

USAID Newsletter

Boresha Afya - Southern Zone

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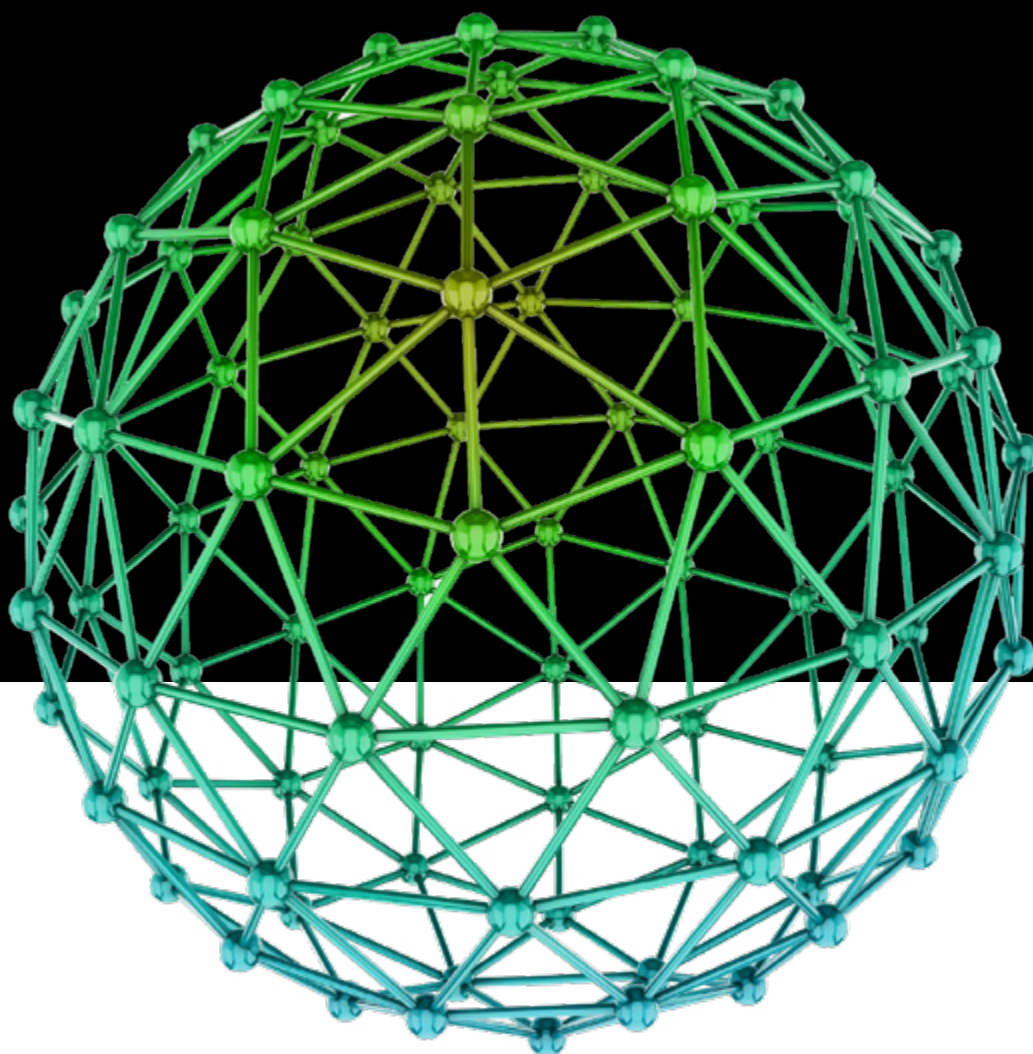
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Foreword

Dear Friends of USAID Boresha Afya – Southern Zone

I hope it has been a restful and refreshing festive season. Happy New Year! To begin 2019, I would like to share with you our 4th edition of the USAID Boresha Afya Southern Zone newsletter.

Allow me to quickly walk you through some of the activities that have kept us busy over the past quarter. In all programmatic areas; support was provided to strengthen governance at the national level by working with the Ministry of Health Community Development Gender Elderly and Children (MOHCDGEC) and the President’s Office – Regional Administration and Local Government (PORALG) through participation in technical working groups, stakeholder meetings, developing, implementing and disseminating policies, strategies and guidelines to the level of health facilities and communities. The Program has worked with the SAUTI project as a community implementing partner to increase identification of HIV positive clients from the community, linking these clients to facilities for ART initiation and tracking of lost to follow up clients in scale up councils where SAUTI implements its activities.

Amongst other partners, the Program has also worked with Baylor International Pediatric AIDS Initiative (Tanzania) to improve quality of care for pediatric HIV services, strengthen identification, linkage to ART and HVL suppression for pediatrics and improve capacity of health care workers in the management of pediatric HIV through clinical mentorship and clinical attachments.

This issue highlights some of our achievements over the past quarter, accomplished through close collaboration with our partners at LGAs and CSOs in the regions we implement the program. Some of these include the commemorations of 16 days of activism against gender based violence, vehicle handover ceremony in Dar es Salaam, SILC group and Malaria programmatic successes in Lindi and how community mentoring sessions have brought clients back to care.

I hope you will enjoy reading through the pages as much as we have cherished every minute in service of our benefactors.

Dr. Marina Njelekela – Chief of Party, USAID Boresha Afya – Southern Zone Program.



Program highlights

USAID Boresha Afya Program donates two vehicles to the Minister of State PO – RALG

The Minister of State in the President's Office, Regional Administration and Local Government, Hon. Selemani Said Jafo (MP) on 9 October 2018 received two Toyota Land Cruiser Hard Top vehicles worth TZS 219,372,136/- (US \$97,000) from the USAID Tanzania Acting Mission Director, David Thompson in a brief ceremony at the PO – RALG offices in Dar es Salaam that was attended by Government authorities, USAID officials and staff from USAID Boresha Afya – Southern Zone. The two vehicles, donated through the USAID Boresha

Afya – Southern Zone Program were handed over to the Regional Health Management Teams in Lindi and Mtwara for use in undertaking supportive supervision in HIV, Family Planning, Tuberculosis, Malaria, Nutrition, Gender, Community services, and other health related activities in the regions.

Minister Jafo, upon receiving the vehicles expressed the Government of Tanzania's appreciation for the strong and healthy partnership between the American and Tanzanian people. "These vehicles are crucial in the



PO-RALG Offices, Kivukoni, Dar es Salaam – USAID Tanzania Acting Mission Director, David Thompson (L) presents dummy Toyota key to the Minister of State in the President's Office, Regional Administration and Local Government, Hon. Selemani Said Jafo (MP) during handover ceremony. From the left of the Minister is USAID Boresha Afya – Southern Zone Program Director, Carlton Jones, Director of Policy and Planning at the MOHCDGEC, Mr Edward Mbanga and USAID Boresha Afya – Southern Zone Chief of Party, Dr. Marina Njelekela. ©USAID Boresha Afya – Southern Zone/ S. Mhando.

implementation of interventions in the health industry for improved health service delivery. I urge you to take good care of them as part of your day to day responsibilities,” the Minister challenged Regional and District authorities. He also commended the work of health professionals in the country and equated their professions to doing ‘God’s work.’

Speaking during the handover ceremony, the USAID Acting Mission Director, David Thompson, thanked the Government of Tanzania for its commitment to improve the health status of all Tanzanians. Acting Mission Director Thompson noted, “Through this donation, the U.S. Government is partnering with the Government of Tanzania to increase access to high quality, comprehensive, and integrated health services in communities in Lindi and Mtwara, with a specific focus on women and youth.”

On his part, USAID Boresha Afya – Southern Zone Program Director, Carlton Jones stated that the rationale for selecting the Regional Health Management Teams in Lindi and Mtwara as recipients of the vehicles was due to the critical vehicle shortage they had been facing and its impact in service provision. “These vehicles will also ease the process of following up on regional data performance, conducting Data Quality Assessments (DQA) to ensure quality data and timely reporting. Not least, they will also help transporting health care personnel to meetings and scientific forums within and outside the two regions,” said Carlton Jones. He also pledged to continue supporting the Government and People of Tanzania through USAID Boresha Afya – Southern Zone.



PO-RALG Offices, Kivukoni, Dar es Salaam – USAID Boresha Afya – Southern Zone Program Director, Carlton Jones addresses invited guests during handover ceremony. ©USAID Boresha Afya – Southern Zone/ S. Mhando.



PO-RALG Offices, Kivukoni, Dar es Salaam – USAID Boresha Afya – Southern Zone Director of the Results Management Office, Dr. Mussa Ndile introduces the high table during the handover ceremony. ©USAID Boresha Afya – Southern Zone/ S. Mhando.

Program Review Meeting in Tanga

The USAID Boresha Afya – Southern Zone team convened at Tanga Beach Resort in Tanga for a program review meeting from 7 – 9 November 2018. The purpose of the meeting was to assess the performance of the Program, reflect on achievements, success stories and best practices during Year 2 of Program implementation. Similarly, the meeting sought to provide a platform to strategize on the best means to effectively implement activities during Year 3 of the Program and enhance the team spirit in order to achieve better results.

On Day 1, the agenda kicked off with the Year 2 work plan implementation status highlights. Soon afterwards, senior management from Technical, Monitoring and Evaluation, Grants/Finance and Procurement departments presented an overview of the Program Performance in Year 2 including successes and challenges. Likewise, Regional teams presented on their performance, best practices and challenges encountered during the year.

The sessions on Day 2 commenced with highlights on the Year 3 work plan per result area. There was also a session on writing success stories and environmental compliance. Meanwhile, the afternoon was dedicated to organizational HR and administrative meetings.

To increase cohesion, unity and collaboration between implementing partners, Day 3 focused solely on teambuilding activities. Some of these included a scavenger hunt, newspaper engineering challenge, tug of war and a talent competition.



Program Review Meeting, Tanga Beach Resort, Tanga – USAID Boresha Afya – Southern Zone Program Director, Carlton Jones addresses Program staff in Tanga.
©USAID Boresha Afya – Southern Zone/S. Mhando.



Program Review Meeting, Tanga Beach Resort, Tanga – USAID Boresha Afya – Southern Zone staff participate in a ‘Perfect Square’ challenge during Day 3 (teambuilding activities). ©USAID Boresha Afya – Southern Zone/S. Mhando.



Program Review Meeting, Tanga Beach Resort, Tanga – USAID Boresha Afya – Southern Zone ladies participate in a ‘Tug of War’ challenge during Day 3 (team building activities). ©USAID Boresha Afya – Southern Zone/S. Mhando.



Program Review Meeting, Tanga Beach Resort, Tanga – USAID Boresha Afya – Southern Zone Chief of Party, Dr. Marina Njelekela enjoys a water break away from the scorching sun with Senior Procurement Manager, Paul Mhakalira during Day 3 (team building activities). ©USAID Boresha Afya – Southern Zone/S. Mhando.



Program Review Meeting, Tanga Beach Resort, Tanga – USAID Boresha Afya – Southern Zone Deputy Chief of Party, Dr. Emeka Okechukwu (R) presents Morogoro Regional Program Manager, Dr. Amos Scott with a team award during a gala dinner on the last day of the Program Review Meeting. ©USAID Boresha Afya – Southern Zone/S. Mhando.

16 Days of Activism Against Gender Based Violence (GBV) Commemorated Across Southern Tanzania

The 16 Days of Activism against Gender-Based Violence Campaign runs from 25 November, the International Day for the Elimination of Violence against Women, to 10 December, International Human Rights Day. This is an international annual campaign to that intends to inspire action, encourage scrutiny of potential contradictions between believing in values and living them in everyday life as well as recognizing how action in personal lives and workplaces are a valid form of activism. This campaign originated from the first Women's Global Leadership Institute coordinated by the Center for Women's Global Leadership in 1991. With gender a cross cutting objective, USAID Boresha Afya – Southern Zone in collaboration with implementing partners commemorated the campaign in Njombe, Iringa, Morogoro, Lindi and Mtwara under the national theme, 'Usalama Wake, Wajibu Wangu' (Her safety, My Responsibility).

In Morogoro, the commemorations were held in Morogoro Municipal, Kilosa and Mvomero District Councils in collaboration with Government agencies, Civil Society Organizations (CSOs), religious leaders and students from local primary and secondary schools as well as their patrons. The activities aimed at providing community awareness on Gender Based Violence (GBV) and Violence Against Children (VAC), challenge perpetrators of violence to change their behaviour, involve men in eradicating violence and provide survivors with information on services and organizations that could assist them. Likewise, HIV testing and Family Planning uptake services formed part of the activities in the region. Some 3,406 (1,553 male and 1853 female) were reached during the campaign.



Kingolwira Primary School, Morogoro Municipal, Morogoro Region – Students pose for a group photograph wearing wristbands with themed message during the commemorations of 16 Days of Activism against GBV. ©USAID Boresha Afya – Southern Zone/ E. Erasto.



Tiffany Diaomond Hotel, Mtwara Municipal Council, Mtwara Region – Sheik Hassan B. Mpwago from BAKWATA displays banner illustrating his responsibility to end GBV in his community. ©USAID Boresha Afya – Southern Zone/ A. Nkini.

School and stakeholder gender dialogue sessions were the main activities in Mtwara. Dialogues were conducted in 11 schools in 6 councils in Mtwara Region; Mtwara MC, Mtwara DC, Nanyamba TC, Masasi DC, Masasi TC, and Nanyumbu DC. These were conducted in collaboration with Social Welfare Officers (SWOs), community mentors (COMEs), health care workers (HCWs) and CSOs to raise awareness on GBV and VAC at school, promote the health of women and children in the community and educate children on their basic rights and responsibilities at schools. During the school dialogues some 527 youths were reached (262 male and 265 female). On the other hand, the stakeholders gender dialogue session conducted in Mtwara Municipal (MC) attracted 30 participants (16 male and 14 female) from various backgrounds including people living with disabilities, teachers, community mentors, educational officers, influential persons,

religious leaders, paralegals, traditional healers, traditional birth attendants (TBA), police gender desks, HCWs, SWOs and researchers.

The campaigns in Lindi region were largely conducted in Lindi Municipality in collaboration with the District Executive Director's Office, local governments and other partners. Activities included school and community dialogue sessions and radio talk shows. The principle objective was for the entire community especially local leaders, parents or guardians, school teachers, political leaders and other stakeholders to commit to take appropriate action should they encounter GBV and VAC. A total of 1,375 people (709 male and 666 female) were reached throughout the duration of the campaign.

In Iringa, the Program conducted dialogue sessions on GBV and VAC at SIDO Hall in Ipogoro during which district authorities, teachers, lecturers, religious leaders, influential persons, traditional healers, entrepreneurs, students, children protection committees, social welfare officers, police and GBV survivors participated. Stakeholders also marched from Iringa Municipal Garden to Kichangani Grounds to mark the occasion. Some 600 persons (286 male and 314 female) were reached.

Njombe region on the other hand, being the region with the highest prevalence of HIV in the country with 11.4% according to the Tanzania HIV Impact Survey (2016-2017) focused its campaign on encouraging communities to get tested for HIV, in order to reduce new infections. This was based on the premise that GBV is a main driver for HIV transmissions and other sexual and reproductive health (SRH) problems seeing as it is a significant barrier to women's use of health services such as HIV testing and counselling (HTC) services, Family Planning

services and prevention of mother to child transmission (PMTCT) services. Therefore, the Program sought to address GBV side by side with HIV prevention services. In so doing, the Program supported dramas, radio programs and health/ gender dialogue sessions. Some of the dialogue sessions were conducted at Mbeyela Secondary School and Giraffe Bar where some 32 waitresses were reached, participating keenly in developing strategies to report GBV perpetrators. Personnel from police gender desks in Njombe also shared contact details for reporting GBV and other forms of violence. Overall, 1,119 persons were reached (447 male and 672 female).



Iringa Municipal Council, Iringa Region – Stakeholders march from Iringa Municipal Garden to Kichangani Grounds to mark the 16 Days of Activism against GBV. ©USAID Boresha Afya – Southern Zone/ F. Dewasi.

Success stories

SILC Groups – Increasing Uptake of Health Insurance in Kilwa District

While the Government of Tanzania is advocating for communities to join health insurance schemes, community uptake of health insurance schemes has been minimal. A key barrier that continues to prevent communities from enrolling in health insurance is the limited savings culture that exists in the Tanzanian context, which is further magnified due to extreme poverty. With US Government support in Tanzania, USAID Boresha Afya – Southern Zone Program supports empowerment of SILC groups through capacity building interventions to increase uptake of health insurance.

USAID Boresha Afya – Southern Zone Program implements a Savings Internal Lending Community (SILC) model, aimed at providing self-managed saving and credit opportunities to small groups of 15-30 people. These groups have the potential to become effective delivery channels for health insurance and uptake of health services. The groups decide themselves how many shares and at what price they will sell each share amongst themselves. They buy and make savings and later take soft loans with affordable interest rate.

Upendo group is one of the SILC groups supported by the Program in Mandawa Ward, Kilwa District. The group has 25 members who have all been enrolled in Community Health Insurance (CHF). Like many other SILC groups, Upendo group has a social fund, which is aimed at supporting members who go through difficulties such as sickness or a loss of an immediate family member. Each member contributes 2000/- shillings weekly towards this fund. If a member or his immediate family falls sick, they get 5000/- shillings to support with medical expenses.

“At times you would find that more than 3 members of the group are sick at once, and we have to relocate funds from our savings to support them with medical expenses”, says Fatuma Said (the group’s chair.)

Seeing the financial challenges of this practice, the group decided to use the social fund to buy health insurance for their members, which turned out to be cheaper and reliable as CHF costs 10,000/- shillings and provides health cover for the whole family throughout the year. The group enrolls 2 members each month; by the end of the year all members are enrolled and another circle of enrollment starts again.

Upendo’s success motivated and empowered other groups as it was shared by the group’s chairperson during a resource mobilization training for SILC groups that was held in Lindi Region. The training focused on providing SILC groups with business plan development skills in order to sustain their income generation activities and obtain additional revenues required for making health insurance payments. The training is in line with one of the Program’s objective to create an enabling environment for health service provision. As part of this objective USAID Boresha Afya Program aims to promote individual contributions to health insurance that in turn will provide more funding for quality service provision.

To date, 141 SILC groups have been trained on resource mobilization in Mtwara and Lindi regions. Over the 5 years period, the Program intends to build the capacity of 1000 SILC groups, in identifying alternative sources of income, and help their members invest in health insurance and income generation activities.



Sea View Beach Resort, Lindi Municipality, Lindi Region – Participants sharing their experience during a resource mobilisation training for SILC groups from Kilwa District. ©USAID Boresha Afya – Southern Zone/Mzuka.

On the Road to Zero: Presumptive Treatment of Malaria in Lindi Region

Tanzania is amongst countries with a high Malaria burden in Africa with a prevalence of 7.3% (Tanzania Malaria Indicator Survey 2017) and high mortality rate especially for children under five years of age. USAID Boresha Afya Southern Zone in collaboration with the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) through the National Malaria Control Program (NMCP) is implementing Malaria activities in the four (4) Program supported regions of Morogoro, Mtwara, Ruvuma and Lindi. The Program is supporting Malaria activities both in the health facilities (HFs) and in the community. In the health facilities, the focus is on case management and quality of care whereas in the community the Program is supporting prevention of Malaria through education by partnering with Civil Society Organizations

(CSOs). Community Health Workers (CHWs) are used in referrals for all suspected Malaria cases to HFs. The implementation of these activities is through building competencies of health care workers (HCWs) and community health workers (CHWs) through supportive supervisions and mentorship.

According to the TMIS (2017), Lindi region has a Malaria prevalence of 11.7%. The Program supports all 244 health facilities in 6 councils of the region and four CSOs which are Lindi Supportive Agency for Welfare (LISAWA), Liwale Farmers Association (LIFA), Ruangwa Organization for Peoples Appeasement (ROPA) and St. Martins KIPATIMU.

Improving Malaria health services is one of the Program objectives. The Program works in collaboration with

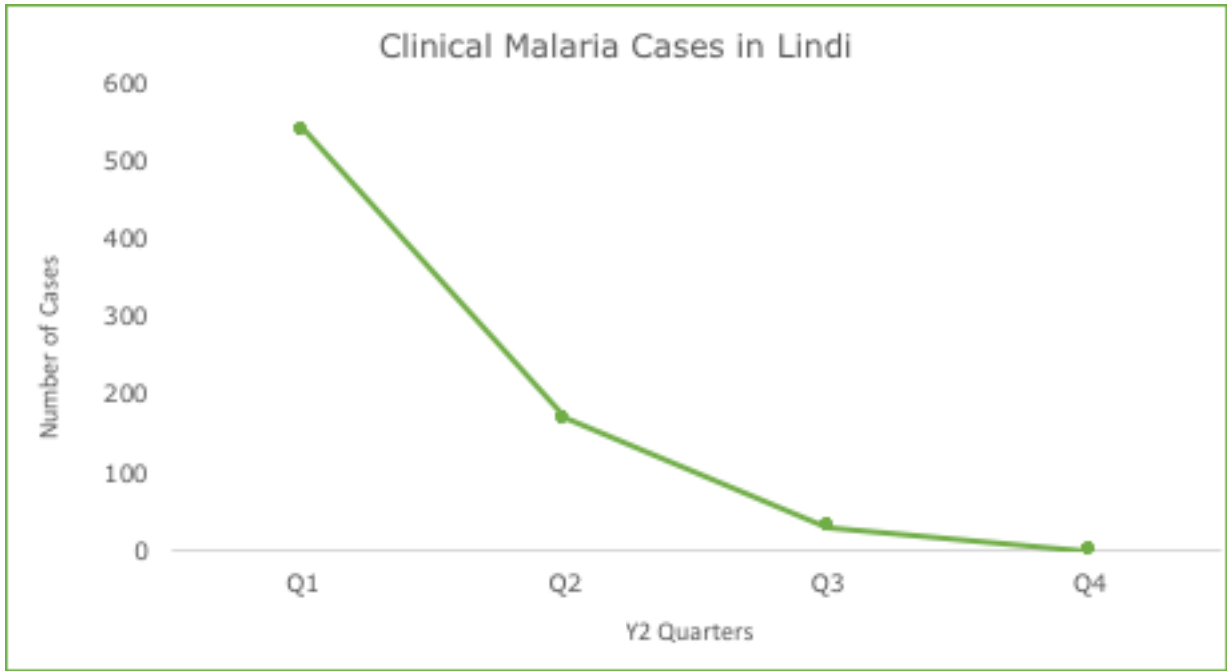


Nachingwea Dispensary, Lindi Municipal, Lindi - Regional Malaria Advisor, Dr. Godlove Mkumbo (left), Lindi MC Malaria Focal Person, Mr. Bosco Chilogola (second left) coaching, discussing challenges, quality improvement plan and giving feedback to health care workers after conducting MSDQI supportive supervision. ©USAID Boresha Afya – Southern Zone/Mhando.

R/CHMTs and health care workers to ensure that all patients who are suspected of Malaria are tested. Positive cases are treated with the right medication according to the National Guidelines for Malaria Diagnosis and Treatment (NGMDT). Presumptive management of fevers and/or other suspected symptoms as 'Malaria' results in significant over-diagnosis and over-treatment.

Over-prescription of Artemisinin-based Combination Therapy (ACT) may result in substantial unnecessary use of drugs which increase costs in the health system and the risk of developing resistance. Prescription of Anti-Malarial in Out Patient Department (OPD) to a patient based on clinical symptoms was one of the major challenges in Lindi region since the beginning of the Program.

In FY 18 (Oct 2017 – Sept 2018), the Program recorded a successful reduction of clinical Malaria cases from 542 cases (FY 18 Q1) to zero cases (FY 18 Q4). See graph below.



This achievement is due to intensive mentorship and follow up by the Program, emphasizing the adherence to the National Malaria Guidelines, SOPs and other Malaria job aids on management of Malaria through the use of Malaria Services and Data Quality Improvement Supportive Supervision (MSDQI SS) Checklist.

The Program in collaboration with NMCP oriented HCWs on the NGMDT, trained HCWs on Malaria case management and Malaria Rapid Diagnosis -Test Testing Accuracy and Quality Control (mRDT TA QC), targeting HF that reported clinical cases.

The Program also reprinted and distributed SOPs and other job aids to the facilities to improve their skills and to assist them during patient consultations.

The Program has also trained 70 R/CHMT members that are responsible for conducting MSDQI SS and mentorship to the HCWs in the facilities. This institutionalized MSDQI SS & mentorship, thus ensures sustained support to HCWs and continuous adherence to the guidelines for Malaria case management, SOPs and other Malaria job aids. The Program in collaboration with R/CHMTs ensured a constant availability of

mRDT and microscopy consumables at HF for parasitological confirmation of Malaria.

In addition, the Program trained six (6) Malaria mentors; one in each council responsible for visiting health facilities in his/her council for mentorship at any point. As a result, all these efforts have improved Malaria case management and reduction of treatment of clinical Malaria cases to zero.



Kisiwani Dispensary, Kilwa DC: Lindi-Regional Malaria Advisor, Dr Godlove Mkumbo (left), with Facility In Charge, Medical Attendant, Bi. Fatma Maliki, during a mentorship session. Dr. Godlove was explaining how to do data verification (DQA) by crosschecking the OPD register, mRDT register, tally sheet and dispensing register in order to improve quality of data. ©USAID Boresha Afya – Southern Zone/Mhando.



Kilwa District, Lindi – In an effort to reach the “hard-to-reach” a joint Malaria Program team (CHMT members, Program staff) is pictured in maliasili boat heading to Songosongo Island to conduct MSDQI supportive supervision and mentorship at Songosongo Dispensary. ©USAID Boresha Afya – Southern Zone/ Mugasa

Bringing Clients Back to Care Through Community Mentor Sessions

Happiness Zebadayo (48) lives with her husband, four children and three grandchildren in Tunduru ya Leo Ward in Nachingwea District Council. She has been living with HIV since 2014 and was initially very reluctant to attend clinics and thus had poor adherence to Antiretroviral Treatment (ART), a factor that eventually led her health to deteriorate.

In July 2018 she joined a gender focused group discussion conducted by Community Mentors (COMEs) supported by USAID Boresha Afya Southern Zone Program through Nachingwea Agro Environmental Services Organization (NAESO) as one of 25 members from Tunduru ya Leo. During one of the sessions dubbed “Kuwa au Kutokuwa na Virusi Vya UKIMWI”, Happiness experienced a watershed moment in her life. This particular session she contends improved her knowledge on HIV/AIDS and led her to realize the importance of her health, to herself as an individual, her spouse, dependents and community.

Soon after the session Happiness requested a one on one meeting with Magdalena Matuta (22) her COME where she decided to disclose her health status. She divulged that she had been living with HIV since 2014 but had yet to disclose her health status to her community due to the fear of stigma and discrimination. This fear led a number of missed clinical appointments.

Magdalene encouraged her and explained the importance of being enrolled at a Care and Treatment Centre (CTC) for ART. “I still remember her telling me that my status isn’t a death sentence. If I can’t be content with my status, then stigma wins,” Happiness recalls her conversation with Magdalena.

Before long, Happiness decided to re-enroll at Tunduru ya Leo Dispensary for ART. To date she is a champion of ARV adherence. In just a few months of enrolment, she now looks healthier and happier. “My husband and children know my status and they still love and appreciate me. I guess some of my fears were unfounded.” she states.

She contends that the decision to disclose her status was to inspire other people within her community to do the same and take the appropriate next steps.

Happiness who makes her living as a cashew nut farmer now volunteers as a counselor at Tunduru ya Leo CTC where she educates clients and community members on the importance of voluntary testing. Recently, she has established a weekly meeting with persons living with HIV (PLHIV) together with community health workers (CHWs) to discuss HIV prevention strategies, index testing among peers and viral load suppression.



Tunduru ya Leo Ward, Nachingwea District Council, Lindi – Happiness Zebadayo, a mother of four children attributes her good health to a focused group discussion session which she contends changed her outlook on life. Prior to this, she had given up on life. ©USAID Boresha Afya – Southern Zone/Mhando

This Program is made possible by the support of the American people through the United States Agency for International Development (USAID).

