

USAID Newsletter

Boresha Afya - Southern Zone

Issue 03
August 2018

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Foreword

Dear Friends of USAID Boresha Afya – Southern Zone

I would like to share with you yet another issue of our quarterly newsletter, retitled ‘USAID Boresha Afya – Southern Zone’ newsletter for easier synonymy with our Program.

This issue highlights the key accomplishments and achievements in supported program areas of HIV/AIDS, Family Planning (FP), Tuberculosis (TB), Malaria and Maternal and Child Health. We have continued to implement the aforementioned through the three results areas namely; improved enabling environment for health services provision; improved availability of quality, integrated health services at facility level; and increased access to health services at community level. In so doing we have accordingly collaborated with the Government of Tanzania through the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC), Presidents’ Office – Regional Administration and Local Government (PORALG), other USAID-funded projects as well as with other implementers and stakeholders.

In this reporting quarter (Quarter 3 of Fiscal Year 2), we have undertaken a number of activities. Most of these focused mainly on upscaling interventions in HIV testing particularly Index Testing and Provider Initiated HIV Testing and Counseling (PITC); increasing FP demands especially fostering provision of Long Acting Reversible Contraception (LARCs) and Permanent Methods (PMs) to expand method mix as well emphasizing on the contribution of Community TB interventions in adding value to TB notifications. Additionally, for Malaria we have concentrated on mentorship and coaching to Community Health Workers (CHWs) on minimizing over diagnosis of clinical Malaria and training of R/CHMTs on Electronic Data System (EDS).

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.



Chamwino Ward, Morogoro Municipal – Children pose for a group photo with district social welfare and community development officer. ©USAID Boresha Afya – Southern Zone/E. Erasto.

Program highlights

USAID Boresha Afya – Southern Zone Commemorates Day of the African Child

The Day of the African Child is celebrated on June 16, every year since 1991. The Organization of African Unity (OAU) first initiated it to honor those killed in the Soweto Uprising in South Africa in 1976 (on that day) and recognize the courage of students who marched for their right to an education. As such, the Program supported commemorations of the Day of the African Child in Morogoro, Lindi and Mtwara by carrying out various activities. The theme this year was “Kuelekea Uchumi wa Viwanda; Usimwache Mtoto Nyuma/Towards an Industrial Economy; Leave No Child Behind.”

In Lindi, the commemorations took place in Mandawa Ward within Ruangwa District Council. Community Mentors (COME) from Ruangwa Organization for Poverty Alleviation (ROPA), a Civil Society Organization (CSO) working closely with the Program held a dialogue session to address different gender norms affecting children’s rights especially in health, education, physical and emotional matters. Amongst other noteworthy participants, Ruangwa District Officials, CSOs, NMB and CRDB attended the event. During this activity the program managed to reach a total of 340 children (171 girls| 169 boys) aged 9-18 years.

Newala Town Council was the venue for the commemorations in Mtwara region. Youths from Kilidu II, Makote, Mkunya and Namiyonga Dispensaries as well as Newala District Hospital participated during the event through poetry recitals, drama skits, song and dance. There was also a presentation on nutrition, living positively and the importance of adherence to ART.

Commemorations in Morogoro took place from 13-14 June 2018 in four districts. In Morogoro MC – Mission to the Homeless Children Orphanage; Mvomero DC – Lugano, Kipera, Kinyenzi and Mlali primary schools; Kilosa DC – Mhovu and Mazinyungu primary schools and Kalengakeru village in Kilombero DC. Some of the activities in all the aforementioned venues included education regarding violence against children (VAC) and formation of gender clubs. Some 2,085 children were reached i.e. (1,099 female| 986 male) in all the venues.



Newala Town Council, Mtwara Region – Youths and their guardians pose for a group photograph during the commemorations of the Day of the African Child on 16 June 2018. ©USAID Boresha Afya – Southern Zone/A. Nkini.



Chamwino Ward, Morogoro Municipal – A group of children listening to the social welfare officer talk about their rights. ©USAID Boresha Afya – Southern Zone/E. Erasto.

USAID Boresha Afya Southern Zone participates in Furaha Yangu Campaign Launch

The Program participated in the Test and Treat All campaign launch dubbed *'Furaha Yangu'* on 19 June 2018 in Dodoma. The campaign is a result of joint efforts by Tanzania Commission for AIDS (TACAIDS), Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDEC) through the National AIDS Control Program (NACP) and PEPFAR through USAID Tulonge Afya project. It calls for Tanzanians to test for HIV and early initiation on treatment (Anti-Retroviral Therapy) for those living with HIV. *'Pima, Jitambue, Ishi'* is the slogan for the campaign which was launched by the Honorable Prime Minister of URT; H.E. Kassim Majaliwa at the Jamhuri Stadium in an event that attracted high ranking Government Officials, Development Partners and thousands of citizens.

Speaking during the launch, the Minister of Health, Community Development, Gender, Elderly and Children, Hon. Ummu Mwalimu expressed her delight with the country's progress in the fight against HIV and AIDS. "The HIV prevalence rate in the country has decreased from 7% in 2003 to 4.7% in 2017. The Furaha Yangu campaign will see this rate decrease even further," said the Minister citing the Tanzania HIV Impact Survey 2016 – 2017.

On his part, the Prime Minister who also was also the Guest of Honour called for all Tanzanians to test and know their HIV status. In particular, he called for men to test as they lagged behind women in this aspect. The Prime Minister pledged to work as the campaign ambassador for the testing of men.

"As the ambassador for this campaign, I will use all platforms I attend across the country to advocate for men to come out in large numbers to get tested and learn of their HIV status," stated the Prime Minister. In adding emphasis to his role as the campaign ambassador, he used the slogan *'Mwanaume Jali Afya Yako: Pima VVU.'* He also gave directives to all Regional Commissioners present to carry out regional launches of the *Furaha Yangu* campaign across the country by December 2018.



Jamhuri Stadium, Dodoma – His Excellency, Kassim Majaliwa, Prime Minister of the United Republic of Tanzania addresses crowds gathered during the launch of the Furaha Yangu campaign. ©USAID Tulonge Afya.

The event in Dodoma also provided a platform at the Jamhuri grounds for service provider exhibitions offered by Government stakeholders and Development Partners on HIV/AIDS, Tuberculosis (TB), Non Communicable Diseases (NCDs), Cervical Cancer screenings and optimal tests. Concurrently, there was also a parliamentary exhibition during which the Speaker of Parliament, Hon. Job Ndugai led and launched an HIV testing campaign to Members of Parliament

(MPs) where over 200 MPs were tested for HIV hence showing solidarity with the test and treat all campaign.

Prior to the launch, the Program team attended organizing committee meetings as well as media orientations that covered ethics for journalists and the role that the media was expected to play during and after the official launch of the campaign.

In pursuit of the vision of an AIDS-free nation, Tanzania has adopted the UNAIDS 90-90-90 treatment goals:

90% of all people living with HIV know their HIV status, 90% of all people with diagnosed HIV infection receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy will achieve viral suppression. The launch of the *Furaha Yangu* campaign – which follows several months of intensive engagement on the part of the MoHCDEC – NACP, TACAIDS with support from USAID Tulonge Afya project and other stakeholders is an important contribution to the attainment of these goals.

A pictorial journey of the launch of Furaha Yangu campaign:



Jamhuri Stadium, Dodoma – Dr. Tulia Aickson (Deputy Speaker of the National Assembly) receives a Program newsletter from Dr. Modestus Kamonga, Regional Technical Manager Morogoro for the Program during the HIV Parliamentary Committee Partnership exhibitions held at the Parliamentary Grounds. ©USAID Boresha Afya – Southern Zone.



Jamhuri Stadium, Dodoma – Dr. Angela Ramadhani from NACP (third from left) is flanked by Dr. Marina Njelekela, Chief of Party for USAID Boresha Afya Southern Zone (second from left) and Program staff in the exhibition booth at the Jamhuri Grounds. ©USAID Boresha Afya – Southern Zone.



Jamhuri Stadium, Dodoma – His Excellency, Kassim Majaliwa, Prime Minister of the United Republic of Tanzania along with Minister of State in Prime Minister's Office - Policy, Parliamentary Affairs, Labour, Employment, Youth and the Disabled, Hon. Jenista Mhagama; Minister of Health, Community Development, Gender, Elderly and Children, Hon. Ummu Mwalimu; Minister of State in President's Office – Regional Administration and Local Government, Hon. Selemani Jafo and the USAID Mission Director, Andrew Karas amongst other dignitaries officiate the launch of the Furaha Yangu campaign. ©USAID Tulonge Afya.



Jamhuri Stadium, Dodoma – His Excellency, Kassim Majaliwa, Prime Minister of the United Republic of Tanzania receives memorabilia for his contribution to the fight against HIV/AIDS from Minister of State in Prime Minister's Office - Policy, Parliamentary Affairs, Labour, Employment, Youth and the Disabled, Hon. Jenista Mhagama; Minister of Health, Community Development, Gender, Elderly and Children, Hon. Ummu Mwalimu and Minister of State in President's Office – Regional Administration and Local Government, Hon. Selemani Jafo. ©USAID Tulonge Afya.

Chargé d’Affaires (CDA) of the Embassy of the United States of America visits Mtwara and Morogoro facilities supported by the Program

The Chargé d’Affaires (CDA) of the Embassy of the United States of America Dr. Inmi K. Patterson visited USAID Boresha Afya Southern Zone supported facilities in Mtwara (Likombe Health Centre) and Morogoro (Mafiga Health Centre) on 16 and 27 July 2018 respectively. Her visit to the aforementioned regions was to get a first-hand look at US Government funded programs.



Likombe Health Centre, Mtwara Municipal, Mtwara – The Chargé d’Affaires (CDA) of the Embassy of the United States of America Dr. Inmi K. Patterson shares a light moment with youth from the Likombe Adolescents Club, Samia (15) and Saidi (19). ©USAID Boresha Afya – Southern Zone/Mhando.

A delegation from USAID Tanzania accompanied the CDA in Mtwara. Meanwhile, representing the Program was its Director, Carlton Jones and Chief of Party, Dr. Marina Njelekela as well as Mtwara Region Program staff. Her tour to Likombe Health Centre commenced with welcome remarks by the Regional Medical Officer for Mtwara, Dr. Wedson Sichalwe and was followed with a brief overview of the services provided at the facility through US Government support over the years.



Likombe Health Centre, Mtwara Municipal, Mtwara – Dr. Inmi K. Patterson in conversation with the Regional Medical Officer for Mtwara, Dr. Wedson Sichalwe and Chief of Party of USAID Boresha Afya – Southern Zone, Dr. Marina Njelekela during her tour of the Health Facility. Beside the COP is Dr. Nuru Namkuna (Facility In Charge). ©USAID Boresha Afya – Southern Zone/Mhando.



Likombe Health Centre, Mtwara Municipal, Mtwara – The Chargé d’Affaires (CDA) of the Embassy of the United States of America Dr. Inmi K. Patterson hands over a mosquito net to a couple at the facility. ©USAID Boresha Afya – Southern Zone/Mhando.

Dr. Patterson thereafter toured the different service delivery points supported by the Program. This included a tour of the Reproductive and Child Health wing, Outpatient Department, Family Planning and Antenatal Clinic, Labour Ward and finally the Care and Treatment Centre where she spoke with beneficiaries, including the youth on the support they were receiving.

In Morogoro on the other hand, the Chargé d’Affaires (CDA) of the Embassy of the United States of America Dr. Inmi K. Patterson led a delegation from the Office of Management and Budget (Washington DC), CDC Atlanta and USAID HQ to the Mafiga Health Centre. This followed a courtesy visit at the Regional Commissioner’s Office (Dr. Stephen Kebwe). The Regional Medical Officer for Morogoro,

Dr. Frank Jacob, welcomed the delegation at the facility and soon afterwards, the Morogoro Municipal Medical Officer of Health, Dr. Barakael Jonas, gave them a brief history of the facility and the services supported by the Program. The visiting delegation was split into two groups as they toured Mafiga.

Group 1 commenced their visit at the Reproductive and Child Health during which they saw first-hand the Vaccine/ Immunization, Family Planning, Ante Natal Clinic and PMTCT services. Likewise, they also visited the Maternity Wing during which they heard from the service providers’ experiences about post-natal, labour and delivery services at the facility.

Group 2 started their tour at the Maternity Wing and then moved swiftly to the Reproductive and Child Health Clinic. Both groups finished their tour at the Care and Treatment Clinic and got the opportunity to see how the CTC links with Community Services. They also had the chance to interact with Community Volunteers.

Overall, the CDA was impressed with the services supported by the Program, competence of the Health Care Workers (HCWs) and the good work of the Program.



Mafiga Health Centre, Morogoro Municipal, Morogoro – The Chargé d’Affaires (CDA) of the Embassy of the United States of America Dr. Inmi K. Patterson expresses her gratitude to the Program team. To her left is the Program Director of the Results Management Officer, Dr. Mussa Ndile and the Regional Program Manager for Morogoro, Dr. Amos Scott. ©USAID /R. Chilton.



Mafiga Health Centre, Morogoro Municipal, Morogoro – Ms. Kellen Mpesya (in green jacket), a Community Volunteer addresses visiting delegation. Ms. Mpesya (54), living with HIV since 2002, takes pride in her responsibilities as a Community Volunteer. ©USAID /R. Chilton.

USAID Boresha Afya hosts Gender Based Violence/ Violence Against Children Stakeholders Coordination Workshop in Morogoro

On 20 August 2018, the Regional Commissioner for Morogoro, Dr. Stephen Kebwe officiated the opening ceremony of the Gender Based Violence/Violence Against Children (GBV/VAC) Stakeholders Coordination Workshop that was organized by USAID Boresha Afya – Southern Zone at Edema Conference Centre in Morogoro Municipal.

Speaking during the opening of the two-day workshop, Dr. Kebwe thanked USAID Boresha Afya – Southern Zone for the invitation extended to his office as well as to all stakeholders including health care workers, social welfare and development officers, police gender desk officers, members of the judiciary and Civil Society Organizations (CSO) coordinators from all districts within Morogoro region.

“I am thankful that USAID Boresha Afya has invited me this morning to speak to you. This is a very important forum to find a way forward. They won't always be here and it is imperative that we all work together while

we can to find a lasting solution to GBV/VAC issues in Morogoro and Tanzania at large,” stated the Regional Commissioner.

Expressing his views, he largely attributed GBV to limiting cultural beliefs, exacerbated by delays in courts of law once reported and corruption.

“There should be no reason why GBV cases take too long to be heard or deliberated. It would be prudent to establish a one-stop centre to reduce the bureaucracy that often hampers the reporting and deliberation of GBV and VAC issues,” stated the Regional Commissioner. On his part, the Regional Program Manager from USAID Boresha Afya – Morogoro, Dr. Amos Scott thanked the Regional Commissioner for availing himself to officiate the opening ceremony of the meeting and pledged to continue to work closely with the Government to eradicate GBV and VAC.

“With the support of the American people through USAID, the Program has managed to build the capacity of health care workers, social welfare officers and police gender desks officers on identification, management and effective referral mechanism of GBV/VAC clients. With USAID support, we hope to continue more of the same,” stated Dr. Scott. In addition, the Program has trained 40 community mentors (COME) to conduct learning sessions at community level to increase community awareness on GBV/VAC. The program has also increased identification and management of GBV/VAC clients from 195 in January March 2017 to 1,983 in April-June 2018.



Edema Conference Centre, Morogoro Municipal, Morogoro Region – Morogoro Regional Commissioner, Dr. Stephen Kebwe addresses the participants during the opening ceremony of the GBV/VAC Stakeholders Coordination Workshop. ©USAID Boresha Afya – Southern Zone/Mhando.



Edema Conference Centre, Morogoro Municipal, Morogoro Region – Participants pose for a group photograph with the Morogoro Regional Commissioner, Dr. Stephen Kebwe (Seated at the center) at the GBV/VAC Stakeholders Coordination Workshop. ©USAID Boresha Afya – Southern Zone/Mhando.

Success stories

Mbaruku Lichumbu: HIV Positive and Thriving

Mbaruku Lichumbu (56) decided to join the Tupendane SILC group in his village in 2009 after seeing first-hand the benefits his friends had enjoyed under the scheme. He worked hard to save his money and eventually was able to take his first loan of TZS 200,000/-, which helped him to purchase three goats. Later, he took another loan of TZS 200,000/- to buy 30 chickens and more recently TZS 300,000/- to buy a cow. The aforementioned loans helped him set up a poultry business that has in turn enabled him to provide for his family of four children.

Lichumbu acknowledges that his success in this business has also helped him get a weekly audience to talk to about HIV. His biggest desire is to see an HIV-free generation. He uses weekly group meetings on Sunday afternoons at Msimbati Health Centre as a platform to talk with his peers on HIV prevention and the importance of voluntary testing so that if a person is HIV positive they can start using ARVs and stop thinking about ending their lives.



Msimbati Ward, Mtwara – Mbaruku Lichumbu (farmer) sits with his wife and grandson outside their homestead. ©USAID Boresha Afya – Southern Zone/Chanai.



“Everybody knows me in this village. I have told everyone that I am HIV positive, and that has led to me becoming a voluntary counsellor in this area. If I hear that a person has fallen ill, I feel bad. I want them to get tested and lead healthy lifestyles,” he shares. His children know about his status too. “I actually sat them down one morning and explained everything,” Lichumbu divulges.

“After our conversation, they all decided to get tested, and I thank God that they are healthy,” he happily shares. Tupendane SILC group has given his family a lifeline. As well as being able to take loans and start businesses, it is also a place where members can speak freely to each other about HIV and AIDS. Lichumbu’s wish is for more people to achieve viral suppression so that nobody has to die from the disease prematurely. To him, being HIV positive is not a death sentence.

More about Tupendane SILC group

Tupendane SILC Group is one amongst a number of groups in Mtwara rural located in Msimbati ward. The group commenced their activities in September 2009 with nine members (3 Male|6 Female). During mapping of SILC groups conducted by USAID Boresha Afya Southern Zone Program the Tupendane SILC group was found to have a number of shortcomings. However, under Mtwara Society Against Poverty, a CSO that works under the Program in Mtwara DC the group was closely supervised and performed better as a result.

As of the end of July 2018, the group has 22 (12 Male|10 Female) members. The group, comprising of persons living with HIV (PLHIV) meets on a monthly basis and uses the meeting sessions to discuss various issues concerning their health as well as improving their socio-economic status. Members have used innovative ideas to collectively deal with critical issues such as stigma and adherence to ART. The group has established a fund from their own weekly contributions of TZS 2,000/- each and TZS 10,000/- as monthly contributions. It now has a bank account at Mtwara’s NMB bank. With growth of their initial capital, the group members are permitted to take soft loans with small interest. Moreover, collectively the group has increased its capital to purchase four (4) dairy cows and the prospects are good for future growth.

Through the revolving funds, each member has started a small business. For instance, some have opened up small kiosks while others have set up small vegetable gardens. Through income generating activities, members have been able to improve their economic status and are able to meet their basic needs such as food, meet school demands for their children and rent needs for those who do not own houses.

Social Welfare Officers: Unsung Heroes

In Iringa region, to the Southern Highlands of Tanzania, USAID Boresha Afya – Southern Zone works closely with social welfare officers stationed at the City Council. Through these persons, children have been reunited with their mothers, others have been placed under the custody of fit caregivers and women have been rescued from abusive relationships. The Program has trained these social welfare officers on matters pertaining to gender empowerment, gender based violence (GBV), violence against children (VAC) as well as how to obtain forensic evidence.

For a certain Kashinde Saidi (29), a hairdresser living with HIV since 2014, the interventions of Tiniely Mmbaga (social welfare officer) have been timely. Having separated from her husband of three years while she was six months pregnant, despite working at a salon, Kashinde struggled to make ends meet after giving birth. Soon she tried her hand working as a waitress at a bar. This would only bring temporary respite. She was thence compelled to accept a helping hand from her cousin in Kihesa who took her son (Abdul) at just 19 months old into her home. Kashinde would continue to work hard and send upkeep money for her son on a monthly basis and spend most weekends visiting him.

However, as Abdul grew older, Kashinde started noting that he had scars on his legs and arms (seemingly from being caned) whenever she would visit on weekends. Upon confronting her cousin, responses were not forthcoming. This enraged her and she resorted at the age of four, to take him back into her home. All she had to support her son at the time were her shifts at the bar. Kashinde took on more shifts in order to support her son and pay for a house help. After a couple of months living with her son under this arrangement, her financial situation suffered. Still in contact with her cousin who had begged for forgiveness, she allowed her to come to the ‘rescue’ once more. Far from rescue was the situation once Abdul moved back in with his aunt. On 8 March 2018 following another emphatic beating, the boy was taken to Ngome Health Centre by his aunt. The doctor examining Abdul and was alarmed at what he saw. His guardian’s statement contradicted the scars on the boy. He soon reached out to Tiniely Mmbaga, who was quick to arrive at the hospital. His guardian, upon further interrogation admitted she had caned him repeatedly simply because he had forgotten his school bag. Still, this did not explain the burn marks all over Abdul’s body. The young

charged and investigated. Photographs were used as evidence. She has since pleaded guilty to violence against children charges and is now facing a five-year jail sentence that commenced on 29th of May 2018 at Iringa prison. As for young Abdul, the Government has intervened and he is now living happily with a new guardian who has been screened by the social welfare office.

For Tiniely Mmbaga, such cases bring her joy. “There are times when the ending isn’t happy. A number of GBV/VAC cases involve family members and due to societal expectations, victims are afraid to come forward as witnesses,” she explains.

Over the last two quarters, some 592 GBV/VAC cases have been reported with the Program supporting 48 cases to successful conclusion. The Program has also supported the training of eight (8) police gender desk officers, 12 social welfare officers and one state attorney; all using their skills in combating GBV/VAC cases in the community, at police posts and in courts.



Iringa City Council, Social Welfare Office, Iringa Region – Tiniely Mmbaga, Social Welfare Officer trained by the Program takes notes in her office. ©USAID Boresha Afya – Southern Zone/Mhando.



Iringa City Council, Social Welfare Office, Iringa Region – Interventions of the Social Welfare Officers have allowed children like Abdul Sajo (5) to thrive in a new living environment. ©USAID Boresha Afya – Southern Zone/Mhando.

Kellen Mpesya's Story: A Budding Politician

Kellen Mpesya is a 54-year-old widow who lost her husband in 2004. She is survived by four sons and a daughter. She is HIV positive though she maintains her passion for life. This was not the case when she first learned of her status in 2002.

"My husband had suffered persistent illness for a while. One day it was a headache, the next a fever, diarrhea, malaria, a never-ending cough. The list was endless," she narrates. During an office assignment to Dar es Salaam as a soldier in the military, he was tested at Lugalo Hospital where he was found HIV positive. "Upon his return, he advised we re-test, together this time at Aga Khan Hospital in Morogoro. Despite my husband's status, I had been healthy throughout his illness and was in shock when the doctor said I too was HIV positive," she recounts.

"I must admit, we left the hospital separately. I was distraught," says Kellen. After some time, she composed herself and committed to supporting her husband whose health continued to deteriorate. There were no medicines prescribed when they received the news, anti-retroviral drugs were not provided for free by then and they were too expensive. As a result, they sought alternative means during this period. A neighbor recommended they try a herbalist, another recommended a traditional healer. They used herbs and the unorthodox means prescribed by the traditional healer, both to no avail. Kellen's husband was frail. In February 2004, he was diagnosed with Tuberculosis. A month later, he passed on. This was a difficult period for Kellen and her children.

Stigma was rife at the time and she faced it in all walks of her life. Even some of her older children stigmatized her after disclosing her status; nobody wanted to associate with her. "I finally found comfort and solace in 2005, through WAVUMO, an organization supporting persons living with HIV (PLHIV) in Morogoro," she explains. Through this organization, Kellen became a community volunteer, supporting others living with HIV. In 2007, WAVUMO was selected as a sub grantee throughout Tunajali I and II programs. During this period, Kellen and other community volunteers received training in matters pertaining to HIV and AIDS, Gender Based Violence (GBV), Nutrition etc. from Tunajali in collaboration with the Ministry of Health, Community Development, Gender, Elderly and Children.

When USAID Boresha Afya Southern Zone Program, a continuation of the Tunajali II program commenced in October 2016, Kellen received further training on provision of quality community based integrated services in giving referrals to clients to visit health facilities, importance of SILC groups and insurance schemes, Tuberculosis (TB), GBV and on Family Planning issues. This training was received under the organization in which she now volunteers, Huruma AIDS Concern and Care (HACOCA).

Kellen takes pride in her responsibilities as a community volunteer. She speaks passionately about her role in supporting Tanzania to achieve the ambitious UNAIDS 95-95-95 treatment targets to end the AIDS epidemic.

Besides being a community volunteer, receiving a monthly stipend for her work, Kellen also participates in Wende SILC group, which comprises 28 people (12 women|16 men). Each member in the group contributes TZS 6,000/- weekly to the saving scheme. Through this SILC group, Kellen has added an additional two rooms to her house and manages to pay fees for her last born who is currently in secondary school.

When quizzed about stigma in her community, Kellen boldly states, "People in my community have accepted me. They call me when they come across suspected TB and HIV cases in their surroundings. I take pride in that."

In a different capacity, she also serves her community as a chairlady of their local government, a position she has held for the past 13 years. She has political aspirations of running for a higher office. For Kellen, despite her status, the sky is the limit. "As long as I am strong, I will not sit on my laurels and feel pity for myself. I love serving people," Kellen declares.



Mafiga Health Centre, Morogoro Municipal, Morogoro Region – Despite her status, Kellen Mpesya (54) aspires to run for higher political office. ©USAID Boresha Afya – Southern Zone/Mhando.

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