



ORGANIZATION PROFILE

HEALTH PROMOTION TANZANIA (HDT) 2025

www.healthpromotiontanzania.org



INTRODUCTION

Health Promotion Tanzania (HDT), legally registered in Tanzania and headquartered in Dar Es Salaam,, is a local Non-Governmental Organization (NGO) that presents two decades of hands-on experience in public health and policy centric advocacy. For the last 15 years, we have placed people at the center of our work, accumulating a track record of successful implementation projects that range from improving Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH), to addressing health challenges such as malnutrition, youth friendly services, family planning, HIV, TB and Malaria. HDT is affiliated with the **Action Global Health Partnership**, A global public health partnership of 13 local NGOs around the globe. It aims to reduce the disease of poverty and influence global financing architecture in public health.

As a sub-recipient of USAID funding, HDT has strengthened its institutional and technical capacity to deliver sustainable interventions in the key areas of the project through exclusively local partners. HDT is well poised to leverage its previous project experiences in similar realms to meet the EmpowerCash+ project. We have hands on solid experience in providing basic educational, life, and entrepreneurial skills for youth aged 15-25 in Dar Es Salaam, Zanzibar, Mbeya and Kagera regions. Health Promotion has equally successively implemented Orphans and Vulnerable (OVC) wellbeing projects in Mbeya, Dar Es Salaam and Kagera. The focus of this project was to support OVC to access education and acquire valuable life skills through the Cash transfer+ therefore support of income generating activities (IGAs), all of which were relevant for the region's most common occupations including horticulture, animal keeping and small retail business development. During this time, we witnessed the transformation of adolescent self-esteem that comes hand in hand with access to education, SRH and skill development and is positioned to leverage its network and direct experience to lead similar skills-based interventions.

In another Youth Leadership for Health, we not only implemented leadership knowledge and skills development, but also activities that catalyze and foster physical and mental well-being for youth aged 15–25 in Dar Es Salaam, Zanzibar, Mbeya and Kagera. For more than 10 years, Health Promotion has been engaging youth in ways that empower them and as such, increase self-worth and self-esteem, fostering and mentoring youth leaders to garner attention on targeted challenges that youth face, enhance adolescent self-awareness, sexual reproductive health, the men he is becoming, and create pathways for thoughtful contributions to advocacy and evidence-based project. The Youth Friendly Services project and Youth Leaders for Health are two projects that HDT led that were particularly influential in engaging youth in multi-faceted areas including self-esteem development and creating multi-generational leaders. The case study below exemplify our impact in YL4H project.

YL4H Case Study: HDT has several projects that center around youth and adolescent empowerment. Youth Leaders for Health (YL4H) initiative, a partnership between Results UK, WACI Health (pan-Africa), Health Promotion Tanzania (HDT), Hope For Future Generations (Ghana) and CISMAT-SL (Sierra Leone). YL4H equipped 25 young changemakers from Ghana, Tanzania and Sierra Leone with the skills to advocate for policy change related to malaria and health systems strengthening. Youth leaders used their voices to raise awareness within local communities and instigated peer-to-peer learning to pass their skills onto a second generation of youth leaders.

Participants were supported through intensive coaching and mentoring to carry out activities in both their home countries and at the regional level. This involved direct advocacy in meetings with decision makers, grassroots mobilization and community work, writing and editing, media engagement (traditional print media and radio, and social media), and documenting the advocacy process. Today, youth leaders are still engaging with communities and are generating second generations of youth leaders at an exponential rate. One youth Leader has been nominated to be ALMA Youth Advisory Council chairperson and is currently being considered for UN Youth Envoy for SDG under the office of UN Secretary General.



We have also collaborated and strengthened existing youth-led networks to support youth development and community engagement activities. HDT has experience working with youth-led networks such as TAYAH coalition through the Advance Family Planning Project funded by Bill and Melinda Gates through John Hopkins Center for Communication Programs (CCP). We are now collaborating youth led network Generation Action to advocate and increase youth participation in decision making and programming. HDT is a household name with over 15 years of experience in advocacy for RMNCAH+N and TB.

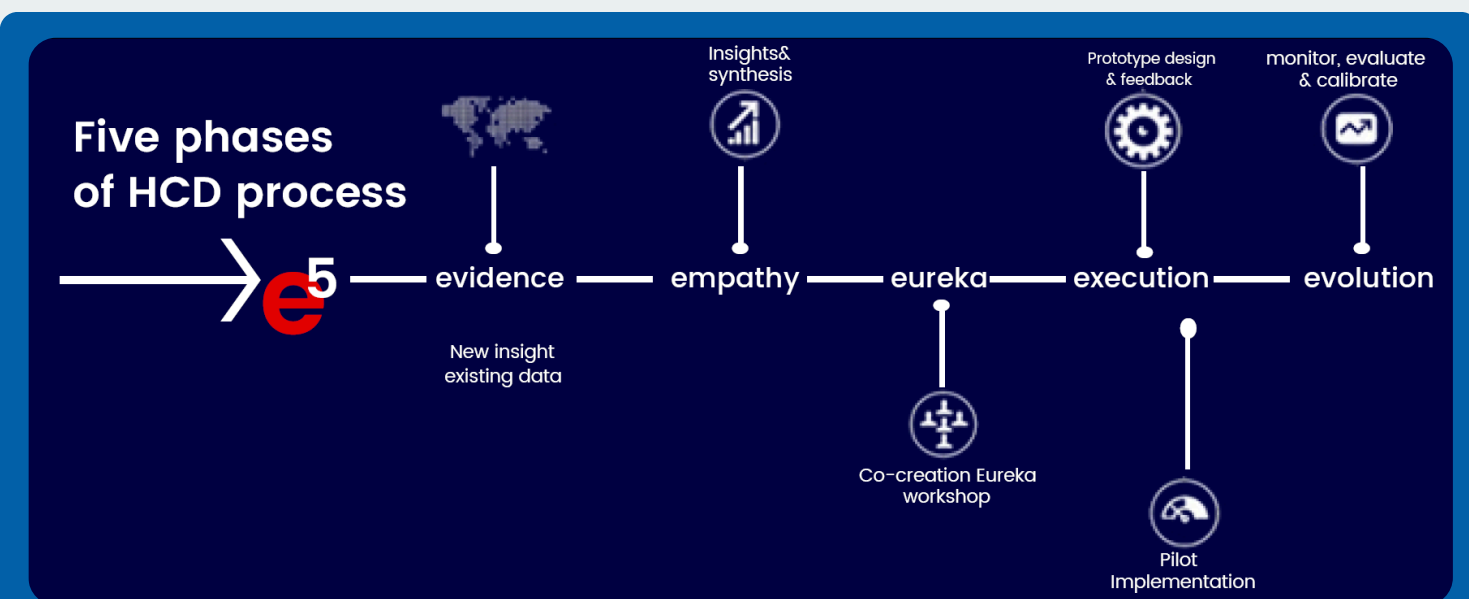
HDT has a wealth of experience establishing and nurturing networks such as the Tanzanian AIDS forum, which has had tangible contributions to policy development and review. HDT has become a secretariat of the Global Financing Facility, a platform that coordinates civil society organizations and individuals to collaborate on Reproductive Maternal Child and Adolescent Health in Tanzania, garnering attention on pertinent adolescent health issues that are often overlooked. Working with the Ministry of Health (NTLP), HDT also steered and founded the Tanzania Stop TB Partnership, becoming the first secretariat and currently supporting the country to establish the Multi Sectoral Accountability Framework for TB.

In addition to the aforementioned experiences, HDT has also led and managed a variety of projects such as HIV-Community Based HIV Prevention and Home-Based Care in Southern Highlands, Global Fund Aids, Tuberculosis, Malaria (GFATM), Maternal Child Survival project, BORESHA AFYA (Kagera region), Advance Family Planning under Johns Hopkins University, Reproductive Maternal Newborn Child Adolescent Health (RMNCAH) advocacy and accountability, and the Youth Leaders for Health projects. HDT has had a wide sphere of influence in five priority regions of Tanzania including Dar es Salaam, Kagera, Geita and Ruvuma, with projects currently underway or having taken place in Dar Es Salaam, Pwani, Ruvuma, Mtwara, Rukwa, Lindi, Iringa, Geita, Kigoma, Shinyanga, Iringa, Mwanza, Mara, Singida, Kilimanjaro, Mbeya and Kagera. HDT is also an international affiliate to the ACTION Global Health Advocacy Partnership, which is leveraged to inform advocacy and link country-led initiatives with global level initiatives to yield maximum impact.

By focusing on the beneficiaries and communities, HDT has been incorporating human centered design methodologies into their solutions, knowing that putting those in the ecosystem at the center of the problem solving, more sustainable solutions are achieved.

Health Promotion Tanzania, through community scorecard intervention under the USAID Boresha Afya Lake/Western Zone Project, MNCAH and HIV/TB and FP. Under Afya yangu worked with youth and adolescents to enhance their involvement and engagement in issues pertaining to their health. As such, through community scorecard meetings, youth and adolescents were provided with a platform to advocate for issues related to adolescent health and seek accountability for the same. Through the same project which was implemented in two districts of Kagera (Ngara and Biharamulo) we worked with Community Health Workers (CHWs) to link youth and adolescents to health facilities with Youth Friendly Services.

While our work increased demand for YFS in Ngara and Biharamulo, it further enhanced youth engagement in issues pertaining their health, as youth were an essential part and parcel of the community scorecard meetings which brought together different stakeholders in health including Health Facility Governing Committees, DMOs, DRCHCos and the like which are some of the key decision makers who can catalyze action. We have also employed Human Centered Design (HCD) as integral to our participatory approaches to design sustainable high impact interventions, we have apply our 5e Huma Centered Design to isolate issues and drill down to understand the unique challenges and solution for teenager pregnancy, child marriage, Violence against Children, Limited access to youth targeted SRHS and inadequate youth and adolescent participation with specific ecosystem. This approach equip specific community groups to effectively design solutions that meet three characteristics desirable, feasible and viable:



- **What is Desirable?** What do people at the center of the challenge really want and require?
- **What is Feasible?** What does the project have the financial capacity for, mandate to pursue and unique ability to execute?
- **What is Viable?** What are the most technically efficient and impactful solutions in the focus areas identified to



Some partners we have worked with:

HDT works with different partners, both program partners and core partners. Partnership has been growing and the following are current program partners:

- **Result Education Fund/Action Global Health Partnership/Bill Mellinda Gates Foundation:** We partners in global, regional and national advocacy for disease of poverty such as HIV, TB and Malaria as well as RMNCA and Vaccination
- **PEPFAR small grants program:** We partner in building capacity of their grantees on organization development, project management including MER, financial and HR management
- **Stop TB Partnership/ UNOPS:** we partner in TB advocacy at national level establishing sustaining and supporting government to implement Multisectoral accountability for Tb towards ending TB by 2030.
- **Johns Hopkins Bloomberg School of Public Health, The Bill and Melinda Gates Institute for Population and Reproductive Health:** We partner to advocate for increased political and financial support for family planning.
- **Jhpiego:** Supports health seeking behavior and continuum of health care in particular maternal and child health for Mara and Kagera, and HDT implements community based interventions in Ngara and Biharamulo Districts under the project namely Maternal and Child Support Program (MCSP).
- **Tanzania Communication and Development Centre:** Under JHU support, TCDC facilitates community mobilization activities in conjunction with the Community Change Agent platform and the development and implementation of the Integrated District health Plans through Council Comprehensive Health Plans (CCHP).
- **HJF Medical Research International:** Supports HIV prevention and care in the Southern Highland focusing on priority and key population.
- **TMARC:** We partner in implementing Families Matter! Project (FMP) that supports parents/guardians to improve their positive parenting related to reproductive health and communication skills.
- **Pact:** We partner to strengthen community systems for support to most vulnerable children.
- **Health Australia and Tanzania:** Supports improvement to access of medical care to rural based communities.
- **Engender Health:** We partner to advocate for male involvement in elimination of mother-to-child transmission (eMTCT) and reproductive health in general.
- **TANAM/GFATM:** We partner to improve management of malaria through better diagnosis and improved access to effective anti- malarias.

- **CSSC/NUFFIC:** We partner towards strengthening privately run pre- service health training institutions to enhance enrolment and quality of health workers in Tanzania.
- **Futures Group:** National level advocacy on Family planning as well as production of the advocacy booklet for health budget in Tanzania.
- **UNFPA:** District level advocacy on family planning in Tanzania.
- **Elton John AIDS Foundation:** Supported Improving Livelihood and Community Support for PLHIV and MVC.
- **AMREF/UNDP:** Supported women and children affected by gender based violence, domestic violence, sexual abuse and exploitation in Iringa and Dar es Salaam.
- **Global AIDS Alliance:** Supported the Campaign to End Pediatric AIDS (CEPA) with the goal to reach 80% coverage of Prevention of Parent to Child Transmission (PPTCT) and Early Infant Diagnosis and Treatment (EID&T) through various approaches of advocacy.
- **AMREF/GFATM:** Supported community education, support groups and individual who are affected and/or infected with HIV.
- **Voluntary Service Overseas (VSO):** Supported implementation of capacity building project to PLHIV organizations and those working in the area of HIV/AIDS.
- **Egmont Trust:** Supported implementation of capacity building to PLHIV organizations and those working in the field of HIV and AIDS.
- **Twinning Center of AIHA:** Partnership was established to build the capacity of its partner organizations and its members in Botswana.
- **Result Education Fund:** Established partnership in macro policies and working around TB and HIV integration.
- **Health Policy Initiative:** Partnership was established to build the capacity of its partner organizations in managerial process, human resource and finance.





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