

RMO Newsletter

Results Management Office

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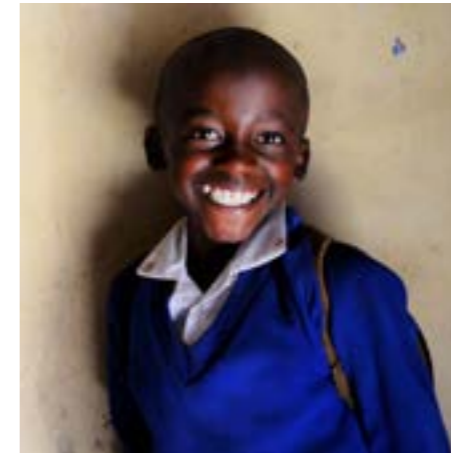
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Collaboration. Impact. Growth.



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Foreword

I would like to extend gratitude to all our partners for the great work thus far. We have recently concluded one year since this programme commenced and while we faced teething problems in the beginning, I can now state with certainty that we are on course to meet the targets set. On what is our very first newsletter, allow me to warmly introduce you to what the USAID Boresha Afya project is all about. After the successful implementation of Tunajali I and II projects (2007-2017) a shift in focus by our Donors, the United States Agency for International Development (USAID) underscored the need to implement a more integrated program which consequently gave birth to 'USAID Boresha Afya', Swahili for 'improve health.' The phrase effortlessly captured collective efforts to ultimately improve the health status of all Tanzanians.

Different partners are implementing the USAID Boresha Afya project across the country. In the Lake/Western Zone Jhpiego leads the project in partnership with EngenderHealth and PATH International. In the North/Central regions of Tanzania, the Elizabeth Glaser Pediatric AIDS Foundation in partnership with EngenderHealth leads the project. To the South of Tanzania is where we (Deloitte Consulting Limited) as lead implementers work with technical partners FHI 360, Management and Development for Health (MDH) and EngenderHealth. With a US \$145

million budget, the USAID Boresha Afya project's core vision is to create a dynamic, integrated platform for delivery of health services that emphasizes strong collaboration between government, health facilities and communities. The five-year project was launched in October 2016 and will course through September 2021 in the Southern regions of Iringa, Njombe, Morogoro, Lindi, Mtwara and Ruvuma.

The project has been designed in such a way that allows us to tailor our response in accordance to each geographic area (with greater burden) in which we operate. We have three (3) key result areas namely;

- 01. to improve enabling environment for health service provision;
- 02. to improve availability of quality, integrated health services at facility level; and
- 03. to increase access to health services at community level.

This issue features some of the key milestones we have collectively achieved to date. It highlights some of the activities that have taken place over the past couple of months including our efforts in the regions and sheds light on the impact of our response on project beneficiaries. I hope you will enjoy scrolling through the pages as much as we have cherished every minute in service of our benefactors.

I would be remiss if I failed to acknowledge the immense contribution of my outstanding team including our implementing partners; FHI360, Management and Development for Health (MDH) and EngenderHealth without whom we would not be where we are today. Similarly, I would like to express gratitude to our Donors, USAID who have entrusted Deloitte Consulting Limited to lead this program. Lastly, we are thankful and honored to work with the Government of Tanzania (Ministry of Health, Community Development, Gender, Elderly and Children as well as President's Office - Regional Administration and Local Government) on every step of this journey to improving the health status of all Tanzanians. Long may our partnership endure!

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



Program Review Meeting, Nashera Hotel, Morogoro – USAID Boresha Afya Southern Zone staff participate in the wacky races that formed part of the team-building activities. Photo taken 15 September 2017. ©USAID Boresha Afya – Southern Zone/S. Mhando

Program highlights

US diplomat visits Ilula Lutheran Hospital in Iringa

It is a little after 10 o'clock on a Thursday morning in July 2017. The sun is overhead but a majority of the persons at the Ilula Lutheran Hospital in Kilolo District in Iringa are clad in jackets and sweaters. Drumbeats accompany a cheerful song by a group of People Living with HIV (PLHIV). They form a circle with four women dancing care freely in the centre. The men join in the dance and the women ululate. "Karibuni wageni wetu" (welcome our guests) they sing in Swahili. Then they switch to their Hehe vernacular.

The music gets louder and there is now a thick cloud of dust in the air as participants jump up and down, revelling in their traditional songs. All these are preparatory activities to welcome a special guest. She arrives a few minutes later.



Ilula Lutheran Hospital, Kilolo District, Iringa - Chargé d'Affaires of US Embassy in Dar es Salaam, Inmi Patterson meets baby Faisal and his mom, Ms. Lucy Chotela who were attending routine Reproductive and Child Health (RCH) services at the facility. Photo taken 20 July 2017. ©USAID Boresha Afya - Southern Zone/S. Mhando

Inmi Patterson is the new Chargé d'Affaires at the US embassy in Dar es Salaam. Her visit to Iringa was to familiarize herself with the many United States Government (USG) supported activities in the region including USAID Boresha Afya, Southern Zone program. Kilolo District is earmarked by the USG as a demonstration district for cross-sectoral integration efforts termed Iringa Integrated Activities Hub (IIAH).

After introductory meetings with district and partner staff, the acting Medical Officer in charge, Dr. Damaris Nzilili briefed Inmi Patterson about the history of the hospital and the services supported by the USG. "Between 2012 and 2016, the Ilula Lutheran Hospital has received over US\$160,000 of funding from the United States Agency

for International Development (USAID) channeled through Tunajali and USAID Boresha Afya programs. From January to June 2017, we have received over US\$7,000," stated Dr. Nzilili.

Familiarizing herself with the USAID Boresha Afya supported services within the hospital; Inmi Patterson toured the Care and Treatment Centre, Reproductive and Child Health wing as well as the Laboratory, greeting the patients at each facility. "My father was a doctor and being here has brought memories of my childhood. I am glad to see that American cooperation and partnership with the Tanzanian people is in full effect in projects such as this one. I can assure you that we will stand by you," said Inmi Patterson.

Emphasizing the importance of the USG support, the District Medical Officer, Dr. Mohamedi Mang'una thanked the US Deputy Chief of Mission, stating 'continued collaboration with Donors' as a way forward to ensuring a 'healthy Tanzania.'



Ilula Lutheran Hospital, Kilolo District, Iringa - Two women dance to Hehe traditional tunes in the centre of a semi-circle to welcome the new Chargé d'Affaires at the US Embassy in Dar es Salaam, Inmi Patterson who visited the facility. Photo taken 20 July 2017. ©USAID Boresha Afya - Southern Zone/S. Mhando



Ilula Lutheran Hospital, Kilolo District, Iringa - Chargé d'Affaires at the US Embassy in Dar es Salaam, Inmi Patterson meets Edna Diallo, Regional Program Manager for USAID Boresha Afya program in Iringa. Photo taken 20 July 2017. ©USAID Boresha Afya - Southern Zone/S. Mhando

Swedish missionaries established the Ilula Lutheran Hospital as a dispensary in 1939. It was upgraded to a rural health centre in 1992. In 2002, the health centre hosted two visiting American medical doctors who were affiliated with Shoulder-to-Shoulder Foundation based in Minnesota, USA. Soon afterwards, Shoulder to Shoulder Foundation supported the facility with infrastructure upgrades, medical equipment and supplies, immensely improving it and leading to the upgrade of the health centre to a fully-fledged hospital in 2007.

More about the hospital:
The Evangelical Lutheran Church, Iringa Diocese, owns the Ilula Lutheran Hospital. It is located about 50 kilometers from Iringa town i.e. a 45-minute drive from town, heading towards Dar es Salaam. The facility has a catchment area of three divisions (Mazembe, Mahenge and Kilolo) and caters for the health services of people from nearby areas and neighbouring regions of Morogoro and Dodoma. The estimated catchment population served is about 120,000 people. The facility provides both inpatient and outpatient services and has 102 staff. It also serves as a training institution for nurses.

A newly renovated facility at the Saba Saba Health Centre

To the far left of the entrance into the Saba Saba Health Centre in Morogoro town is a sturdy new building, the care and treatment clinic (CTC) for people living with HIV (PLHIV). Funded by the United States International Development Agency (USAID) through Tunajali II and USAID Boresha Afya (Southern Zone) programs implemented by Deloitte Consulting Limited, the new clinic has been in use for a little over four months but the difference in comparison to the old clinic is noteworthy.

“To be honest, we couldn’t be more grateful. Even the clients are impressed. The working environment has completely changed. Imagine, we used to undertake our adherence counselling sessions outside, beneath the trees,” the Clinical Officer in charge of the CTC, Mrs. Suma Kabuje expresses herself.



Saba Saba Health Centre, Care and Treatment Clinic, Morogoro – Ms. Regina Atanasi, a client at the CTC is satisfied with the services provided at the new building. She contends that privacy and the clean environment at the facility have been key motivating factors for her to keep her medical appointments. Photo taken 27 July 2017. ©USAID Boresha Afya – Southern Zone/S. Mhando

The CTC caters to clients on Mondays to Thursdays and at present averages, 80-120 clients a day. Fridays are reserved for staff to update client files and catch up on pending work. Some 14 staff including clinical officers, nurses, data clerks and mentors are dedicated to attend the clients.

The renovation job to the tune of Tanzanian Shillings 146,923,800 /=(over US\$ 65,500) has completely given a facelift to the old building. Initially there were only four rooms in the entire CTC. Today, the facility has an additional reception, four rooms for adherence counselling, drugs store, data room, team room and toilets. It is clean and has big windows to allow ventilation that reduces airborne infections and tiled floors that add to the aesthetics of the place. For Regina Atanasi (37), a client and a mother of three, the facility could not have come at a more opportune time.

“The new CTC motivates us to keep our appointments. To be honest, there is a remarkable difference. I marvel at the new facility. It is something we always needed and used to discuss amongst ourselves as clients but never thought to take it up with authorities. I am glad that authorities had it in mind all along,” she acknowledges.

Fred Kashumba* (35), a mechanic concurs and adds that the new place accords them the privacy some clients desire. “All clients’ needs are tended to inside the CTC. In the past we would get medicine outside,” he shares.

As with many health facilities across the country, the challenges experienced at this CTC are similar: a shortage of staff and equipment. However, this has not deterred clients nor the diligent staff.

**not his real name*



Saba Saba Health Centre, Care and Treatment Clinic, Morogoro - Clinical Officer in charge, Mama Suma Kabuje takes down a client’s details. Photo taken 26 July 2017. ©USAID Boresha Afya - Southern Zone/S. Mhando



Saba Saba Health Centre, Care and Treatment Clinic, Morogoro – A front and rear view of the Care and Treatment Clinic for People Living with HIV. Photo taken 27 July 2017. ©USAID Boresha Afya – Southern Zone/S. Mhando



Program Review Meeting in Morogoro Program

The USAID Boresha Afya – Southern Zone team convened in Morogoro for a program review meeting from 13-16 September 2017. The purpose of the gathering was to review the full program performance for the year ending September 2017 and strategize for the upcoming year. Similarly, the meeting sought to review key achievements, understand key challenges, and explore the mitigation strategies.

On Day 1, the agenda kicked off with the highlights for Financial Year 1. Regional teams presented on their performance, best practices and challenges encountered during the year. Likewise, there were presentations from technical, monitoring and evaluation, finance, grants, and procurement teams to gauge our where we stand.

On Day 2, the session commenced with highlights on the Financial Year 2 work plan per result areas. A refresher orientation for staff on Gender and Youth as well as presentations on Quality Improvement Approach and writing abstracts and manuscripts for publications and success stories populated the agenda.



Program Review Meeting, Nashera Hotel, Morogoro – USAID Boresha Afya Southern Zone Chief of Party, Dr. Marina Njelekela gives opening remarks to launch the Program Review Meeting. Photo taken 13 September 2017. ©USAID Boresha Afya – Southern Zone/S. Mhando

Exciting team-building activities were the order of Day 3. External consultants facilitated a full day of activities to strengthen our bond as program staff and to inspire participants to recognize their roles and responsibilities as important towards achieving organizational targets. Some of the activities included a name and action battle, a USAID Boresha Afya television advert, a stitching challenge, a fashion show, tower and trust building exercises as well as wacky races and a colorful talent night.



Program Review Meeting, Nashera Hotel, Morogoro – USAID Boresha Afya Southern Zone Senior Advisor - Malaria, Dr Joe Mugasa makes a presentation on writing abstracts and manuscripts during the Program Review Meeting. Photo taken 14 September 2017. ©USAID Boresha Afya – Southern Zone/S. Mhando



Program Review Meeting, Nashera Hotel, Morogoro – USAID Boresha Afya Southern Zone Results Management Office Director, Dr Mussa Ndile works with his team to stitch an outfit. Photo taken 15 September 2017. ©USAID Boresha Afya – Southern Zone/S. Mhando



Program Review Meeting, Nashera Hotel, Morogoro – USAID Boresha Afya Southern Zone staff participate in the wacky races that formed part of the team-building activities. Photo taken 15 September 2017. ©USAID Boresha Afya – Southern Zone/S. Mhando

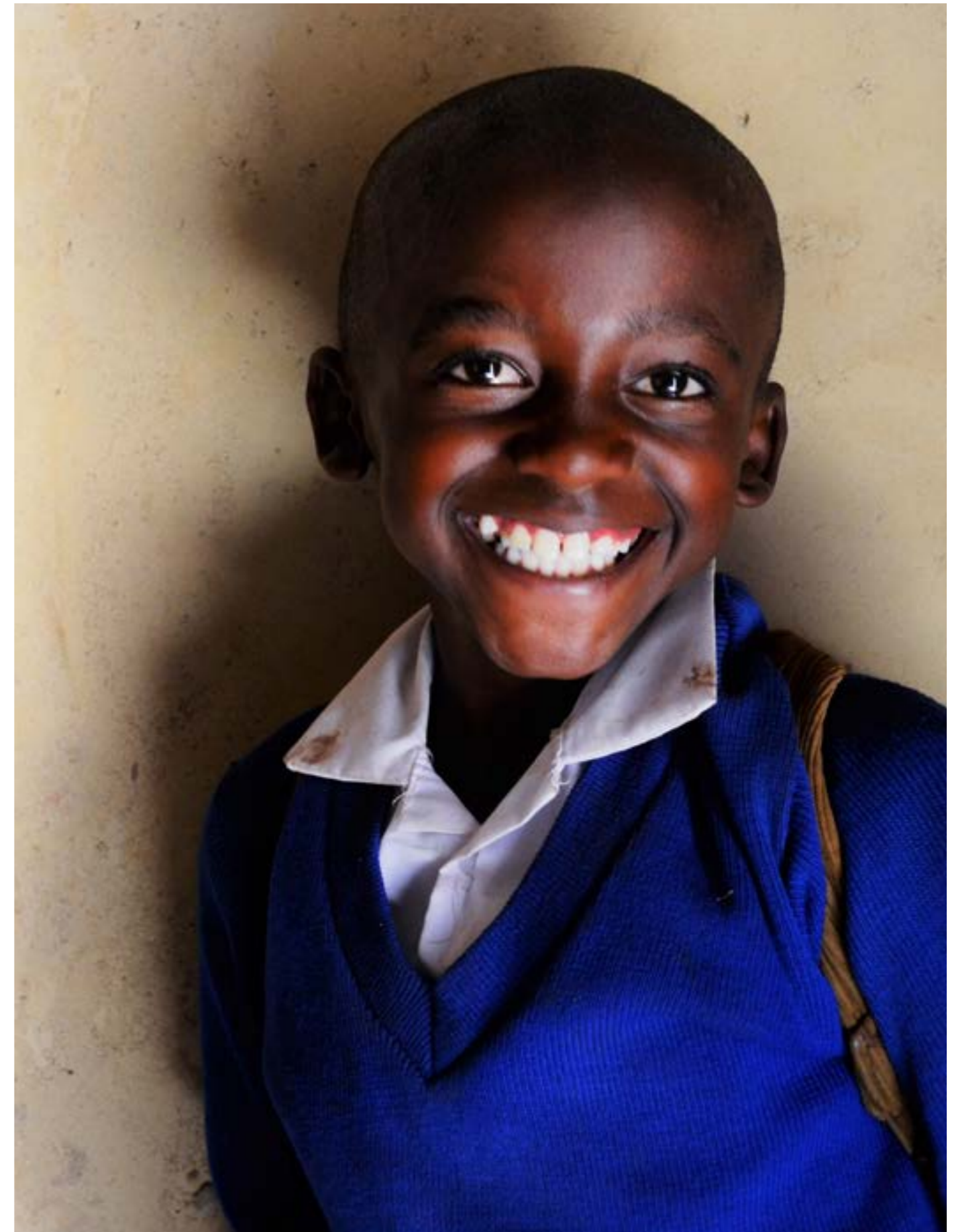
Success stories

Orphans and Vulnerable Children supported through SILC groups

In Mufindi district, Kasanga ward, in the heart of Iringa region, six groups comprising a total of 150 members (90 women| 60 men) saved 2.6 million Tanzanian shillings over a three month period (April – June 2017) to assist 70 orphans and vulnerable children (OVC) residing amongst them. What is remarkable is that the majority of the members are peasant farmers and most survive on just a single meal a day. A number of them are HIV positive. However, their health status is not a deterrent. Still, they want a better life for themselves and others, in this case, children.

Hamisi Kibula* (52) belongs to “Mshikamano”, one of these community groups making a difference in Kasanga ward. “I joined Mshikamano in 2010 after a visit to a Care and Treatment Centre (CTC) at Kasanga. Shukuru Kipoti, a community health worker under Afya Women, a Civil Society Organization (CSO) sensitized those of us living with HIV to form groups, which would easily access different kinds of social services,” he shares.

The USAID Boresha Afya Southern Zone, a project supported by the United States Government works with CSOs, community health workers, and volunteers as a bridge between



Ward Executive Office, Kasanga ward, Mufindi District, Iringa – Musa (7) a grade 3 student dreams of being a footballer one day. He is one amongst 70 children recently supported by an OVC fund. Photo taken 21 July 2017. ©USAID Boresha Afya – Southern Zone/S. Mhando

communities and the facilities, i.e. care, and treatment centres for people living with HIV (PLHIV). Community groups -- like the one Hamisi belongs to -- established as a result of this initiative, meet once a week with a common agenda to contribute the little finances they have to economic strengthening, social and OVC funds. It is in the latter that significant progress has been made, with Tanzanian Shillings 2.6 million raised. Driven by compassion for the plight of OVC within their midst, the group worked closely with community health workers, village leaders and social workers in a door to door campaign to identify their target group. At campaign's end, 70 children (34 boys| 36 girls) had been identified.

On 25 February 2017, a small function was held at the Kasanga ward office to handover crucial supplies bought with the funds raised for the OVC. Some of the donated items included school uniforms, mattresses, bedsheets, exercise books and pens, blankets and maize meal. Attending this colorful ceremony were district officials, other SILC group members, schoolchildren and a few villagers. Speaking on behalf of the Mufindi South Constituency Member of Parliament, Hon. Meinrad Lutengano Kigola, his secretary thanked the SILC group members for assisting the OVC. "Your generosity warms my heart. This noble gesture must be everyone's responsibility and I would like that in future, more people contribute to such causes," stated Mr. Mtende. He also

pledged to find the groups a mentor to guide them on how to undertake income-generating activities, a direct response to one of their challenges. Quizzed on the importance of initiatives such as these, Mr. Chelino Widege (50), treasurer for the OVC committee



Ward Executive Office, Kasanga ward, Mufindi District, Iringa – Mr. Chelino Widege, treasurer of the OVC committee contends that he only joined the SILC groups when he heard there was a fund to support children. Photo taken 21 July 2017. ©USAID Boresha Afya – Southern Zone/S. Mhando



Ward Executive Office, Kasanga ward, Mufindi District, Iringa – Suzanna Makombe (12), one of the beneficiaries of the OVC fund dreams of one day becoming a teacher. Photo taken 21 July 2017. ©USAID Boresha Afya – Southern Zone/S. Mhando

thoughtfully expresses, "These orphans and vulnerable children do not choose their circumstances. They need all the help they can get; they need us. I am privileged enough to take care of my own children but want to ensure others' too live in dignity. I want to make a difference."

Little Suzanna Makombe (12) appreciates the gesture. The uniforms have helped her excel in class where she dreams of becoming a teacher when she finishes her studies. Currently in grade six, Suzanna is good at Mathematics and Geography but she is particularly fond of History. "I live with my dad and sister but we can't afford

these things. The school supplies mean a lot to me because I can focus solely on school," she discloses. Programs such as USAID Boresha Afya Southern Zone, implemented by Deloitte Consulting Limited in collaboration with Family Health international (FHI360), Management and Development for Health (MDH) and EngenderHealth are made possible by the support of the American people through the United States Agency for International Development (USAID).

**not his real name*

Working with CSOs to link clients back to CTC services

Being one of the project objectives, USAID Boresha Afya Southern Zone strives to increase health services at community level. In so doing, the program works with Community Based Health Services (CBHS) volunteers with the support of Civil Society Organizations (CSOs). This collaboration has successfully managed to link clients, in particular, persons living with HIV (PLHIV) to Care and Treatment Centers (CTCs) in the community and in equal measure has attempted to decrease issues of stigma. In Njombe region, the success has been noteworthy.

For Janet Chapora (47) of Matalawe Street in Njombe Town Council, a food vendor and mother of two boys and a

girl, the collaboration between CBHS and CSOs has been life changing. She is one amongst a number of clients successfully re-linked to care and treatment after a long period of absence.

Despite her demeanor illustrating otherwise, Janet is very self-confident. She is dark skinned and short. Her small frame is sheltered in heavy 'winter' clothes and wraps, in uniformity with every other person in Njombe at this time of the year. "I learned of my HIV status in 2014. I had, for a sustained period been experiencing fevers which never seemed to cease. It was then I decided to go to Njombe Health Centre for a health check," she divulges.



Matalawe Street, Njombe – Ms. Janet Chapora (47) stands outside her compound. Through the economic strengthening groups, she has been able to put her three children through school. Photo taken 23 August 2017. ©USAID Boresha Afya – Southern Zone/S. Mhando

"I didn't know what to make of it at the time as my husband had just left me. I was inconsolable," she further narrates. The silver lining to her 'cloud' is that her children are all healthy.

"I soon started medication and was a frequenter to the Njombe health care facility. However, in May 2016 I had to return to our village in Makete and take care of my mother when she fell ill," Janet explains. During her time in Makete, Janet skipped all her following appointments for the better part of a year. Although fortunate she did not experience a drastic decline in her health status, Janet knew she was on borrowed time and returned from the village as soon as her mother regained her fitness.

It was only in June 2017 when Esther Mlelwa, a CBHS volunteer from Southern Highlands Senility Organization (SHISO) visited her home in Matalawe that she returned to treatment. She has never missed an appointment since. She commends the CBHS volunteers for their constant follow up and she is now at the forefront of similar efforts within the income generating (SILC) group she belongs.

Although she felt stigmatized in the beginning, she has gradually come to terms with her health status and is proud that she can now help others with her status in the income generating groups established to give HIV clients a platform to encourage each other and to sustain themselves economically. Her group, Mwongozo has 20

members, mainly women. They contribute a fee of TZS2,000/= a month each, with the total going to a single member at different intervals. She contends the initiative has helped to pay for her children's school fees and address some of her most pressing needs.

In quarter 4 (Q4) of Financial Year 1, USAID Boresha Afya – Southern Zone through CSOs like SHISO managed to successfully return 10 Lost to Follow Up (LTF) HIV patients back to treatment in health facilities in Njombe region.



Matalawe Street, Njombe – Ms. Janet Chapora serves 'maandazi,' a local pastry to one of her customers. Photo taken 23 August 2017. ©USAID Boresha Afya – Southern Zone/S. Mhando

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

