRI and Mr. Neville Meena is a renowned journalist. Dr. Mteule Nkomo is a PhD holder in accounting, auditor and business Administration. The board brings together different and unique expertise ranging from organizational and finance management, Gender, Global Fund experience, operational research, making the board most suitable organ for oversight and technical guidance beyond ceremonial.

Experienced & Motivated Human Resource: We bring exceptional national staff who have managed large programs in international organizations. They bring a unique mix of senior management and program experience. We have over 15 professional staff and over 300 community health workers who are supported to link communities and health facilities.

Results Based Planning and Management: We are a results-based management organization i.e. we focus on results then consider the **sum of interventions relevant** and **adequate** to achieve a particular result hence the resource needs. Health Promotion’s investment principles mirror those of Global Fund, i.e. **Ensuring High Impact, Value for Money, Measurable, Scalable, Sustainable, and leveraging on previous successful results.**

F: Sample of most recent projects

PROJECT TITLE	PROJECT DESCRIPTION	DONOR	Point of Contact	Amount
RMNCAH Advocacy and Accountability (CSO-GFF) July 1, 2019 to Oct 2022	Tracking implementation progress of the FP2020 and EWEC commitments through and GFF advocacy and accountability in Tanzania	POPULATION ACTION INTERNATIONAL, DBA PAI	Dyan Mae Cortez PAI Champions of Global Reproductive Rights 1300 19th Street, NW Suite 200 office: 202-557-3427 mobile: 202-830-0824	205,584

Advance Family Planning August 31, 2012 to October 30, 2022	National and subnational level advocacy for Family planning (policy, budget, health system and uptake)	THE JOHNS HOPKINS UNIVERSITY	Halima Shariff Country Director Advance Family Planning (AFP), P.O. Box 105303, Dar es Salaam, Tanzania. Office Tel: +255 786 505003 Cell. +255 788 249091	952,618
Combating disease of poverty January 1, 2018 to June 30, 2023	Undertaking advocacy to address the geographical disparities in immunization coverage and tracking the implementation progress of “ <i>Tuwavushe Salama</i> ” campaign and domestic financing for HIV and T	RESULTS EDUCATIONAL FUND- USA	Aldwyn Hamilton de Cabrera Director of Grants Administration RESULTS Educational Fund 1101 15th St., Suite 1200, NW Washington, DC 20005 ahamilton@results.org Office tel: 202-783-4800, ext. 135 / Cell: 202-460-6309	617,489

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