2018/2020

USAID BORESHA AFYA FINAL IMPLEMENTATION REPORT-BIHARAMULO

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ACTION GLOBAL HEALTH ADVOCACY PARTNERSHIP

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ABBREVIATION

CHMT	Council Health Management Team
CDO	Community Development Officer
CHW	Community Health worker
CSC	Community Score Card
CSO	Civil Society Organization
DC	District Councilor
DHMIS	District Health Management Information System
DED	District Executive Director
DMO	District Medical Officer
FP	Family Planning
H/F	Health Facility
HDT	Health Promotion Tanzania
HIV	Human Immune - deficiency Virus
HTC	HIV Testing and Counseling
MP	Member of Parliament
RMC	Respective Maternal Care
RMNCAH	Reproductive Maternal Newborn Care and Adolescent Health
SRHR	Sexual Reproductive Health Rights
OJT	On Job Training
TB	Tuberculosis
USAID	United States Agency for International Development
VICOBA	Village Community Banks
YFS	Youth Friendly Services

1.0 EXECUTIVE SUMMARY

Health Promotion Tanzania has been implementing a maternal child health project in Biharamulo district council aiming to increase both access to and quality of RMNCAH services for 18 months (October 2018 to March 2020). The project covered 5 wards out of 17 and 7 health facilities out of 29 (24%) in the district. The Health Facilities covered are Nyabusozi, Nyakanazi, kalenge and Nyakahura health centers, Runazi, Lusahunga and Ngararambe dispensary. This project was funded by USAID through Jhpiego. The project main thrust was working with 96 community Health Workers who worked on day to day mission with households undertaking health promotion, health and nutrition assessment, referrals, facilitating gender RMC, organizing Community score card and report on monthly basis. In addition, the main interventions in this project included community score card meetings and reviews, district officials meetings, Gender dialogue group discussions, Gender and RMC advocacy meetings, community mobilization on outreach services, Integrated SRHR and HTC outreach services, Gulio la afya, radio and cinema shows.

This project has been successful to contribute to increased access to RMNCAH services and quality of the same. For example, the number of women making ANC1 below 12 weeks of pregnancy increased from 47% in 2018 to 68% in 2019; this is an increase of 21%. Women making ANC4+ at the beginning of the project was 46% and at the end of the project was 94.6% making an increase of 48.4%. there is increase of 24% of Women delivering at health facilities from 2018 to 2019 during the project implementation period. Family planning uptake before the start of the project were 25% and at the end was 42% making an increase of 17%. Male involvement in reproductive health services was 98% while at the end of project was 100%.

Community Score card meeting activity bought together demand side (health service users) and supply side (health services providers) to jointly analyze issues affecting access to quality of service and to find a common solution. A total of 30 meetings were conducted and action plans developed for those challenges commonly agreed. About 50% of agreed actions were implemented in 18 villages. Gender Dialogue groups aimed to discuss together issues of gender norms, Gender and respective maternal care advocacy meetings, maternal health, and economic issues. A total of 36 groups formed, and 12 groups managed to formulate VICOBA groups for lending among themselves and for emergency purpose relating to pregnancy and under five children. The number of Health Facility deliveries increased from 66% (2018) to 89.5% (2019).

Gulio la afya was conducted through mass campaign especial (market day), targeted a huge number of people in one place to undertake health promotion, and provide multiple services to communities under one roof. A total number of 710 people received services (415 HIV testing). Cinema shows were conducted to about 750 people with messages on Family planning,

importance of Ante natal care and nutrition. As a result, Family Planning Contraceptive Rate increased from 25% for 2018 to 42.4% (2019).

2. INTRODUCTION

USAID Boresha Afya Lake and Western zone is five years project implemented in 7 regions of Tanzania mainland and Zanzibar. In Biharamulo was 18-month project from October 2018 to March 2020. The goal of the project is to improve the health status of all Tanzanians with a focus on women, youth and children and reproductive health (RMNCH) outcomes in Mara, Kagera, Kigoma, Shinyanga, Geita, Simiyu and Mwanza and five districts in Zanzibar. To support this goal of USAID Boresha Afya, HDT implemented activities in Biharamulo Districts in Kagera region by improving the availability and access to quality, respectful and integrated RMNCAH services.

Biharamulo District has a total population of 495,296 with 17 ward and 80 villages and 384 sub villages. There is 1 hospital, 5 health centers and 23 dispensaries. According to DHMIS in 2019, Maternal Mortality Rate for the district is 47 per 100,000. Antenatal early booking below 12 weeks is at an average of 39%, Health facilities deliveries is at an average of 70%, Contraceptive Prevalence Rate for Family planning is at 26% while Postnatal four visits was recorded at 28%, ANC4+ was 62% and male involvement were recorded at 62%.

Health promotion Tanzania (HDT) was the lead implementing partner of the USAID Boresha Afya in Biharamulo District in collaboration with CHMT members, Community Development Officers, health facility service providers, CHWs and WEOs and VEOs. The project covered 31 villages out of 80 of all villages in five (5) out of 17 selected wards of Lusahunga, Runazi, Kalenge, Nyabusozi and Nyakahura which had coverage of reproductive health indicators in 7 health facilities (4 health centers and 3 Dispensaries) of Nyabusozi HC, Runazi disp, Lusahunga disp, Nyakanazi HC, Kalenge HC, Ngararambe disp and Nyakahura HC out of 29 of all HFs.

This report covers the implementation period from October 2018 to March 2020. It shows results that were recorded according to HDT M&E data and DHIS2. It provides conclusion and evidence of achievements in annexes as success stories.

3.0. KEY PROJECT ACHEVEMENTS

For the period of 18 months of USAID Boresha Afya project implementation in Biharamulo district, there are a noted achievements including; improvement in access and quality of health

services in RMNCAH, increase in access to full range of services, increase in access and demand of health services behaviors and transformation of harmful gender norms. These are explained in detail as follows.

A: IMPROVEMENT IN ACCESS AND QUALITY OF HEALTH SERVICES IN RMNCH

Community Score card and review meetings activities brought together demand side (health service users) and supply side (health services providers) at community level, to jointly analyze issues that affect RMNCAH service use and find a common understanding and way of addressing those issues. Citizens 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. For example, friendly language between health service providers and clients in Ngararambe and Ruganzu dispensaries have been improved because of exchanging of staff that appeared to be blamed by community members on poor attitude and ethics in health services. Also, community members have become aware of their challenges for example, Nyakahura, Lusahunga and Nyabusozi villages are currently registering pregnant mothers at hamlet level for easy monitoring. Due to CSC meetings conducted in Kitwechembongo, Migango and Isambala villages, there is ongoing H/F construction in mentioned villages. (*refer to annex 1)*

Figure 1: CSC meeting at Nyakasenga village on March 2020 when Community development officer was leading action plan development

As shown in table one below ANC attendance less than 12 weeks increased from 47% to 68%, an increase of 21%. ANC4+ increased from 46% to 95% which is an increase of 49%. Health Facility deliveries increased by 24% during implementation period (i.e. from 66% to 90%). Men escorting their spouse to ANC increased from 98% to 120%. Family Planning uptake was least to increase (17%) indicating need to step up efforts.

Table 1: *RMNCAH indicators in Biharamulo district for 7HFs (2018-2019 period)*

S/NO	INDICATOR	2018			2019		
		TARGET	ACHIEVEMENT	%	TARGET	ACHIEVEMENT	%
1.	ANC attendance <12 weeks	8124	3836	47	8090	5487	68
2.	ANC 4 visits	8124	3722	46	8090	7655	95
3.	Male involvement	3836	3552	93	5487	5346	98
4.	HF deliveries	8124	5344	66	8090	7246	90
5.	FP uptake	27640	6944	25	25580	10856	42

Source: DHS2

B: INCREASE ACCESS TO FULL RANGE OF SERVICES

One of the inhibiting factors to access health services is the distance community members must travel to facility and second is compartmentalization of services. To overcome these, Health Promotion Tanzania's innovation was to bring a range of health services closer to people at one setting. This is called "Gulio la Afya". Gulio la Afya was paired with mass campaign during village market day in a proposed area. The activity targeted a huge number of people at one setting and therefore health education and promotion on ANC, FP, the importance of health facility delivery and HIV Testing, appropriate nutrition during first 1000 days were given.

Figure 2: A cultural group during Gulio la Afya at Rugese village (Nyakahura ward) in November 2019

To make the service enjoyable, we also conducted cinema shows which are

educative. The approach of combining health services provision and edutainment through cinema have contributed in reinforcing behavioral changes in communities towards better health seeking behavior for reproductive health services. In Biharamulo district 710 people participated in the Gulio la afya events and about 122 received FP services and 415 HIV testing. (*refer to annex3)*

C: TRANSFORMATION OF HARMFUL GENDER NORMS THROUGH GENDER DIALOGUES

Gender Based Violence is one among contributing factors to maternal death in Biharamulo district. Young Girls and Women are the most vulnerable for this matter. A lot of men do not take responsibilities in parenting and taking care of their families. In many families, women take the responsibilities of taking care of their families on their own.

HDT therefore, organized Gender Dialogue Groups sessions which involved couples (30 participants each group) who discussed 10 sessions on gender norms, accessibility, and utilization of RMNCAH services. The sessions were facilitated by CHWs in a respective village. As a result, families have started discussing maternal and reproductive health issues which has resulted to increase the demand to access health services within households. Gender dialogues have helped on transforming harmful gender norms such inequalities in owning family resources between men and women, secrecy habit among women during pregnancy and labor, inequalities in education etc. These have happened by engaging men in child health care and preventing GBV. Couples during gender dialogues promised to use contraceptive, sharing of housework, involvement of women in household financial decision-making, and reductions in physical and sexual violence. Health workers have been witnesses of this positive shift by observing number of men who escort their partners during clinics.

For example, male involvement in reproductive health issues increased in 7 HFs of project intervention whereby several men escorting their partners increased in Lusahunga, Nyakanazi, Nyakanazi, Kalenge, Ngararambe, Nyakahura, Runazi and Nyabusozi. In all seven facilities, male escort was over 90%, three of seven health facilities almost all women were escorted by their spouse (100%). The data are summarized in the following table.

Table 2: *Number of men escorted their spouse during ANC1 in 2019 in five wards of project intervention*

S/No	Health Facility	Total number of women attended ANC1 (<12 wks)	Number of men escorted their partners at ANC 1	%
1.	Nyakanazi health center	1292	1213	94%

2.	Nyakahura health center	424	409	98%
3.	Nyabusozi dispensary	1137	1137	100%
4.	Runazi dispensary	404	404	100%
5.	Ngararambe dispensary	549	537	98%
6.	Kalenge health Center	408	382	94%
7.	Lusahunga dispensary	1273	1270	100%
	TOTAL	5487	5352	98%

Source: DHS2

Furthermore, 36 gender dialogue groups were formed whereby 12 groups of Nyamigele, Kalenge, Kanyoni, Nyakasenga, Ngararambe, Mihongora, Mwinyororo, Migango, Nyabusozi, Karusuli, Kisenga and Mafukwe villages successfully formed VICOBA. Each group now owns above TZS 200,000 for lending and emergency purposes. By doing this, they are setting a pace for other people to consider saving money for emergencies during transport to H/F. With groups setting out emergency transport fund, it will contribute to solving the delay to reach health facilities thus contributing to reduction in maternal mortality. (*Refer to annex 4*)

Figure 3: HDT- staff was discussing importance of saving money for emergency transport when visited some gender dialogue group participants in Migango village February 2020.

D: INCREASED ACCESS OF ANC SERVICES

The reason for selected wards for project intervention was because they had low ANC coverage. To tackle this challenge, Community Health Workers conducted health promotion activities which increased demand of RMNCAH services in their communities. This was done through public meetings, household visits and other related community events. Apart from

increased demand, there were also, Increased iCHF enrollment and provision of referral to those clients identified with danger signs. Through household visits, CHWs have been reporting different findings and following up the registration of families, pregnant women, and children. CHWs have been reporting malnutrition cases, death of fewer than 5s and adherence of clinics. The Table below shows performance of CHWs in various reportable project indicators for 2018-2019 period.

Table 3: *RMNCAH data collected by CHWs in 2018-2019 periods*

S/NO	CHWs INDICATOR	TOTAL CLIENTS VISITED		
		2018	**2019**	**% change/increase**
1.	New women clients visited	356	1505	61.7
2.	Returning pregnant women visited	361	1412	59.3
3.	Women visited after delivery	287	1210	61.7
4.	Neonatal children visited	312	1255	60.2
5.	Children visited (1-5yrs)	3123	1381	38.7
6.	Women referred to H/F	136	204	20.0
7.	Children referred to H/F	213	460	36.7

Home delivery case reported increased from 47 to 171, which was supported by CHW house to house registration. They support Health facilities to have data for pregnant women who for different reasons could not make it to clinic. They also supported these women to get care after they deliver.

E: INREASED AWARENESS AND HEALTH SEEKING BEHAVIOR AND RMNCHs TO YOUTHS

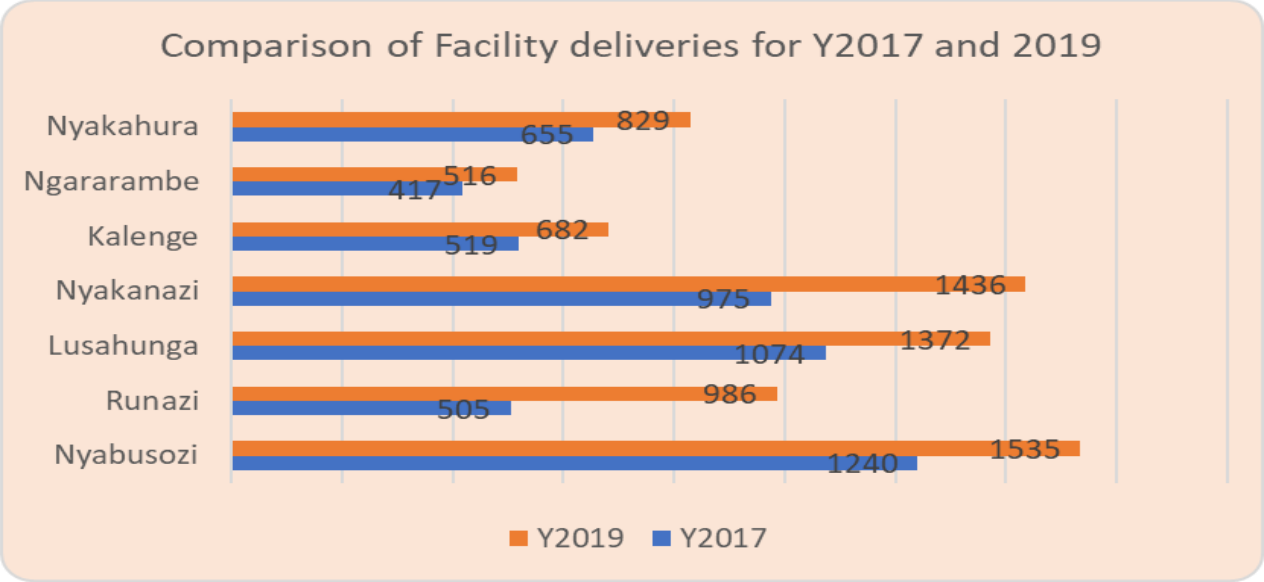
Youth in Biharamulo district is among age groups with poor health seeking behavior. HDT therefore, in collaboration with CHWs and CHMT members organized and conducted awareness creation to the youths on the importance of SRHR and HTC services. In Nyakahura ward for example, awareness was made through organizing a football match between Nyakahura Secondary school versus Nyakahura villager's youth football teams. The competition brought together youths from two different villages and were able to acquire SRHR and HTC services that was provided by Health Service providers and CHWs. People participated in the events were able to

get varieties of services such as FP (50) and HIV testing (465). (*refer annex 2)*

Figure 4*: Football Teams with 2HDT staffs and 1CHMT member during Bonanza show at Nyakahura Secondary School football Match*

F: INCREASE OF FACILITY DELIVERY

CHWs demand creation and health promotion activities lead to increased number of women delivering at health facilities. This was done through household visits, gender dialogue sessions and community outreaches. Program facility-based data show that in Biharamulo district facility deliveries are now at 79% as of December 2019 compared to 63% of 2017 national average (TDHS-MIS). A comparison of women delivered at health facility in 2017 and 2019 show that deliveries at Runazi health center increased by 95% during this period. This was followed by Nyakanazi which increased by 47%. The least increase was at Ngararambe which increased by 24%. Increased facility delivery provides an opportunity to increase family planning uptake through investing in postpartum Family Planning.



Source: HFs data

4. GENERAL CHALLENGES AND WAYS FORWARD

Although Boresha Afya project was way successfully, challenges while implementation were inevitable. The following were some of them.

- **Poor implementation of community score card agreed action:** There were poor implementation of CSC action plans especially in four villages of Mbindi, Busiri, Kaperanono, Kisuno and Kanyoni villages. Twelve action plans were not reviewed. We call upon community leaders in collaboration to CHMT to do follow up on action plans that were reached.

- **High drop out of CHWs**: In some villages like Ngararambe village and Nyabusozi ward there were high drop out of CHWs which resulted to many hamlets covered by the project to remain with no service. We call upon LGA and other stakeholders to support these communities in term of recruitment of self-motivated CHWs regarding the high need of them in our areas. (*Refer to annex 6.5*)

- **Lack of village meetings/poor attendance of village meetings**. While implementing USAID Boresha Afya project at community level, we noted that many village leaders do not have habits of organizing meetings or when meetings are organized, there is poor attendance among community members. This continues to be a serious problem since many challenges relating to reproductive health could have been addressed through these meetings.

- **Negligence among health providers**: We noted that there some health care providers who do not fill referral forms provided by CHWs to their clients. This demoralizes CHWs as it points out that they are adding no value. We call upon DMO and HFs in charge to ensure that health care providers to acknowledge the importance of CHWs and motivate them by appreciating their work through signing their referral forms and other ways.

5. CONCLUSION AND RECOMMENDATION

In achieving our project goals, HDT worked with numerous stakeholders, Biharamulo district officials and partners. We have achieved largely of what was set to achieve. By data presented above we have improved access of RMNCH by ensuring services are accessible to larger group of community population and improved the quality of health services by ensuring all barriers are addressed by responsible stakeholders, and that community addresses all health service challenges. Community score card approach proven to play major role in addressing health services challenges in Biharamulo, its effectiveness is due to the fact that community members from different groups, gender and age categories discuss their challenges in accessing health services and quality of health service provided in their area and agree with stakeholders ways to address them set action plan and follow up on its improvement . However, there is lack of sustainability in most of interventions of this projects, and this is largely contributed by limited resources.

6. ANNEXES

6:1: Improvement of quality of RMNCAH services

HEALTH PROMOTION TANZANIA (HDT)

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, Lusahunga, Nyamahanga, Nisibo, Katahoka, Runazi, Nyabusozi, Nemba, Kabindi and Nyanza wards. The text box summarizes the values of Community Score card.

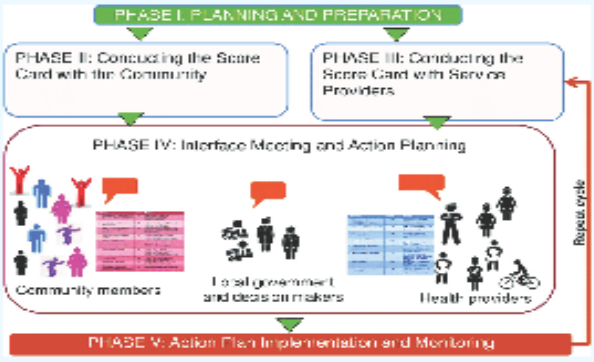
Community Score card identifies (1) how services are experienced by uses, (2) Establishes mechanism between user and provider, (3) Ensure informed decision making, (4) Track progress of service provision, (5)Reports on Quality services, and (6) Ensures community empowerment and citizen voice.

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 obliga[illegible]-makers to justify their decision to citizenry
[4] Strengthening accountability for better health outcomes through understanding health system bottlenecks: Insights from Tanzania

Health Promotion Tanzania is an NGO working towards improving maternal and child health outcome in Tanzania. Contact [illegible]

6:2 : CHW's work leads to increase in health facility deliveries

Community Health Workers reinforces health seeking behavior leading to increased deliveries at health facilities in Biharamulo District, Kagera region.

Edinesta Lucas is a 37 years old woman married to Buhuru Mukeyi 41 years, since 2000 at Kanyoni village in Kalenge ward, in Biharamulo district. Edinesta is Gravida 7 para 2, one is alive. Since 2001 she conceived 7 times and succeeded to deliver two live births. Her first child died when he was 8 months, the second birth is a live child, while the rest 4 pregnancies were spontaneously aborted at the ages of 7, 8, 5 and 4 months. Edinesta had poor attendance at antenatal clinic. Among those four aborted pregnancies, two happened at home and the other two at the health facility with history of bleeding too much before the abortion and placenta retain to some events.

After all those challenges, Edinesta and her husband were advised by HDT's CHW on reproductive health related issues including family planning and attending antenatal clinics according to instructions given by health facility staff. Since 2014, she has been following the instructions and using FP services to help take time without getting pregnancy. Since 2016, she was getting health education from CHWs whereby she is declaring that she and her husband are following the education they are receiving from CHWs. She added that, now she is 5 months pregnant and when it is approaching the sixth, she will move to stay near the health facility for closer health support.

Family planning does not only allow spacing of pregnancies and reduce rates of unintended pregnancies which in turn reduces the need for unsafe abortion but also enables women who wish to limit the size of their families to do so.

6.3 A satisfied Family Planning 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 (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 old. 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 kila siku. Huwa anakuja kila mwezi wa sita na mwezi wa kumi na mbili ndani ya mwaka. Anafanya kazi zake Kigoma na Tabora. Kiukweli watoto wangu wananitegemea mimi tu karibu kwa kila 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 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.

Field Officer (HDT) and 2CHW's from Mwinyororo village (Abdias Leonard and Berina Kulela) as we visited Ms Jackline and her family in September 2019.

She says, *"Nafurahi kukutana na Abdias, kama sio yeye kunifundisha kwa kina faida za uzazi wa mpango, mpaka sasa ningekuwa hata na watoto kumi. Nilianza kutumia uzazi wa mpango kwa mwanangu wa nne na wa tano na kiukweli hata mwonekano wangu umebadilika. Watu wanasema kuna madhara kutumia njia za uzazi wa mpango, kwangu mimi naona siyo kweli na kuwa na watoto wengi nisioweza kuwatimizia 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 - with a focus on women, youth, and children.

6.4: Community group forms emergency transport referral

Gender dialogue groups in Biharamulo District setting an example for emergency transport referral system

"Delay seeking care during labor, lack of individual birth preparedness, home deliveries, birth before arrivals and long distance to health facilities are among contributing factors to maternal and newborn death in Biharamulo district. Proper emergency referral system can be one among ways to fight against maternal deaths".

Gender dialogue groups' activity is one of USAID Boresha Afya project activities implemented in five wards (Nyabusozi, Runazi, Lusahunga, Nyakahura and Kalenge) at community level. The activity brings together 30 couples (15women, 15men) to discuss 10 sessions on gender norms, accessibility, and utilization of RM2NCAH. These groups have created positive impact in Biharamulo district one being forming VICOBA for lending purposes and certain amount of money for emergency transport to health facilities focusing on pregnant mothers and under five children. Currently, there are 11 confirmed VICOBA groups which have been formed because of USAID Boresha Afya project intervention in Biharamulo district whereby all groups have established emergency transport referral system by saving some funds for emergencies cases.

A picture captured with some Migango gender dialogue group participants when HDT staff visited on 18th March 2020.

Migango Gender Dialogue group (Afya ni Upendo) which was formed by Migango village's CHWs namely Stephano Nicholous and Edisa Daudi graduated by completing all 10 sessions in February 2020 and it is the first group to use money saved for emergencies. The group has a sum of 200,000tshs whereby 100,000tshs is for emergencies and the rest can be borrowed by group participants. Restuta Benedicto (pregnant mother) and Majaliwa Hamis borrowed for Magreth Majaliwa (3yrs) used emergency funds to go to health facilities and they are all extremely grateful.

Restuta said*, "Kikundi changu cha kijinsia kilikuwa msaada wangu mkubwa niliposikia uchungu kabla ya makadilio ya kujifungua. Hatukuwa na pesa yoyote hivyo mume wangu akaenda kukopa kiasi cha 20,000 nikaweza kuwahishwa dispensari ya Runazi. Bila shaka bila msaada wa kikundi chetu ningeweza hata kupoteza maisha. Namshukuru sana Edisa na Stephano kwa kunichagua niwe mmoja wa kikundi hiki."*

Gender Dialogue groups is one among many USAID Boresha Afya project activities which have created positive impact in Biharamulo district. The goal of the project is to improve health status of all Tanzanians-with focus on women, youth, and children- by improving availability of, access to quality, respectful and integrated health services.

6.5 LIST OF CHWS

S/No	NAME OF CHW	SEX	WARD	VILLAGE	PHONE NUMBER
1	LEVINA SAMSONI KAMUHANDA	F	NYABUSOZI	NYABUSOZI	744213558
2	VENANCE GABRIEL JOHN	M	NYABUSOZI	MAFUKWE	762046800
3	FELISTER PHABIAN	F	NYABUSOZI	MWANGA	768557349
4	MAJALIWA ELIAS BANGA	M	NYABUSOZI	MWANGA	767449738
5	EMMANUEL YOHANA MAKOYE	M	NYABUSOZI	NYABUSOZI	769891586
6	FAUSTINA JOHN MUNUBWA	F	NYABUSOZI	MAFUKWE	743286783
7	RAHEL SILIVESTA	F	NYABUSOZI	KAPERANONO	768174054
8	RESTUTA JEREMIAH	F	NYABUSOZI	KALUGUYU	768445876
9	DEUSI EVODI	M	NYABUSOZI	MAFUKWE	743594130
10	LILIAN PAUL	F	NYABUSOZI	NYABUSOZI	753450916
11	MARTHA FARAJA BANOBI	F	NYABUSOZI	NYABUSOZI	766026502
12	ROBATI JACOBO MAHIMILA	M	NYABUSOZI	NYABUSOZI	759510330
13	REONARD ROBERT JOACHIM	M	NYABUSOZI	KALUGUYU	756909240
14	MONICA SAMSON	F	NYABUSOZI	NEMBA	768149439
15	REGINA ROBART	F	NYABUSOZI	KISENGA	746641308
16	LINUS PASCAL	M	NYABUSOZI	KISENGA	757401833
17	LEONARD MALDOSHI	M	NYABUSOZI	KAPERANONO	745970153
18	REHEMA MERICK MZIBIRA	F	NYABUSOZI	KARUNDI B	743027460
19	EMILIANA MARCO	F	NYABUSOZI	MBINDI	766036655
20	VICTORIA CHENDELA KATABULYA	F	NYABUSOZI	MAFUKWE	765086338
21	EVERINA ZACHARIA GASPARY	F	NYABUSOZI	ISAMBARA	742920837
22	ELISHA AMOS	M	NYABUSOZI	ISAMBARA	743746964
23	BOAS MARKO	M	NYABUSOZI	MWANGA	744707818
24	DICKSON ZABRON	M	NYABUSOZI	NEMBA	762113024

25	DOMISIAN KAHILIMA ANATORY	M	NYAKAHURA	RUGESE	766292672
26	AMOSI RWEMANYIRA MTERABA	M	NYAKAHURA	RUGESE	753128893
27	OCTAVIAN PAULO	M	NYAKAHURA	MABALE	768603273
28	ELIA MDIMI NICODEMAS	M	NYAKAHURA	RUGESE	757682441
29	EZEKIEL PHILIMON	M	NYAKAHURA	NYAKAHURA	755574949
30	BARAKA ENOCK	M	NYAKAHURA	RUGESE	752167152
31	YOELI SAMWELI	M	NYAKAHURA	NYAKAHURA	763205795
32	PENDO PETRO	F	NYAKAHURA	MIHONGORA	742090139
33	FEBRONIA KAZAWADI	F	NYAKAHURA	MABALE	759394958
34	FURAHA SYLVESTER	M	NYAKAHURA	MIHONGORA	757512593
35	ROMANUS BENDILIBA	M	NYAKAHURA	MIHONGORA	765353093
36	PRAJIA FILIMONI	F	NYAKAHURA	NYAKAHURA	746021453
37	RIZIKI FIKIRINI	F	NYAKAHURA	NYAKAHURA	743743079
38	SUZANA CHRISTOPHER	F	NYAKAHURA	MABALE	743786812
39	PHILIBERT BINUGWA	M	NYAKAHURA	MABALE	766349107
40	KOLUGANDA A. BAGACHWA	M	NYAKAHURA	NGARARAMBE	756474923
41	ZAWADI PHILIPO	F	NYAKAHURA	NYABUGOMBE	754760944
42	SELESTINE CLEOPHACE	M	NYAKAHURA	NYABUGOMBE	762520488
43	ALEX PIUS	M	NYAKAHURA	NGARARAMBE	766255765
44	AKIPENDA BYEBESA	F	NYAKAHURA	NGARARAMBE	765194259
45	JEREMINA JEREMIA KIPILIPILI	F	NYAKAHURA	NGARARAMBE	764163990
46	YULITHA CHUBWA	F	NYAKAHURA	KALUKWETE	768309302
47	ERICK P. SWAG	M	NYAKAHURA	MUSALI	766857959
48	ONESMO DEOGRATIAS	M	KALENGE	NYAMIGELE	767417919
49	THOBIAS JOSEPH	M	KALENGE	KALENGE	762391141
50	GAUDENSIA ERASTO	F	KALENGE	RUSENGA	769617022
51	DESDERIA THOMAS	F	KALENGE	NYAMIGELE	756609495
52	VICENT NDUGWAA SABUHORO	M	KALENGE	KANYONI	752423203
53	SIKUNJEMA SIMON	F	KALENGE	KANYONI	762263776
54	INVOYORATHA MKABARUNGI BONIPHACE	F	KALENGE	KALENGE	758210611
55	IBARIKI MARCO RUGOIGOI	M	KALENGE	RUSENGA	759078810
56	MASUMBUKO MALILA	M	KALENGE	MSEKWA	754457299
57	ANETH ARICEN HENERICO	F	KALENGE	MSEKWA	757200446
58	MASUMBUKO KWANDIKWA	M	LUSAHUNGA	NYAKASENGA	744576681
59	EZEKIEL MASABILE	M	LUSAHUNGA	KIKOMA	753484425
60	ELISIA VEDASTO	F	LUSAHUNGA	NYAKASENGA	768002883
61	GABRIEL CLEOPHACE	M	LUSAHUNGA	LUSAHUNGA	759558035

62	ELISHA ERASTO	M	LUSAHUNGA	LUSAHUNGA	756344546
63	LIDIA PHILIMATUS ABELI	F	LUSAHUNGA	NYAKASENGA	746159738
64	JEREMIAH MALISELI	M	LUSAHUNGA	KIKOMA	746150731
65	EDIFIRIDA M. LUHOMWA	F	LUSAHUNGA	KIKOMA	746150706
66	ANJELISTER ABEL	F	LUSAHUNGA	KIKOMA	746139821
67	JAMES JOSEPH ELIUDI	M	LUSAHUNGA	NYAKASENGA	752815466
68	EDINAS JACKSON PAUL	F	NYAKANAZI	KABALE	743877072
69	VICENT KAHOZA KALUHIZE	M	NYAKANAZI	KABALE	768269709
70	ABDIAS USHINDI LEONARD	M	RUNAZI	MWINYORORO	755416403
71	MGENYI JOHN MANAMBA	M	RUNAZI	MWINYORORO	746148947
72	BERINA KULELA	F	RUNAZI	MWINYORORO	746147734
73	DEODATUS GASPARY ISELULA	M	RUNAZI	MWINYORORO	743443924
74	SWITIBERT ANTONY	M	RUNAZI	RUKORA	763216227
75	MAGRETH WILISON EDWARD	F	RUNAZI	RUKORA	765030858
76	STEPHANO NICHOLAUS	M	RUNAZI	MIGANGO	762776741
77	EDSA DAUDI	F	RUNAZI	MIGANGO	755164703