

USAID

Newsletter

Boresha Afya - Southern Zone

Issue #6
September 2019

Content

Page 02

Foreword

As our Program moves past the half way stage of implementation, there are plenty.....

Page 04

Program highlights

On 9 July 2019, the Charge d'affaires (CDA) of the United States Embassy in Tanzania.....

Page 06

Success stories

According to the Tanzania HIV Impact Survey (2016 – 2017), Lindi region has a low HIV.....

Page 18



Achieving our vision

Contents



04

Foreword



06

Program highlights

- Collaboration of Partners Impresses CDA upon Visit to Ifakara Health Institute



16

Success Stories

- Changing Roles: Data Clerks Fostering Data Quality and Data Use for Decision Making



18

Success Stories

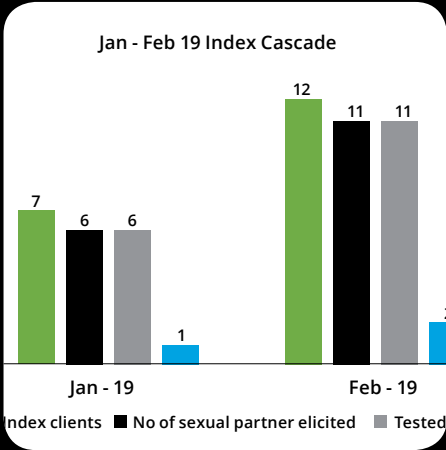
- How the SMS Reminder System is Reshaping HIV/AIDS Services in Tanzania: A Case Study of USAID Boresha Afya – Southern Zone, Njombe Region.



10

Program highlights

- Program Collaborates with Media to Document Progress in Malaria



14

Success Stories

- Optimization of Positive Case Identification through Index Testing at Ruangwa District Hospital – Lindi Region



20

Success Stories

- Mlimba Health Centre, a Beacon of Excellence in Index Testing.



22

Success Stories

- Testimonials

Foreword

Dear Friends of USAID Boresha Afya – Southern Zone

As our Program moves past the half way stage of implementation, there are plenty of achievements to write about. Amongst these and most notably, new clients initiated on Anti-Retroviral Therapy (ART) during the past quarter were 11,021, directly contributing to the Program reaching a total 189,149 clients currently on ART in the five supported regions since Program inception. This achievement comes on the back of sustained efforts in Index Testing amongst others.

Owing to the aforementioned, this sixth issue of the newsletter details successes in Index Testing in Morogoro and Lindi. Similarly, it also grants the reader accounts of how an SMS reminder system in Njombe is assisting to retain clients in HIV care and treatment, how data clerks have been empowered to use data correctly in Mtwara, Malaria successes in Lindi and Mtwara and also briefly narrates a recent visit to Ifakara Health Institute by a prominent US Government official.

I would be remiss if I did not take a moment to acknowledge that all Program achievements owe a great deal to our prime partner, the Government through the Ministry of Health Community Development Gender Elderly and Children (MOHCDGEC) and the Ministry of the President’s Office Regional Administration and Local Government (PO-RALG), other partners as well as my staff.

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

Collaboration of Partners Impresses CDA upon Visit to Ifakara Health Institute

On 9 July 2019, the Charge d'affaires (CDA) of the United States Embassy in Tanzania, Dr. Inmi Patterson made a familiarization visit to Ifakara Health Institute (IHI) in Ifakara, Morogoro.

Her visit commenced with a tour of the vector house where she was oriented on various studies involving mosquito

behaviour in the fight against different mosquito borne infections. In particular, she also had the opportunity to learn about the Mozzie sandals research and their potential scalability among Tanzanians; zoonoses surveillance activity and its impact on prevention of Rift Valley Fever; and the great research opportunities inherent in the viral load testing



Ifakara Health Institute, Kilombero District, Morogoro Region – The Charge d'affaires (CDA) of the United States Embassy in Tanzania, Dr. Inmi Patterson chats with staff at the laboratory during her visit to the IHI. ©IHI

activities at the facility laboratory. At the laboratory where both clinic and laboratory teams were stationed, the teams were able to showcase the great work performed by health care workers under the leadership and collaboration of the R/CHMTs as well as USAID Boresha Afya – Southern Zone technical staff on the ground.

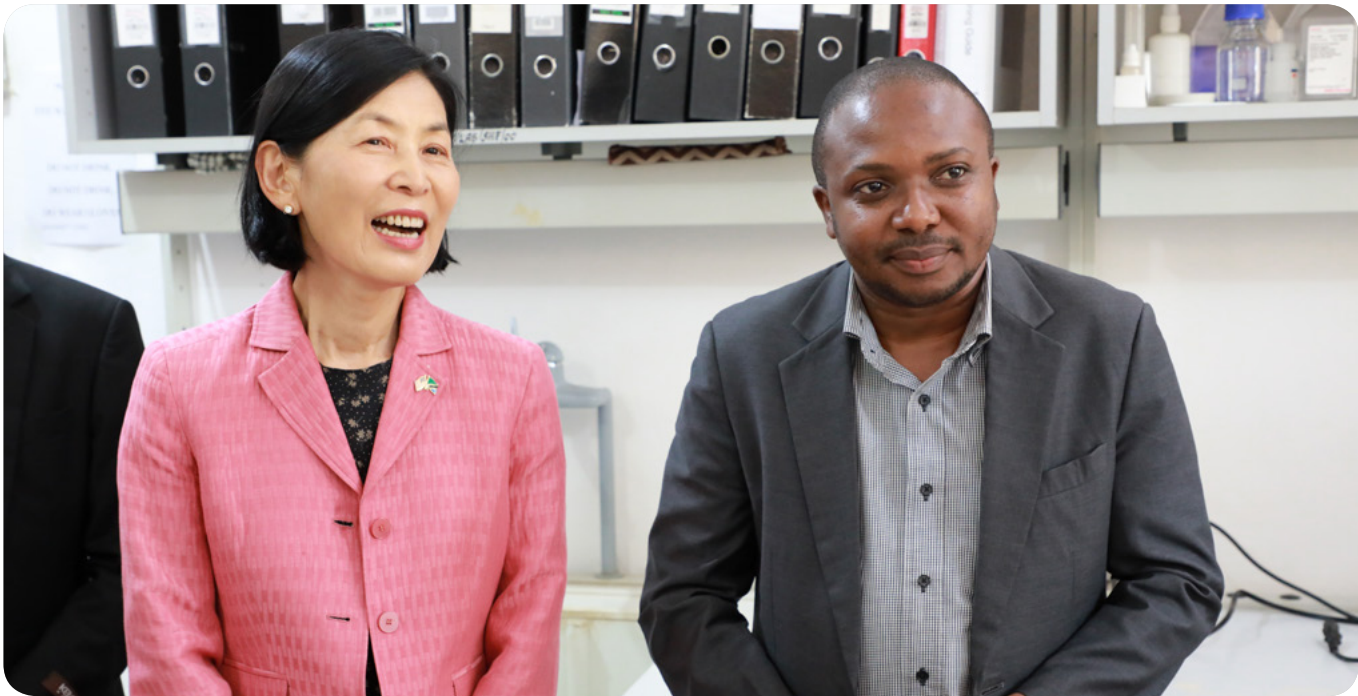
The CDA was particularly impressed by the strong collaboration and team work amongst all key partners in Ifakara, i.e. USAID Boresha Afya Southern Zone Program, St. Francis Hospital as well as IHI through the Chronic Disease Clinic Ifakara (CDCI) which runs the Care and Treatment Centre at St. Francis Hospital in partnership with the hospital. She appreciated the fact that through USAID Boresha Afya Southern Zone, collaboration between CDCI and CHMT as well as other partners including SAUTI and Kizazi Kipya had improved significantly leading to provision of high quality services towards achieving the three 90s.

While at the HVL testing laboratory, the head of laboratory services at IHI, Faraji Abilahi and in charge of CDCI, Dr. Anna Eichenberger and her deputy Dr. Ezekiel Luoga all attested to the support USAID Boresha Afya Southern Zone is providing. In particular they mentioned the support in human resources, i.e. four staff (two laboratory scientists and two data clerks) as well as providing capacity building through mentorship and technical assistance at both the laboratory and clinic. She also had the

opportunity to interact with laboratory scientists and interns working at the HVL testing laboratory. When touring the Biobank section of the laboratory, she was pleased to note that there were more than 100,000 HIV samples stored at the centre, which could be used by various scientists, and visiting researchers.

Overall, the CDA was captivated by the great collaboration of partners she saw on display during her visit and requested IHI to do more to inform the public on their capacity at various researches and seek for funding from the US Government to undertake more research.

Ifakara Health Institute, Kilombero District, Morogoro Region – The Charge d'affaires (CDA) of the United States Embassy in Tanzania, Dr. Inmi Patterson is shown a freezer storing HVL samples by the head of laboratory services at IHI, Faraji Abilahi. © US Embassy in Tanzania.



Ifakara Health Institute, Kilombero District, Morogoro Region – The Charge d'affaires (CDA) of the United States Embassy in Tanzania, Dr. Inmi Patterson seeks clarification from USAID Boresha Afya Program Senior Laboratory Services Advisor, Mussa Maganga during her visit to the laboratory at IHI. ©IHI



Program Collaborates with Media to Document Progress in Malaria

During the past quarter, the Program collaborated with health reporters to highlight success stories and best practices on Malaria achieved through US Government support.

In particular, this documentation focused on the prevention of malaria in pregnancy which, includes the use of long-lasting insecticidal nets (LLINs), prompt diagnosis and effective treatment of malaria infections. In areas with moderate to high malaria transmission, intermittent preventive treatment in pregnancy (IPTp) with a drug called sulfadoxine-pyrimethamine (SP) is recommended as part of antenatal care services. The drug is given during pregnancy to reduce maternal malaria episodes, maternal and fetal anaemia, placental parasitaemia, low birth weight, and neonatal mortality.

Tanzania has adopted the World Health Organization (WHO) policy to administer at least three doses of the drug (SP) during

pregnancy at least one month apart at each scheduled antenatal care (ANC) visit, beginning from the second trimester. Approximately 90 percent of pregnant women in Lindi and 91 percent of pregnant women in Mtwara have received at least two doses of SP (IPTp2) therapy against a national target of 80 percent. Similarly, an estimated 78 percent of pregnant women in Lindi and 84 percent of pregnant women in Mtwara attending antenatal clinics have received three or more doses (IPTp3+) of this preventive therapy against a national target of 60 percent.

These achievements are a result of the good collaboration amongst the United States Government through the President's Malaria Initiative (PMI), USAID, the Government of Tanzania (the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) and Presidents' Office – Regional Administration and Local Government (PORALG)), RHMTs, CHMTs and people of Tanzania.



Town Health Centre, Lindi Municipal, Lindi Region – Nurse in charge, Ms. Semeni Lubeya displays SP tablets as she educates pregnant women attending antenatal clinic the importance of the drug in protecting them and their unborn babies from Malaria. ©USAID Boresha Afya – Southern Zone/S. Mhando

Here are some accounts from the field;



[Home](#) | [News](#) | [Business](#) | [Sport & Entertainment](#) | [Editorial](#) | [Columnist](#) | [Features](#)

01 AUG
2019

HENRY
MWANGOSHE
Mtwara
Features
The Guardian

How USAID programme is addressing health gaps in Southern Tanzania

It is Wednesday morning at Mtwara's Magomeni Chikukuta suburb Asha Wemba (37) a mother of six is busy performing her household tasks including preparing something to eat for her children.



ASHA WEMBA SMILES OVER HER BABY TO HER HUSBAND WHOUS AT AT THEIR HOME AT MAGOMENI CHIKUKUTA IN MTWARA MUNICIPAL. PHOTO: HENRY MWANGOSHE



She is a happy mother because just a month ago she delivered a baby boy, so is the husband Hamidu Ally.



As I approach their house, am welcomed by a number of children who looked surprised by my visit as I was escorted by several other people including community health volunteer for the area, a health official from the municipal and a Malawi adviser for Mtwara under the Boreisha Aha Southern Zone – a five year programme funded by the United States Government through the United States Agency for International Development (USAID).







The programme entails sensitizing pregnant mothers to undertake Sulfadoxine-Pyrimethamine (SP) tablets as part of antenatal care services to immune expected mothers and their unborn babies against Malaria.



ADVERTISEMENT

LATEST NEWS



US permits hunter to ship dead lion from Tanzania



Dr Magufuli inaugurates factory, orders project to use local pipes



Heads of state throw their weight behind Desert to power



Equip with loading,offloading facilities easy transport of livestock



Media urged to use artificial intelligence to improve coverage of PIDA

ADVERTISEMENT

THE CITIZEN
NEWS
MAGAZINES
OPED
PHOTOS
VIDEO
DATA
SUPPLEMENT
JOBS
NOTICES
SEARCH

Time to check your gas boiler?

18 - 22 September 2019
Gas Safety Week

Find out more >

The Citizen / Magazines

Curbing malaria in expectant mothers

MONDAY SEPTEMBER 9 2019

[t](#)
[f](#)
[in](#)
[en](#)
[ma](#)

By Salome Gregory

It was a sunny morning at Chipuputa in Mtwara

Ocuvi® Eye Health Vitamins

Save \$3 On In-Store Purchase

Save on any Ocuvi Family of Products including Adult SD+, Eyeglass, & More! ocuvite.com


OPEN

NEVER MISS A STORY


Get Breaking News Delivered to your Inbox

LATEST NEWS

- INVESTORS snap up CROB stocks to send DGE turnover soaring
- GLOBAL energy firm expands in Africa
- ATCL can now fly to 13 SADC member countries
- What these new radars mean for Tanzania
- Fake goods on the decline as Tanzania rolls out electronic stamps
- Uganda's ex-police chief Kayunga slams US over sanctions
- REPOWERING YOUTH: Riddle - Centralisation versus decentralisation




[HOME](#)
[LOCAL NEWS](#)
[EDITORIAL](#)
[BUSINESS](#)
[FEATURES](#)
[COLUMNIST](#)
[SPORT](#)
[PHOTOS](#)
[MORE NEWS](#)
[RATE CARD](#)




2 - 3 October 2019
[Secure Your Place](#)


[E-PAPEE](#)
[TSM](#)
[HABARILEO](#)
[TSM BUSINESS FORUM](#)

Trending, September 17, 2019
10:00:03 AM





[BREAKING NEWS](#)
Local 30 years jail term appeal thrown out






[RECENT POSTS](#)



Zahera: Away goals a must
YOUNG Africans Head Coach
Pwinyi Zahera said ...



Branika Marathon 2019 takes Dar
by storm
THE Dar es Salaam Resident,
Eltabarki Buko ...

MOTHER SHARES JOY AFTER SUCCESSFUL, MALARIA INTERVENTIONS


BERNARD LUGENDO
01/09/2019
0 Comments

SHB is excited seeing journalists visiting her home, about 15 minutes' drive from Mtwara Town, Southern Region of Tanzania.





2 - 3 October 2019

SECURE YOUR FUTURE

HOMELOCAL NEWSEDITORIALBUSINESSFEATURESCOLUMNISTSPORTPHOTOSMORE NEWS -

RATE CARD

E-APERISONHABARILESTON BUSINESS FORUM

Tuesday, September 17, 2019

09:53 AM

PIXLIP GO

BY clip


STAND OUT
AT YOUR NEXT EVENT

PRO FIND OUT MORE

BREAKING NEWS

Local 30 years jail term appeal thrown out

+



AWARENESS SAVES EXPECTANT WOMEN FROM MALARIA

▲

BEARDIAN LUGENDO @ LINDI

25/07/2019

0 Comments

IT'S Monday morning, a day for crisis at the Toven Health Centre in Lindi municipality, and several expectant mothers can be seen sitting on benches waiting for service. In front of them, there is a desk and two chairs.

A nurse, in her white uniform, is sitting on one of the chairs, attending to the mothers one by one.


infoUSA

GET 500 FREE LEADS!


Search 25M businesses, 240M consumers.

Claim Offer


RECENT POSTS



DSE turnover improves
DAR ES SALAAM Stock
Exchange (DSE) turnover ...



30 years jail term appeal thrown
out
THE Court of Appeal has
dismissed the ...



Pro Mara River song kick-started
LAKE Victoria
Commission (LVBC), Basin
has
officially ...

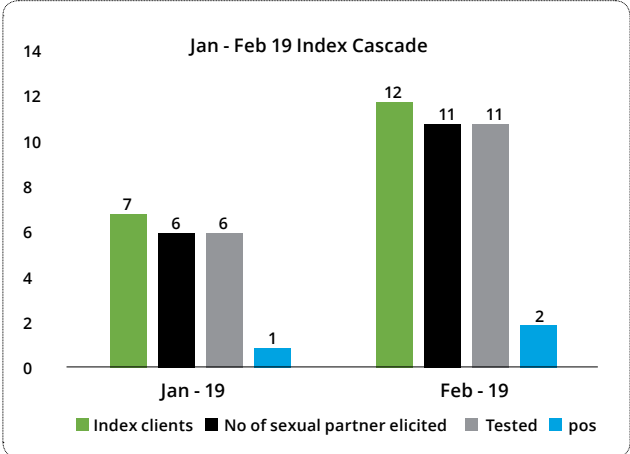
LIVE

Success Stories

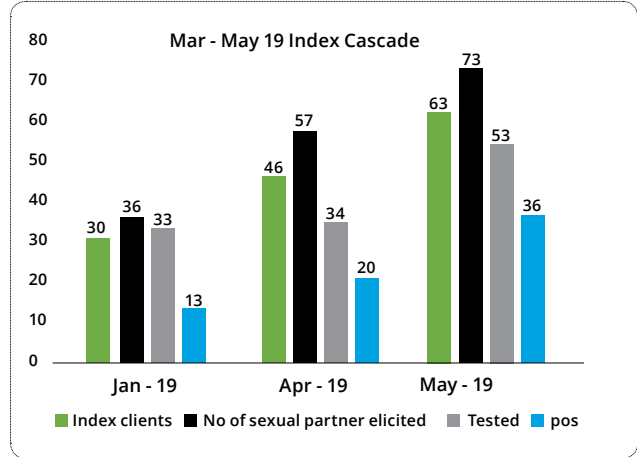
Optimization of Positive Case Identification through Index Testing at Ruangwa District Hospital – Lindi Region

According to the Tanzania HIV Impact Survey (2016 – 2017), Lindi region has a low HIV prevalence rate of 0.3%. However, this does not imply that the epidemic spread of AIDS has ended in the region. The identification of HIV positive cases has been a challenge that necessitated the development of more focused strategies of client engagement. Index testing , being the current most effective methodology of optimizing HIV case identification has resulted in a positive yield of case identification at Ruangwa District Hospital.

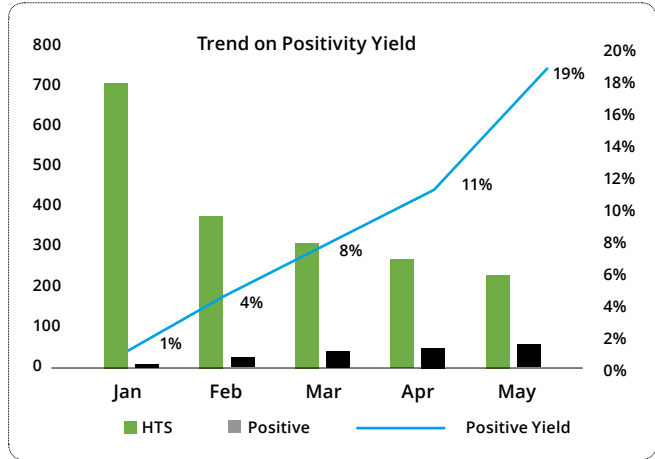
Data collected illustrates that there had been a low yield from index testing at the facility due to limited knowledge by Health Care Workers on the importance of index testing as the primary mode for positive case identification. Referring to index testing data of January-February 2019 compared to March-May 2019 there has been a significant increase of Index positive yield amongst sexual partners from 16% to 68% respectively.



Index Testing Cascade at Ruangwa District Hospital (January-February 2019)



Index Testing Cascade at Ruangwa District Hospital (March-May 2019)



A significant improvement has been noted in the HIV testing and positivity yield, from 1% in January 2019 to 19% by May 2019. This has been attributed to the strategic shift to index testing as the primary model of positive case identification at the facility. Currently, Ruangwa District Hospital is the leading facility in the identification of positive cases through index testing among all 92 facilities in Lindi region that are supported by the United States Government through the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR).

Reasons for Improvement

- The improvement noted is due to a number of initiatives including:
- Improved counselling and health talks to PLHIV on partner elicitation,
 - Enhanced home based Index testing,
 - Improved peer counselling of PLHIV expert clients to newly notified cases on importance of HIV testing to their close contacts,
 - Addition of working hours (extended hours) to ensure that HIV testing services are available at late hours and on non working days,
 - Strengthened relationship between implementing partner CSOs and facility staff on community partner notification of PLHIV clients,
 - Continuous facility backstopping by program staff, and
 - Attachment of Expert Client (EC) to Community mentor and service providers.

Way Forward

Following the encouraging performance of Ruangwa District Hospital, the Program in collaboration with R/CHMTs has already begun to replicate the same strategies in other facilities in order to realize the first 95 UNAIDS target, i.e. 95% of people living with HIV knowing their HIV status by 2030.

Changing Roles: Data Clerks Fostering Data Quality and Data Use for Decision Making

Data quality problems are wide spread and have social economic impacts. In particular, relying on obsolete and incorrect data or uncertainty regarding the quality of available data attributes to less effective decision making. Like many other programs, HIV care and treatment programs are highly informed by patient's data entered on the patients CTC1 card, CTC2 cards as well as the CTC2 database.

HIV Care and treatment relies on a number of patients information ranging from patients' visits, weight, clinical stage, CD4 count, TB screening, ARV regimen, number of days ARVs dispensed, ARV adherence, viral load testing and results and nutritional status. Using obsolete information to make decisions may lead to devastating consequences in the management of HIV patients.

In Mtwara region, USAID Boresha Afya – Southern Zone works as an implementing partner for HIV/AIDS with the Regional Council Health Management Team (RHMT) and nine Council Health Management Teams (CHMTs). The ultimate goal is to build sustainable capacity for councils to collect, analyse and use data for decision-making. The Program through the United States Agency for International Development (USAID) supports employment of data clerks in 50 high volume facilities. These data clerks work as a bridge between the Program and the CHMTs in ensuring data for HIV patients is accurately captured from the CTC2 cards and entered into the CTC2 database. Their work in these health facilities has reduced manual data collection and collection of wrong data.

In the past, the role of data clerks was merely data entry and as such was riddled by a number of data errors coupled with under reporting of patients' data. "It is disconcerting to inform a client that the database indicates you're deceased but this was a common data error," shares Dorothy Nyoni, a Monitoring and Evaluation (M&E) Officer based in Mtwara.

To resolve this, the Program realized the need for building the capacity of data clerks to work beyond data entry in order to ensure completeness, consistency, relevancy and accuracy of data sources. This included a number of indoor trainings and onsite mentorships to familiarize them with Patient information Management Systems (PMS) and practical sessions on making simple analysis using excel



Mkomaindo Hospital, Masasi TC, Mtwara Region – Program Monitoring and Evaluation Officer, Dorothy Nyoni (centre) conducts mentorship to data clerks and ART nurse on proper documentation of new HIV Testing Counselling (HTS) registers. ©USAID Boresha Afya – Southern Zone/C. Buberwa

and graphical presentations. Daily, weekly and monthly reporting through the Program's information system (proDMIS) became another catalyst for improving their abilities to track facility performance.

Moses Jongo has worked as a data clerk in Tandahimba District for over five years. "I was employed as a data clerk for Mahuta Health Centre in October 2014 and was relocated to Tandahimba Hospital in 2016. My role was mainly data entry into the CTC2 database. In my opinion, USAID Boresha Afya Southern Zone has empowered me," he testifies. Jongo now works on a number of assignments ranging from data analysis, conducting mentorships

and supportive supervisions on M&E tools and troubleshooting computers. He is currently the data officer for Tandahimba and Nanyamba District Councils. Dr. Adorati Kapinga, District AIDS Coordinator for Mtwara DC also affirms the significant role of data clerks in improving data quality of HIV reports, timely reporting into the DHIS2 systems and exporting of data from the CTC2 database to CTC3 macro database on weekly basis.

This improvement is evident at many facilities in Mtwara. Today, Mkomaindo Hospital is one of the best performing high volume

facilities in terms of patients' linkage to care and treatment services and data consistency, accuracy and completeness. Their data clerks are now working with the Antiretroviral Therapy (ART) nurses to ensure all patients referred to the Care and Treatment Centre are registered on time and receive good counselling sessions in order to retain them in care. During a USAID visit to the facility in May 2019, the data clerks/officers were commended for their consistency across all data sources verified, a remarkable achievement for individuals whose previous role was simply and literally data entry.

How the SMS Reminder System is Reshaping HIV/AIDS Services in Tanzania: A Case Study of USAID Boresha Afya – Southern Zone, Njombe Region

Launched in mid-2018 through USAID Boresha Afya – Southern Zone, Tanzania’s SMS reminder initiative was developed with the aim of reducing lost to follow up statistics amongst people living with HIV (PLHIV). The SMS reminder system is headed by the Program mHealth Advisor, Makunda Kassongo and supported by Program staff, particularly monitoring and evaluation personnel. Through this system, the Program is now providing support to thousands of PLHIV in Iringa, Njombe, Morogoro, Lindi, and Mtwara.

Through the use of the SMS reminder mobile system, Norbert Mwalongo, a data clerk at Milo Hospital reveals, “The process is now automated through a server

installed at my computer, sending text messages to PLHIV enrolled in the system to remind them of their next visit dates and track their progress and adherence to medication to mention a few.”

This reminder alerts enrolled clients when they ought to go for HIV/AIDS services and when to pick up their prescribed medication. The system is interactive as clients need not respond to the prompts but rather read and follow up on their schedules. They receive the messages on their mobile phones, and data clerks are able to see whether the receiver has received the message or not. As such, if a client does not visit a facility for services, they can easily follow up.

More importantly, the system allows the sender (data clerks in most cases) to see the delivered and un-delivered messages and as such can decide to resend them and even provides a daily report which shows the number of clients reached and those that did not receive the messages.

The rapid increase in mobile phone use and other telecommunication technologies in health care during the past decade has paved way for optimism. Mobile health initiatives need to be integrated into national health systems and priorities and fit into the system that the country has already invested in. Owing to this, partnership between governments, health care systems, community health workers

and the private sector is considered as a precondition for success. In turn, this requires strategic and integrative policy decisions at the national level to be defined in action plans as concrete steps.

By tapping into this technology, USAID Boresha Afya – Southern Zone Program is working with donors (USAID), the Ministry of Health Community Development Gender Elderly and Children (MOHCDGEC) and the President’s Office – Regional Administration and Local Government (PORALG), as well as other stakeholders in the country, to affect real change in health care (HIV/AIDS) coverage, consequently saving lives. Initially, PLHIV were reluctant to provide their real mobile numbers due to fear of exposure and stigma. However, after a while most accepted it having noted the benefits. At present, at most health facilities where there is an SMS Reminder System, clients provide their real mobile numbers.

“At first it was very hard for me to remember my visit dates. I sometimes had to ask my children to help me remember the dates I was required to visit the hospital. Now it is much easier as I receive SMS reminders to attend my visit three days prior,” testifies Ms. Janeth Kirua. She adds, “I now plan my activities and transport fees well in advance without the need for my children to remind me. I’m thankful to the Program for this. I’m also delighted that it is free of charge.”

Meanwhile, USAID Boresha Afya – Southern Zone is already considering other mobile health initiatives such as linking laboratories with health facilities to receive results in real time. “When I see how the SMS reminder can help the public, my motivation is the impact,” Makunda Kassongo explains. There remains a challenge for some, mostly in rural areas who do not have access to mobile phones or where the mobile network is poor as they hardly receive the messages

on time. However, this presents an opportunity for partners to bridge this gap. Through the use of SMS reminder systems, other needs could also be addressed. For instance; the health needs of babies born to mothers with HIV, addressing HIV Viral Load (HVL) tests and Mobile Post Exposure Prophylaxis (mPEP) to health care workers (HCWs) as well as many other mobile health initiatives to improve health services in the country.

At present, the MOHCDGEC in collaboration with PORALG, implementing partners and Donors are working to build a new integrated GOTHOMIS. The Program will advocate for the SMS reminder system to be one of the modules. From FY 4 the Program will engage councils to start budgeting for SMS reminder recurring costs especially data bundles. Similarly, the Program is in discussions with vendors to make the system free and open source so that it can be replicated at more facilities with zero costs.



Ludewa Hospital, Ludewa District, Njombe Region – Maria Kayombo (Data clerk) verifies SMS reminder reports in the system. ©USAID Boresha Afya – Southern Zone/F. Nachenga

Mlimba Health Centre, a Beacon of Excellence in Index Testing

Some 300 kilometres from Morogoro town, after a very long drive on rough terrain is the bustling town of Mlimba in Kilombero District. Its residents are mostly rice farmers. Most of their health care needs are met at Mlimba Health Centre (HC), which is one amongst 105 health facilities supported by the Program in Morogoro region. Some of the supported services include HIV, Tuberculosis, Family Planning and Malaria. Additionally under the HIV component, the health centre with support

of the Program has deployed a team of 15 Community Based HIV Services Providers (CBHSP) in a bid to increase access to health services at community level. This is also a result area for the Program. Sebastian Njaku (34) leads this motivated team of CBHSPs. He proudly states, “We’re all perceived as doctors.” To some extent, this is true. Their interventions in the communities within which they serve are exceptional, particularly where Index

Testing is concerned. As a result, Mlimba HC has surpassed its huge index positive identification targets of 245, standing at 289 as of 5 August 2019, equating to almost 118% of its annual index target, with a month still to go. This places Mlimba HC third amongst health facilities with huge index targets, behind Gairo HC and Kilosa District Hospital amongst all 512 facilities including all referral hospitals in all the five Program supported regions with HIV component.



Mlimba Health Centre, Kilombero District, Morogoro Region – Community Based HIV Services Providers (CBHSPs) participate in a group discussion at the facility premises. ©USAID Boresha Afya – Southern Zone/S. Mhando.

Drivers for success

This is no mean feat. In the previous Fiscal Year (18) the facility only managed to identify 31 index clients against an index positive identification target of 54. The progress represents significant strides. “The Program empowered us with skills through a workshop on Index Testing. We learned about client, contract, provider and dual referrals – each detailing how we were to elicit sexual partners of HIV positive clients,” explains Eliza Mbuna (40), a health care worker (HCW) at Mlimba HC. She animatedly goes on to demonstrate how she approaches clients. Her passion for her job on display throughout.

The Program has also supported the CBHSPs with transport allowance and a stipend for their hard work. Dr. Elibariki Muguli, a Program HIV Advisor for Morogoro ensures that all the administrative processes empowering these community volunteers are undertaken efficiently. Similarly, the Program has equipped them with

bicycles to reach clients residing in distant and hard to reach areas. However, their passion manifested through a sense of ownership amongst facility staff and CBHSPs is the overarching ingredient throughout.

“It also helps that there are great relations between Program and facility staff including the CBHSPs who are mainly index testers. This facility uses its data well. Upon discovering new HIV clients, their details are shared in confidentiality to CBHSPs. Their job is then to ensure that their sexual partners are tested,” simplifies Gideon Yohana, a Program Monitoring and Evaluation Officer for Morogoro.

More about Mlimba Health Centre

Mlimba Health Centre is located in Morogoro's Kilombero District in Mlimba Ward. The facility was established in February 1976 and serves an estimated population of 23,192 annually. Its Care and Treatment Clinic commenced operations in 2008.



Mlimba Health Centre, Kilombero District, Morogoro Region – Gideon Yohana (29), a Program Monitoring and Evaluation Officer for Morogoro works closely with the team of CBHSPs. ©USAID Boresha Afya – Southern Zone/S. Mhando.

Testimonials



"Index testing has seen a number of my relatives learn their status and begin medication. This job has touched me on a personal level and I'm now respected in my community," Maria Mdikula (38), a member of the 15-person CBHSP team reveals.



"The confidentiality in handling index clients has granted me esteem in my community. People see me as trustworthy," shares Richard Mkuvasa (45).



"It brings me joy when we're invited by ward councillors to meetings to give health talks," – Msafiri Nduye (36).

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



USAID
FROM THE AMERICAN PEOPLE

Deloitte.

fhi360
THE SCIENCE OF IMPROVING LIVES



EngenderHealth
for a better life



CDC USAID
President's Malaria Initiative