

BORESHA AFYA

BIHARAMULO DISTRICT COUNCIL

FINAL REPORT

Period of 2018-2020



"Every Life of a Mother and Child Counts"

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Abbreviations and Acronyms

CDO	Community Development Officer
CHMT	Councilor Health Management Team
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
HDT	Health Promotion Tanzania
HIV	Human Immune - deficiency Virus
HTC	HIV Testing and Counseling
MP	Member of Parliament
RMC	Reproductive Maternal Care
RMNCAH	Reproductive Maternal Newborn Care and Adolescent Health
SRHR	Sexual Reproductive Health Rights
OJT	On Job Training
PHC	Primary Health Care
TB	Tuberculosis
USAID	United States Agency for International Development
VEO	Village Executive Officer
VICOBA	Village Community Banks
YFS	Youth Friendly Services
WDC	Ward Development Committee
WEO	Ward Executive Officer

1.0. EXECUTIVE SUMMARY

Health Promotion Tanzania has been implementing a maternal child health project in Ngara district council aiming at increasing demand of health seeking behavior at community level for RMNCAH services. The project covered 6 wards out of 22 and 6 health facilities out of 62 in Ngara district. This project was funded by USAID through Jhpiego. Main interventions in this project included Community score card meetings, gender dialogue, monthly meetings, radio talk, Gulio la Afya, Cinema Shows, Household visits and Supportive supervision.

This project has been successful to contribute to increased access to RMNCAH services and quality health care. For example the number of women making ANC1 in health facilities covered on the start of the project was 405 and at the end they were 507, this is an increase of 25%. Women making ANC4+ at the beginning of the project were 405 and at the end of the project were 791 an increase of 95%.

HDT supported bringing health service closer to the people and community sensitization through Gulio la afya (health service market). 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 of children. These activities brought together total number of 717 who access health services at a time in one place closer to them (*male 278 female 439*).

Through CSC meetings Community members 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. This caused improvement of health services quality and promoted accountability for health providers and stakeholders. This attracted women attending health facilities for Antenatal Care, delivery and postnatal care.

Through gender dialogue groups men and women discuss together issues of gender norms, maternal health and economic. Here we advocated on equality and importance of maternal health for a mother and a baby, preparation and readiness during pregnancy, and importance of family planning. These groups helped community members in so many aspects especially having an agreement that each group member need to have improved community health fund (iCHF) and emergence transport fund that will support them during medical need. In Ngara more that 83+ community members were enrolled for iCHF and the exercise in ongoing.

2.0 Introduction:

USAID Boresha Afya Lake and Western Zone is a five-year Project implemented in seven regions of Tanzania Mainland and Zanzibar. The goal of the Project is to improve the health status of all Tanzanians - with a focus on women, youth and children - by improving the availability of, and access to, quality, respectful and integrated health services. The Project is implemented by a consortium of three partners, led by Jhpiego, an affiliate of Johns Hopkins University, with partners Engender Health and PATH.

HDT in collaboration with USAID Boresha Afya and CHMT, implemented community project in Ngara District in 6 wards out of 22, 6 backup health facilities out of 62 and 17 villages out of 75 villages. Selection criteria based on low performing health facilities in RMNCH indicators. These are backup facilities involved in project; Murusagamba, Bukiro and Mabawe health center, Kirushya, Keza and Kasulo dispensaries.

3. GENERAL PROJECT PERFORMANCE

Table 1: The table below shows project performance from October 2018-March 2020 in relation to number of targeted activities, modification targets, actual activities conducted and key participants.

S/N	Activities	Modification target	Actual implementation	%	Target participants	Participants		Total	%
						Female	Males		
1.1	HDT in collaboration with CHMT will conduct one introductory meeting to share scope of work and planned activities with 25 respective CHMT members in Ngara district	1	1	100	25	19	6	25	100
1.2	HDT will organize and conduct integrated introductory meetings for one day each in 6 wards to share scope of work and planned activities of USAID Boresha Afya each with 25 participants in total 150 members of WDC at ward level in Ngara DC	1	1	100	125	119	3	150	100
1.3	HDT will conduct integrated monthly supportive supervision for 5 days each month for monitoring progress of community engagement interventions (CHWs, CSC, SBCC, Gender dialogue	15	14	93	493	93	188	281	57

S/N	Activities	Modification target	Actual implementation		%	Target participants	Participants		Total	%
							Female	Males		
2.1	In collaboration with respective health facility and other community leaders support mobilizing community members on outreach activities, two events (to mobilize community members on outreach activities (FP and Malaria) in Ngara DC.	2	1	5 0	300	99	16 9	2 6 8	89	
2.2	2HDT staff to participate in 7days CSC ToT organized and conducted by USAID Boresha Afya	2	1	5 0	2	1	1	2	100	
2.3	HDT staff in collaboration with 3CHMT members and 1 CDO organize and conduct CSC process to 36 villages per year with 60@ participants each Meeting	36	36	1 0 0	216 0	709	75 1	1 4 6	68	
2.4	HDT staff in collaboration with 3CHMT members and 1CDO organize and conduct CSC review meetings to monitor implementation status of the agreed action plan	22	18	8 2	132 0	94	16 0	2 5 4	19	
2.5	HDT to organize and conduct 2 meetings 1 per quarter with 9 district officials facilitating facility-community linkage, effective referrals and CHF	2	2	1 0 0	9	8	1	9	100	
2.6	To conduct 1day orientation meeting for 7 health facility governing committee members on key roles in resource mobilization and service linkage from community to facility	1	0	-	-	-	-	-	-	
3.3	In collaboration with village leaders and CHWs, facilitate community to establish emergency transport	1	0							

S/N	Activities	Modification target	Actual implementation	%	Target participants	Participants		Total	%
						Female	Males		
2.6	To conduct 1day orientation meeting for 7 health facility governing committee members on key roles in resource mobilization and service linkage from community to facility	1	0						
3.1	HDT staff in collaboration with 6CHW supervisors, organize and conduct monthly meetings in 6HFs with CHWs to review reports and sharing experiences in Ngara DC	14	15	100	75	39	27	66	88
3.2	2HDT staff to participate in RCHMT; USAID Boresha Afya staffs facilitated 1 integrated supportive supervision to monitor project implementation in Ngara DC (Organized by Boresha Afya team)	2	1	50	22	6	5	11	50
3.3	Distribution of CHW tools to 75 CHWs in Ngara DC	2	2	100	75	42	33	75	100
3.4	Two HDT staff will participate in 1day orientation meeting on mobile application (organized by Boresha Afya team)	2	0	0	0	0	0	0	0
3.5	HDT to support CHWs to facilitate gender dialogue groups and conduct 10 sessions on gender norms, accessibility and utilization of RMNCAH in Ngara DC	36	24	67	1080	189	279	468	43
3.6	To conduct 1day Gender & RMC advocacy meetings for 10 ward to religious/community and political leaders in Ngara DC @ 40 participants	1	0	-	-	-	-	-	-

S/N	Activities	Modification target	Actual implementation	%	Target participants	Participants		Total	%
						Female	Males		
3.7	In collaboration with respective HF and community leaders, conduct 1 integrated SRHR and HTC outreach services targeting youth groups through sports Bonanza, Boda-boda, Concerts at District level	2	1	50	300	97	57	154	51
3.8	Organize and Conduct Gulio la Afya at ward level	5	4	80	1000	278	439	717	72
3.9	To conduct Cinema shows with CHMT approved messages on RMNCAH, FP and Malaria services at	4	3	75	600	242	184	426	71
4.0	To conduct 3 Radio talk show organized in collaboration with Radio Kwizera to address RMNCAH in Ngara DC	3	2	67	-	--	-	-	-

4. STATUS OF PROJECT IMPLEMENTATION AND ACHIEVEMENTS

The following are detailed explanations on how each project activity was implemented showing achievements made, challenges and way forward. The deliverables documented below were recorded from milestone 1 to 16 scope of work from (Ngara District)

4.1 Introductory meeting with CHMT in Ngara District.

The meeting was successfully conducted to CHMT members aiming at sharing objectives, overall project goal and general overview of USAID Boresha Afya Project in Ngara District, The attendance was excellent as all 25 expected CHMT members (Male 19, Female 6) attended the meeting and actively engaged in the discussions, DMO officially delegated CHW coordinator to be HDT and USAID Boresha Afya's focal person throughout project implementation. CHMT members clearly understood project objectives, scope and their roles to support project implementation progress.



Figure 1 CHMT introductory meeting at Nyamiaga Hospital conference hall (October 2018)

4.2 Introductory meetings in 6 wards

The meetings were successfully conducted in all 6 wards of Murusagamba, Mabawe, Bukiro, Keza, Kirushya and Kasulo. A total number of 150 (Male 119, female 31) participants attended the meetings. The overall goal and objectives of USAID Boresha Afya project and expected project activities were shared to the participants. Village and ward leaders promised to be collaborative during project implementation.

Ward name	Male	Female	Total
Murusagamba	20	5	25
Bukiro	23	2	25
Mabawe	19	6	25
Kasulo	20	5	25
Kirushya	19	6	25
Keza	18	7	25
Total	119	31	150

Table 1: shows attendance of WDC members desegregated by sex

4.3. Integrated monthly supportive supervision

HDT in collaboration with CHMT member conducted integrated supportive supervision for five days every month for the purpose of monitoring the progress of community engagement intervention. During the implementation period we managed to conduct a total number of 14 integrated supportive supervision and 66 active CHWs were reached, provided with technical support on appropriate use of recording and reporting tools, Orient them on how to formulate strong gender dialogue groups, follow up of implementation of community score card action plans whereby 7 CSC action plans out of 36 were followed also we conducted household visits for the purposes of assessing the success of USAID Boresha Afya activities in influencing behavior change among community members in terms of uptake of RMNCAH services.

Challenges:

- Lack of working gears (Rain coats and rain boots) for CHWs. This contributed to low number of household visits especially during rain seasons.
- No budgets set for CHW's bicycle maintenance as it the only means of transport that facilitating their duties.

4.4. Outreach activities in collaboration with respective health facility

HDT in collaboration with Kirushya health facility staff and community leaders mobilized community members on outreach activity for the purpose of increasing services deliveries in the community. In the period of implementation, one outreach activity was conducted in Kirushya ward (Masale hamlet) and services provided during the activity were HIV testing, Family planning services, Malaria testing and RCH services. A total number of 268 clients (Male 99 and female 169) were able to get services whereas 11 clients out of 50 clients who tested malaria were found positive (Male 2, Female 9) and 9 clients out of 92 who tested HIV were found positive (1 Male and 8 female).

4.5. CSC TOT training organized by USAID Boresha Afya

Two HDT staff successfully attended a 7days CSC TOT training which was held in Misenyi district in Kagera region. The aim was to be trained on what Community Score Card means, who's involved and how CSC meeting process is being conducted at community level. It was an exciting way to learn how community members can collaborate on raising different issues underling health services delivery problems and jointly developing the agreed action plan for further implementation.

4.6 Community score card in 36 villages

HDT team in collaboration with CHMT conducted 36 Community Score Card meetings from 2018 to March 2020 at (Kasange, Murutabo, Nyamiaga, Mayenzi, Keza, Kasulo, Kirushya, Murutabo, Mukaliza, Katerere, Shanga, Kumwuzuza, Kabalenzi, Kanazi, Ruganzo,

Mumuhamba, Ntobeye, Nterungwe, ibuga, Kashaazi, Mshikamano, Burengo, Kungamba, Mkalinzi, Chivu, Kyenda, Nyabisindu, Kashinga, Nyarulama, Kumtana, Kazingati, Nyamahwa, Nyabihanga, Bukiriro, Muhweza, Murulama and Murugarama). This aiming at enhancing accountability for improved RMNCAH services at community level. A total of 1460 community members attended (709 male and 751 female). The specific objectives of this activity was to explain USAID Boresha Afya experience in implementing Community Score Card, facilitate Community Score Card process, to explain the status of RMNCH national, regional and district data and explain the scope and goal of USAID Boresha Afya. The team managed to support meeting participants to create 36 action plans for the identified gaps to be implemented by community member as part of their accountability for their own health.

Challenges

- Refreshment package set for CSC activity is not sufficient compared to the nature of the activity, this caused some invitees from other villages like Chivu and Mulurama not to attend the CSC activity.

Suggested way forward

- USAID boresha Afya to review the budget for CSC activity so as to include transport allowance to the invitees



Figure 2: CCS interface meeting at Mshikamono village in Rusumo ward (March 2019)

4.7. Community score card review meeting

HDT staff in collaboration with 1CHMT member and 1Community Development Officer succeeded to review 18 CSC action plans out of 36 developed. The meeting aiming at assessing the implementation progress for the agreed action plan developed during CSC meeting processes. 8 action plans out of 18 reviewed action plans reached 80% of implementation status while the remaining village had less than 50% of CSC action plan implementation progress. There is still more work to do to achieve the target as set out during the Community Score Card (CSC) meetings. Among the identified gaps resolved by CHMT as result of CSC meeting was addition of human resource at Lwimbogo (1 Nurse deployed) and providers attitude toward their clients; despite of human recourse challenge unfriendly language and disrespect and abuse to the clients was observed at Mabawe health center, Kasenga, Murutubo, Kabalenzi and Kanazi dispensary. During review meetings community members proved the big improvement of provider's behavior and quality of health services at their respective facilities. Also the community leadership had a task of follow up on action point set during the meetings which were; To repair hamlet road in order to address infrastructural challenges for emergency transport from community to health facility which was successfully done at Mayenzi, Kumwuzuzza, Mkaliza, Nyabihanga, Muhweza, Shanga, Katerere and Ibuga village.

Challenges

- Poor implementation of CSC agreed action plans, due to Education sector being the priority of village leaders compared to health sector.
- 18 CSC action plans out of 36 developed in November 2018 to January 2020 have not successfully been reviewed.

4.8. District officials Quarterly meeting

The meeting involved district officials and influential people who are the decision makers at district level. The meeting attended by DC, DED, DMO, Council Chair Person, MP, representative from Permanent Council Health Committee and religious leaders. All 2 meetings as planned were successfully conducted. The first meeting conducted in September 2019 aimed at facilitating community-facility linkage, effective referrals and iCHF enrollment in Ngara district while the second meeting conducted in Feb 2020 aimed at discussing the action plan developed in previous meeting in September 2019.

The summary of these meeting were; District in collaboration with health stakeholders mobilized Ngara community in the uses of modern contraceptive methods with the aims of reducing maternal death, WEOs from all 22 Wards were given a task by District Executive Director and District Health Officer to ensure environmental cleanness of their respective areas and insure iCHF registration are availability at community level.



Figure 3: District official meeting at Ngara Council conference hall (February 2020)

4.9. CHW Monthly meeting

HDT successfully conducted 15 CHWs monthly meetings from September 2018 to March 2020 with 66 CHWs (male 39 and female 27) and 6 CHW supervisors at 6 health facilities of Murusagamba, Bukiro, Mabawe, Keza, Kasulo and Kirushya aimed at providing technical support to CHW's, receiving feedback from household visited, sharing experiences obtained from the field, reviewing CHW's tools, collecting and compiling monthly reports, signing timesheets for CHWs and entering reports into jhpiego DHIS2 database.

Challenges

- Drop out of CHWs due to impermanent settlement. Out of 75 trained CHWs 66 CHWs are active to date.
- CHWs have no tools for capturing FP an Malaria data
- Delays of CHWs stipends
- Lack of working gears such as rain coat/boots and bicycle maintenance allowances for CHWs



Figure 4: CHWs monthly meeting at Bukiriro Health Center

4.10 Quarterly supportive supervision

HDT staffs in collaboration with USAID Boresha Afya team and R/CHMT conduct integrated supportive supervision to assess the implementation status of CSC agreed action plan at Mlkaliza village, visiting 1 gender dialogue group in Muhweza village and visiting 2 households in Mkaliza village. Also USAID Boresha Afya team provided technical support to HDT program staffs on the issues related to report writing and documentation. The team appreciated how the project activities were being implemented at community level in collaboration with the



DMO office.

Figure 5: Household visit at Mlkaliza village during USAID Boresha Afya supportive

Supervision (November 2019)

4.11 GENDER dialogue sessions

Gender dialogue meeting aimed at transforming harmful norms, engaging men in reproductive health and preventing GBVs. These gender discussions were held in groups where women and men (F15, M15) participants encouraged to attend these discussions for the purposes of achieving common vision and goals of expressing their views and interests regarding to reproductive health. In the period of September 2018 – March 2020 total number of 24 groups were formed with a total number of 468 (Male 189, Female 279). Each group is normally facilitated by two Community Health workers (CHWs). All Participants graduated from their sessions. *The table below shows the number of groups formulated, number of participant reached and the number of graduated participant.*

CSO NAME	# gender dialogue group formulated and supported	# of Participants for Gender Dialogue Groups reached		Total # of Participants graduated
		Male	Female	
HDT - Ngara	24	189	279	468

The main observed success were change of attitude among couples on use of modern family planning methods, participation of men in domestic task involvement with women in household financial decision-making and support of women in RMNCAH services. Feb 2019 to January 2020, a total of 41 men and 41 women visited their respective clinic as couples from gender dialogue groups in three wards of Bukiro (11), Mabawe (23) and Kasulo (7) to receive RMNCH services. Furthermore, four groups of Mshikamano, Umoja, Tumaini and Muungano have been registered by the Government and being eligible to receive loan with no interest from the government (2 million each). And more than 83 group members have registered with improved Community Health Fund (iCHF) in the period of Nov 2018– March 2020. These progresses will contribute to Government efforts to ensure that 70% of Tanzanians are accessing health services without financial barriers by 2020.

Challenge.

- Number of men participated in gender dialogue groups are still low compared to number of women



Figure 6: Afya ni Mkombozi Group during their gender dialogue session at Bukiro Health facility (October 2019)

4.12 Conduct integrated SRHR and HTC outreach

Integrated Sexual Reproductive Health Rights (SRHR) and HIV Testing Counseling (HTC) outreach services targeted youth groups aimed at bring youths together to discuss on their rights applied to sexual and reproductive health, mentoring them on sexuality and protect them from unintended pregnancy and other STIs including HIV/ AIDS through sports bonanza. During the activity total of 154 (Male 97, Female 57) received the following services; 75 youth tested for HIV, 5 FP services and 74 Malaria services. None of them were found HIV Positive despite of having high rate of Malaria cases, 13 youth out of 74 (17%) tested for Malaria were found positive (Male 7, Female 6). Tested Malaria positive cases referred for treatment at Bukiro Health Center.



Figure 7: Nyabihanga and Bukiro football teams after competition (October 2019)

4.13 Disseminate RMNCAH printed materials

Dissemination of RMNCAH printed materials such as *“Njia mbali mbali za uzazi wa mpango, Uzazi salama, Mwanafunzi shiriki kutomeza Malaria, zuia ukatili wa kinjisia boresha afya ya uzazi, Ushiriki wa Wanaume katika afya ya uzazi, Jiongeze tuwavushe salama, wazazi nipendeni and Mpango binafsi wa kujifungua* were disseminated in communities targeting both youth, pregnant mothers, breastfeeding mothers and men so as to increase their knowledge on RMNCAH. The number of distributed materials in form of posters and brochure for the period of project implementation was 6115 (Postures 513 and 5602), distribution of these SBCC materials done while integrated with other activities such as integration supportive supervision, monthly meeting, gulio la afya, cinema show, Community Score cards and gender dialogues sessions.

4.14 Conduct Gulio la Afya to address RM2NCAH issues

Gulio la Afya was being organized and conducted to the large number of people for the purpose of delivering the message related to antenatal early booking, use of family planning methods, the importance of health facility delivery ad HIV testing. The project team managed to conduct 4 events in Murusagamba, Keza, Bukiro and Mabawe wards. 717 people participated in the events were able to get varieties of services such as Malaria (225), FP (42) RCH (192) HIV (258). Challenges.

- Low number of people on the uses of modern contraceptive methods, this is due to lack of awareness, fear of side effects to most of community members.

Suggested way forward

- Media (Radio Kwizera) in collaboration with DMO office and other stakeholders should provide education on the issues of Family planning to the Ngara community so as to create



awareness and change attitude of the people to use FP methods.

Figure 8: Gulio la Afya at Murusagamba market (August 2019).

4.15. To conduct Cinema shows at ward level

Three Cinema show event out of targeted 4 events were conducted, a total of 426 (Male 242, Female 184) were reached in Ngara district aimed at delivering RMNCH messages to youths, women, men and elderly people at community level. The different cinema videos with message on *Mpango binafsi wa kujifungua*, *Udumavu*, *Uzazi wa mpango*, *Malaria and Lishe* are being shown in public as part of the community awareness and demand creation through USAID Boresha Afya project people attended the events. Cinema shows helped to provide RMNCAH education in communities and increasing access to health services behavior to community members. COVID 19 pandemic hindered the planed last Cinema show to happen.

4.16. Radio talk shows organized in collaboration with CHMT

Radio talk show addressed the reproductive health situation; challenge and expected support from the community member in Biharamulo district in use of available health services. The message was prepared by District Reproductive Child Health Coordinator (DRCHCo) in collaboration with CHMT members and aired by Radio Kwizera. The topic highlighted RMNCAH indicators such as; early booking before 12 of pregnancy, emphasis on facility deliveries, male involvement, and importance of family planning and Malaria prevention during pregnancy.

Community leader supports in creation of health seeking behavior were insisted to improve poor performing indicators in RMNCAH. The expected coverage for radio talk show was all radio Kwizera listeners in Kagera region of about 2 million people.

GENERAL CHALLENGES:

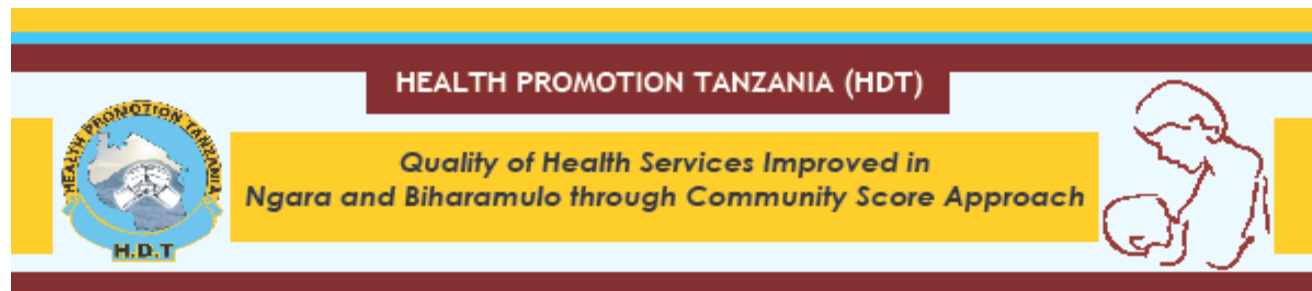
- High drop out of CHWs in Murusagamba, Keza, Kirushya, and Bukiro wards resulted to many hamlets covered by the project remain with no service.
- There is no tool for CHWs to capture Family planning and malaria data.
- Delay of CHWs stipends

Suggested way forward

- Tools for capturing FP and malaria data should be developed
- New CHWs should be replaced in the areas where they have dropped out

6. ANNEXES

6.1. Annex 1. Improved quality of health services through CSC



What you may not have known:

Accountability¹, Transparency² and answerability³ 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, Nyabusozzi, 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 users⁴. 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.

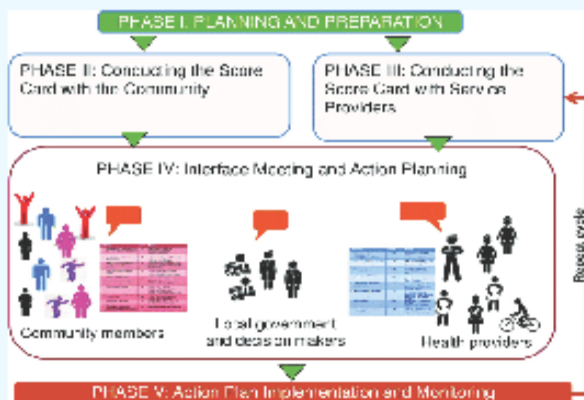
Community Score card identifies (1) how services are experienced by users, (2) Establishes mechanism between user and provider, (3) Ensure informed decision making, (4) Track progress of service provision, (5) Reports on Quality services, and (6) Ensures community empowerment and citizen voice.

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.

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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 on the part of decision-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 info@hpt.or.tz

6.2. Annex 2. LIST OF VILLAGES CONDUCTED CSC MEETING

No	NAME OF VILLAGES CONDUCTED CSC	WARD NAME	VILLAGES CONDUCTED CSC REVIEW MEETING	ACTION PLAN DEVELOPED
1.	Kasange	Kirushya	Done	YES
2.	Murutatabo	Kirushya	Done	YES
3.	Mayenzi	Kibimba	Done	YES
4.	Nyamiaga	Kibimba	Done	YES
5.	Kumwuzuza	Mabawe	Done	YES
6.	Kabalenzi	Kanazi	Done	YES
7.	Kanazi	Kanazi	Done	YES
8.	Mumuhamba	Bukiro	Done	YES
9.	Ntobeye	Ntobeye	Not Done	YES
10	Kasulo	Kasulo	Done	YES
11	Nterungwe	Nyamiaga	Done	YES
12	Ibuga	Kabanga	Done	YES
13	Kasharazi	Rusumo	Done	YES
14	shanga	Mugoma	Done	YES
15	Mshikamano	Rusumo	Not Done	YES
16	Burengo	Mulukulazo	Not Done	YES
17	Kumgamba	Nyakisasa	Not Done	YES
18	Mkalinzi	Muganza	Not Done	YES
19	Chivu	Ntobeye	Not Done	YES
20	Kyenda	Rusumo	Not Done	YES

21	Nyabisindu	Kabanga	Done	YES
22	Katerere	Kanazi	Done	YES
23	Kashinga	Nyakisasa	Not Done	YES
24	Nyarulama	Bugalama	Not Done	YES
25	Kumtana	Kibimba	Not Done	YES
26	Ruganzo	Kibimba	Not Done	YES
27	Kazingati	Keza	Not Done	YES
28	Nyamahwa	Nyakisasa	Not Done	YES
29	Nyabihanga	Bukiro	Done	YES
30	Bukiro	Bukiro	Not Done	YES
31	Muhweza	Mabawe	Done	YES
32	Mukaliza	Mabawe	Done	YES
33	Keza	Keza	Not Done	YES
34	Kirushya	Kirushya	Not Done	YES
35	Murulama	Bukiro	Not Done	YES
36	Murugarama	Mabawe	Not Done	YES

6.3. ANNEX 3. HEALTH FACILITY DATA

S/ N o	FACILIT Y	INDICATOR	JULY – SEPTEMBER 2018			JANUARY – MARCH 2020		
			TARGET	ACHIEVEMEN T	%	TARGET	ACHEIVEMEN T	%
1.	MABAWE	ANC1	168	72	42	196	98	50
		ANC4	168	83	49	196	174	89
		Male involvement	185	132	71	182	88	48
		HF deliveries	180	121	67	168	119	71
2.	BUKIRO	ANC 1	177	131	74	324	163	48
		ANC 4	177	140	79	342	278	81
		Male involvement	273	247	90	297	183	62
		HF deliveries	177	195	110	342	235	69
3	MURUSAGAMBA	ANC1	63	54	86	78	42	54
		ANC 4	63	61	97	78	57	73
		Male involvement	134	117	87	108	94	87
		HF deliveries	63	226	359	122	195	160
4	KIRUSHYA	ANC 1	42	28	67	45	68	151
		ANC 4	42	37	88	45	151	336
		Male involvement	28	28	100	78	78	100
		HF deliveries	42	19	45	45	51	113
5	KEZA	ANC1	60	39	65	77	49	64
		ANC 4	60	16	27	77	63	82
		Male involvement	128	113	88	96	96	100

		HF deliveries	60	37	62	77	26	34
6	KASULO	ANC1	75	81	108	87	87	100
		ANC 4	75	68	91	87	68	78
		Male involvement	96	75	78	99	91	92
		HF deliveries	75	42	56	87	21	24

Source: DHS2

6.4 Annex IV List of CHW SUPERVISING Gender dialogue groups

NO	CHWS NAMES	GROUP NAME	WARD	VILLAGE	STATUS OF SESSIONS
1	STANSLAUS YUSUF AND BAHATI RUSOHOKA	UMOJA	MABAWE	MKALIZA	COMPLETED
2	JOSEPHATH MIGEMBE AND ELIZABETH MATHAYO	HAKI SAWA	MABAWE	KUMWUZUZA	COMPLETED
3	GADSON KAMIL AND RENATHA JOHN	UHURU	MABAWE	KUMWUZUZA	COMPLETED
4	SCOTT GEORGE AND EMMANUEL JACOB	MZALENDO	MABAWE	MURUGINA	COMPLETED
5	RUTH JUSTACE AND TUOMBE PHILIPO	USHIRIKA	MABAWE	MUHWEZA	COMPLETED
6	DONATHA NYAMUSHI AND RAHEL MAZINDUKO	AMANI	MABAWE	MKALIZA	COMPLETED
7	EMMANUEL AND RUTH AMON	UPENDO	MABAWE	MURUGINA	COMPLETED
8	ALPHONCINA & JASTINE	JUHUDI	MABAWE	MURUGARAMA	COMPLETED
9	JUSTINE & PEPETUA	TUINUANE	MABAWE	MURUGARAMA	COMPLETED
10	AMINA IBRAHIM AND CECILIA LEONIDAS	UJAMAA	KASULO	KASULO	COMPLETED
11	PHALES KATUKU AND ISSACK BARTAZARY	TUINUANE	KASULO	KASULO	COMPLETED
12	SIYALEO, ANDREW AND JULIUS	UMOJA	BUKIRO	BUKIRO	COMPLETED
13.	DONATHA & STANSLAUS YUSUPH	MUUNGANO	MABAWE	MKALIZA	COMPLETED

14.	ELIZABETH MATHAYO AND JOSEPHAT	UPENDO	MABAWA	KUMWUZUZA	COMPLETED
15	DOWSON AND SYLIVESTER	UMOJA NI NGUVU	BUKIRO	NYABIHANGA	COMPLETED
16	PASCAL AND EDWIN	MSHIKAMANO	MABAWA	MUHWEZA	COMPLETED
17.	SCOTT, IMMA & RUTH	TUMAINI	MABAWA	MURUGINA	COMPLETED
18	JULIUS & ANDREW	AFYA NI MKOMBOZI	BUKIRO	BUKIRO	COMPLETED
19	BAHATI& STANSLAUS	MSHIKAMANO	MABAWA	MKALIZA	COMPLETED
20	JULIUS& ANDREW&SIYALEO	UPENDO	BUKIRO	BUKIRO	COMPLETED
21	DOWSON &SYLIVESTER & FROLAH	AMANI	BUKIRO	BUKIRO	COMPLETED
22	ALPHONCINA & JASTINE	UMOJA	MABAWA	MURUGARAMA	COMPLETED
23	ISSA & ISSACK	TUPENDANE	KASULO	KASULO	COMPLETED
24	PASCAL AND EDWIN	TUJALIANE	MABAWA	MUHWEZA	COMPLETED

6.5. Annex V CHWs STATUS T FOR NGARA DISTRICT

S/No	NAME OF CHW	SEX	HEALTH FACILITY	VILLAGE	HAMLET	STATUS	PHONE NUMBER
1	SALVATORY RAPHAEL RULIYE	M	MURUSAGAMBA	KUMUBUGA	RWITIBO & MURUMONO	ACTIVE	0758481924
2	KASIFA MUSA BAKEREZA	F	MURUSAGAMBA	KUMUBUGA	SONGAMBELE	ACTIVE	0759977469
3	LUCAS LEONARD KOOBE	M	MURUSAGAMBA	MURUSAGAMBA	NYAWELE	ACTIVE	0758157342
4	FARAJA LEONATUS FREDRICK	M	MURUSAGAMBA	NTANGA	BIGINA&MUBIKALA	ACTIVE	0769375219
5	HAPPY L. MCHENCHE	F	MURUSAGAMBA	NTANGA	KUMTOTO	ACTIVE	0762369349
6	SHUKRANI KAJULI SIMON	F	MURUSAGAMBA	NTANGA	NTANGA CENTER	ACTIVE	0753726501
7	JOSEPH N. NGOGWA	M	MURUSAGAMBA	MURUSAGAMBA	RUINYAGO	ACTIVE	0742686112
8	MARCHADES AUGUSTINO KARAGI	M	MURUSAGAMBA	MURUSAGAMBA	MISENANI	ACTIVE	0745589258
9	ISSAYA P. LUGOI	M	MURUSAGAMBA	MURUSAGAMBA	NYAKULAZO	ACTIVE	0768970203
10	PETER LUCAS LEONARD	M	MURUSAGAMBA	MURUSAGAMBA	MURUSAGAMBA	ACTIVE	0745475965
11	SHUKRANI KANANI	M	MURUSAGAMBA	MURUBANGA	MURUBANGA	ACTIVE	0745453975
12	SEKAMBIZI BULANILO STEPHANO	M	MURUSAGAMBA	MURUBANGA	MUMBIZI	ACTIVE	0745504429
13	MOURICE NGOROYE	M	MURUSAGAMBA	MAGAMBA	MAGAMBA & MAJENGO	ACTIVE	0765728658
14	KIBIBI PATRICK SABUNI	F	MURUSAGAMBA	MURUSAGAMBA	MURUSAGAMBA	ACTIVE	0762708785
015	AGINES CYPRIAN FABIAN	F	MURUSAGAMBA	MURUSAGAMBA	MUNKANTUNTU	ACTIVE	0742254875
016	FERISTHA FRUGENS	F	MURUSAGAMBA	MURUSAGAMBA	MISENANI	ACTIVE	0745362113
17	EDINA FELICIAN KEMILEMBE	F	MURUSAGAMBA	NTANGA	KITAEKA	ACTIVE	0765980663
18	ANNASTAZIA LUKASI JOHN	F	MURUSAGAMBA	NTANGA	KILEBE 'A' & KILEBE 'B'	ACTIVE	0762984733
19	FAUSTINA JULIUS KAPATILI	F	MURUSAGAMBA	MURUSAGAMBA	NYANKULAZO	ACTIVE	0758107018
20	ELISHA PHILIPO	M	MURUSAGAMBA	KUMBUGA	BISIBO CHINI	ACTIVE	0768154871
21	MARIAM HASHIM	F	MURUSAGAMBA	MURUSAGAMBA	MURUSAGAMBA	ACTIVE	0688597540
22	BONIFACE BONIGABA	M	MURUSAGAMBA			DROPPED	
23	ELIAH JOH	M	MURUSAGAMBA			DROPPED	
24	ELIZABETH KAJORO	F	MURUSAGAMBA			DROPPED	
25	FELICIAN SIMON	M	MURUSAGAMBA			DROPPED	
26	ISAYA PETRO	M	MURUSAGAMBA			DROPPED	

27	MARIETHA PHILOPO	F	MURUSAGAMBA			DROPPED	
28	PAMBANO NYAMWERU	M	MURUSAGAMBA			DROPPED	
29	WILSON PIUS	M	MURUSAGAMBA			DROPPED	
30	BEATRICE PASCHAL	F	MURUSAGAMBA			DROPPED	
1	EMMANUEL N. JACOBO	M	MABAWA H/C	MURUGINA	MUKIBUNGELE		0758129208
2	EDWIN GODFREY SEMAROBÉ	M	MABAWA H/C	MUHWEZA	MUHWEZA 'A' & KUMLAMBO		0742845777
3	ALPHONCINA SIMONI THOMAS	F	MABAWA H/C	MURUGARAMA	MBACHAMIHIGO		0744228629
4	JASTINE R. KAZIMILI	M	MABAWA H/C	MURUGARAMA	MBAGWANA		0759534250
5	LENATHA JOHN BINAZI	F	MABAWA H/C	KUMWUZUZA	KUMWUZUZA		0742872603
6	PERPETUA PAUL NTAKAGERO	F	MABAWA H/C	MURUGARAMA	KUKAZURU		0743789621
7	PASCHAL CONSTANTINE SIMEO	M	MABAWA H/C	MUHWEZA	KIBUNGWE & KUMLAMBO		0745446369
8	ELIZABETH MATHAYO NZUNKUNUZI	F	MABAWA H/C	KUMWUZUZA	KUMUBOGOLA		0768071456
9	RUTH S. JASTACE	F	MABAWA H/C	MUHWEZA	KUKATONGO		0743486926
10	RAHEL J. MAZINDUKO	F	MABAWA H/C	MUKALIZA	MUKACHEKELI		0765537464
11	SCOTT G. RUSABI	M	MABAWA H/C	MURUGINA	MURUYANGE		0744948920
12	LETICIA O. BAHEBA	F	MABAWA H/C	MUKALIZA	MUGWELI		0743152741
13	TUOMBE PHILOPO KAGAIGAI	M	MABAWA H/C	MUHWEZA	MUHWEZA 'B' & KUMLAMBO		0744264517
14	STANLAUS B. YUSUPH	M	MABAWA H/C	MUKALIZA	MUKALIZA YA KATI		0762056114
15	BAHATI RUSOHOKA	M	MABAWA H/C	MUKALIZA	KUNENDELI		0744736515
16	RUTH A. MISIGARO	F	MABAWA H/C	MURUGINA	MUMIGERA & MURUGINA		0758883509
17	JOSEPHAT JOSEPH MIGEMBE	M	MABAWA H/C	KUMWUZUZA	MKASENYI		0742493703
18	GADSON KAMILI MATHIAS	M	MABAWA H/C	KUMWUZUZA	MKISHUHA		0744280600
19	MONICA S. MAPFA	F	MABAWA H/C			DROPPED	
20	NASSORO S. RUJONGO	M	MABAWA H/C			DROPPED	
1	JULIUS MULENGERA	M	BUKIRIRO H/C	BUKIRIRO	BUKIRIRO KATI		0744068920
2	FROLA BENEDICTOR	F	BUKIRIRO H/C	NYABIHANGA	RUBANGA		0762122898
3	SIYALEO MANWA	M	BUKIRIRO H/C	BUKIRIRO	RUBANGA		0756783828

4	ANDREW RULANDIYE LAURIAN	M	BUKIRO H/C	BUKIRO	MUKIBOGEKA		0742044849
5	SYLIVESTER SEBAKOBWA	M	BUKIRO H/C	NYABIHANGA	NYABIHANGA KATI		0753549319
6	OBEDI LEONIDAS	M	BUKIRO H/C	MUMUHAMBA	KACHILI		0746612051
7	ABDUMARICK YUSUPH	M	BUKIRO H/C	MURULAMA	NYABIBUYE		0769076652
8	GWASA THOMAS	M	BUKIRO H/C	MUMUHAMBA	MUMUHAMBA KATI		0767963149
9	VENANCE EVARISTER	M	BUKIRO H/C	MURULAMA	MURULAMA YA KATI		0763780527
10	KALINIA JOSEPHAT	M	BUKIRO H/C	MURULAMA	MURULAMA YA KATI		0742680875
11	DAWSON KADENDE CYPRIAN	M	BUKIRO H/C	NYABIHANGA	MUKAKAMA		0744219936
12	DIODON FROLIAN	M	BUKIRO H/C	MUMUHAMBA	MUBWILINDE		0769624641
13	ELIVINA FELCIAN	M	BUKIRO H/C			DROPPED	
14	MARRIETA GWASSA	F	BUKIRO H/C			DROPPED	
15	VARELIA GERVA	F	BUKIRO H/C			DROPPED	
1	JUSTINA KAMILIUS SUKUMA	F	KEZA DISPENS	KEZA	KEZA		0746144517
2	GABRIEL MUNYAMBO CLEMENCE	M	KEZA DISPENS	KEZA	NYAKABANDA & RUKILA		0742775354
3	BOSCOW MATHIAS	M	KEZA DISPENS			DROPPED	
4	EVODIA PIUS	F	KEZA DISPENS			DROPPED	
1	CECILIA CHIMANA LEONIDAS	F	KASULO H/F	KASULO	KASULO		0763550975
2	AMINA IBRAHIM CHRISTOPHER	F	KASULO H/F	KASULO	NYAIHANGA		0745126360
3	ISACK BARTHAZARY MUZUNGU	M	KASULO H/F	KASULO	KIGANDO		0744294182
4	ISSA SHABAN	M	KASULO H/F	KASULO	NGOMA		0752341095
5	FARES NTAHORUBULA					DROPPED	
1	ELINA E. RUZITIRO	F	KIRUSHYA H/F	KIRUSHYA	MASALE		0746170868
2	ARAMU C. MASIMBA	M	KIRUSHYA H/F	KIRUSHYA	RUGENGE & NYAMIGANGO		766643398
3	ANETH IBRAHIMU	F	KIRUSHYA H/F	KIRUSHYA		DROPPED	
4	DIDAS JOVIN	M	KIRUSHYA H/F	KIRUSHYA		DROPPED	

6.6. ANNEX VI Work plan for KANAZI DECEMBER 2018 – MARCH 2019

MPANGO MKAKATI WA TATHIMINI SHIRIKISHI YA KIJAMII							UTEKELEZAJI WA MPANGO MKAKATI WA TATHIMINI SHIRIKISHI YA KIJAMII	
NO	KIASHIRIA	ALAMA	TATIZO	NINI KIFANYIKE	WAHUSIKA	MUDA	HATUA YA UTEKELEZAJI	MKAKATI
1	UTOAJI WA HUDUMA	3	-Watumishi ni wachache kituoni	-Watumishi waongezwe kituoni	- DED -Afisa utumishi -DMO	DEC 2018- MARCH 2019	<i>-Watumishi bado ni wachache kituoni</i>	<i>-WDC na VDC ijadili suala la uchache wa watoa huduma kituoni..</i>
2	UFAHAMU WA HUDUMA ZA AFYA YA UZAZI, MAMA MJAMZITO NA MTOTO	3	-Ushiriki mdogo wa akina baba juu ya masuala ya uzazi	Akina baba wabadilike	-Akina baba -Jamii nzima kwa ujumla	DEC 2018 – MARCH 2019	<i>-Kwasasa a kina baba wa kanazi wanashiriki kuandaa mpango binafsi wa kujifungua na wanahudhuria kliniki ya wajawazito pamoja na wenza wao.</i>	<i>-Elimu juu ya masuala ya afya ya uzazi iendelee kutolewa kwa jamii.</i>
3	UWEPO WA VIKWAZO VYA UTUMIAJI WA HUDUMA	2	-Elimu ndogo juu ya masuala ya ushiriki na ushirikishwaji wa	-Elimu itolewe kwa jamii juu ya masuala ya ushiriki na ushirikishwaji wa wanawake katika masuala	-Afisa ustawi (w) -WEO -VEO	DEC 2018 – MARCH 2019	<i>-Bado kunamfumo dume kwasababu wanawake bado hawana nafasi ya kutoa</i>	<i>-Jamii ielimishwe juu ya masuala ya ushiriki na ushirikishwaji wa mwanamke katika kutoa</i>

			mwanamk e katika utoaji wa maamuzi na umiliki wa raslimali katika familia	<i>mbalimbali ya kifamilia</i>			<i>maamuzi na kumiliki rasilimali pia hawapunguziwi mzigo wa kazi wakati wa ujauzito na kunyonyesha.</i>	<i>maamuzi n a kumiliki rasilimali. -Akina mama wapunguziwe mzigo wa kazi wakati wa ujauzito na kunyonyesha</i>
4	UPOKEAJI NA USHUGHULI KIAJI WA MALALAMIK O	2	-Wanakijiji hawana uelewa juu ya matumizi sahihi ya sanduku la maoni.	Elimu juu ya matumizi sahihi ya sanduku la maoni lililopo kituoni itolewe kwa jamii ya Kanazi.	-Mkuu wa kituo -Mwenyekiti wa bodi -VEO -M/kiti wa kijiji.	DEC 2018- MARCH 2019	<i>-Elimu juu ya matumizi sahihi ya sanduku la maoni bado hajitolewa kwa jamii kwasababu hakuna maoni yoyote ambayo yalikuwepo kwenye sanduku la maoni baada ya sanduku hilo kufunguliwa kwenye kikao cha bodi ya zahanati.</i>	<i>-Wahusika waendeleo kutoa elimu juu ya matumizi ya sanduku la maoni ili watu wahamasike kutoa maoni yao.</i>

5	UPATIKANAJI WA DAWA NA VIFAA VYA KUJIFUNGULIA	3	-Wakati mwingine tunapo hitaji kupata dawa hazipatikan i kwa wakati	-Uwekwe utaratibu mzuri wa upatikanaji wa dawa kwa wakati	-Mkuu wakituo -watumishi wote -Bodi ya zahanati	DEC 2018- MARCH 2019	<i>-Dawa muhimu na vifaa vya kujifungulia vinapatikana kwa wakati kituoni bila shida.</i>	<i>-Suala la upatikanaji wa dawa na vifaa vya kujifungulia liwe endelevu katika kituo chetu.</i>
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