2024 ACHIEVEMENT REPORT

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Message from board chair

On behalf of the Board of Health Promotion Tanzania (HDT), it gives me great pleasure to present the 2024 Annual Achievement Report. This report reflects not only the progress we have made in advancing health promotion in Tanzania but also the resilience and commitment of our team, partners, and communities in the face of ongoing challenges.

The year 2024 was one of growth, innovation, and collaboration. Guided by our strategic pillars capacity building, policy advocacy, and resource mobilization HDT continued to play a vital role in strengthening health systems and promoting healthier, more responsible communities. From influencing national policies to mobilizing resources and empowering local structures, our work has contributed meaningfully to Tanzania's broader health sector performance.

These achievements would not have been possible without the unwavering support of our partners government ministries, civil society organizations, international agencies, and community stakeholders who walk this journey with us. Their trust and collaboration remain at the heart of HDT's impact.

Looking forward, we remain deeply committed to sustaining the momentum built in 2024. We will continue to foster innovation, deepen our partnerships, and strengthen accountability as we work towards ensuring equitable access to health services for all Tanzanians.

I extend my sincere gratitude to all who have contributed to this success our dedicated staff, our partners, and our supporters. Together, we reaffirm our shared vision of building a healthier and more responsible society.

Fedy Mwanga
Board Chair
Health Promotion Tanzania (HDT)

1.0. Annual Achievement Summary

Health Promotion Tanzania (HDT) is a non-profit organization with over a decade of experience in strengthening public health systems. Its strategic approach is built on three pillars: **capacity building**, **policy advocacy**, and **resource mobilization**, all with the vision of fostering a responsible and healthy society. In 2024, HDT registered significant achievements by focusing on these pillars. The year was marked by both successes and challenges, but they were manageable. HDT's interventions were implemented through its own efforts and in collaboration with national and international partners like MOH, ACTION PARTNERSHIP, USAID, the Bill and Melinda Gates Foundation, and the Stop TB Partnership.

Key Programmatic Achievements

- HDT issued a policy brief on universal access to fortified foods and launched a social media campaign to raise public awareness. We also worked with partners to develop a position paper on the link between nutrition, health, and financing gaps. HDT's advocacy efforts led to the Ministry of Health revising RMNCAH performance targets based on updated 2022 census data. Additionally, We advocated for including TB in school curricula and public service orientation.
- **Resource Mobilization**: HDT advocated for increased domestic financing for health, including engaging the World Bank to increase funding for human capital development. We mobilized up to $100,000 from the Ministry of Education, WHO, and AMREF to mainstream TB in various ministries. We advocated for a "One Dollar initiative" to allow the private sector to finance TB and HIV programs.
- **Capacity Building**: HDT conducted training for 25 representatives from Civil Society Organizations (CSOs) and Youth-Led Organizations (YLOs) on the Global Financing Facility (GFF). They supported the government in increasing TB case detection and conducted community-based health promotion sessions, reaching nearly 60,000 people and resulting in 1,929 referrals to health facilities. HDT also rolled out human-centered design (HCD) solutions like the B-OK Kit and the "Njoo Tusemezane" cards to improve the uptake of HIV services.

Key Outcomes in Relation to the Theory of Change

- **Improved Policy Environment**: HDT's advocacy influenced the Ministry of Industry and Trade to develop regulations for fortified foods. Advocacy efforts also led to members of the Inter-Parliamentary Union (IPU) agreeing to champion nutrition financing.
- **Increased Local Ownership**: The "Afya Yangu" project empowered communities, reaching over 8,000 people with RMNCAH messages. Community scorecard meetings were held in five villages of Geita to assess progress on agreed resolutions. National-level validation and approval of HCD solutions like the B-OK Kit and "Njoo Tusemezane" ensured they were aligned with national HIV care guidelines and gained full stakeholder buy-in.
- **Improved Strategic Financing**: HDT coordinated the implementation of the Multi-Sectoral Accountability Framework for TB (MAF-TB) and advocated for increased domestic financing. These efforts included mobilizing resources and influencing the adoption of the "One Dollar Initiative" to engage the private sector.

2.0. Introduction to the report

Health Promotion Tanzania (HDT) is a non-profit organization with over 10 years of experience in strengthening public health systems. Its strategic approach is centered on three pillars capacity building, policy change, and resource mobilization with the aim of contributing to a responsible and healthy society.

As part of public accountability, Health Promotion Tanzania reports its annual achievement to inform public and partners what was accomplished and what was learnt in the process. In this report, we present achievements that was registered in 2024. Our previous year achievements are summarized here. We are grateful to our donors in 2024 who are CDC Foundation, USAID Afya Yangu Northen/Matchboxology, Results Education Fund/BMG, USAID Afya Yangu Mama na mtoto/Jhpiego, The Challenge Initiative/JHPIEGO, Stop TB/UNOPS. Our previous donors can be seen here.

The year 2024 was a year of blessings and challenges, but manageable. We saw operations from Global Forum from Washington DC on Global Health and Nutrition to continental influencing in Addis Ababa, Nairobi on increasing financial allocation to TB, prioritizing Nutrition and micronutrient, Capital in Dodoma to develop equitable budgets to reach sections of population and diseases not adequately prioritized and in villages of Manyara and Geita to develop innovative solutions that will empower communities to seek health care services. This is a testimony of our being a global, regional, national and local organization- we are proud to merge all these experiences towards healthy and responsible society. In this report therefore we describe myriads of events and achievements that were registered in 2024. We equally commit to build on our last year achievements, sustain our existing network as well as building new networks.

This report presents HDT's achievements from January to December 2024, highlighting how its interventions advanced the organization's Theory of Change. HDT's efforts focused on improving the public health policy environment, mobilizing domestic and external resources, and strengthening community capacity to adopt and deliver localized health solutions. The interventions outlined herein were implemented both independently and through partnerships with national and international stakeholders, including Stop TB Partnership, USAID, the Bill and Melinda Gates Foundation, and Action Global Health Partnership. The report is structured to reflect HDT's programmatic focus areas, theory of change alignment, sectoral contributions, partnerships, lessons learned, and selected success stories.

In this report you will witness various project focus, events and outcome. In summary you will witness (a) The Challenge Initiative Project that focused on business unusual model, leveraging existing systems and providing near time, real time data for decision making. (b) A large focus on diseases of poverty where (i) Private sector is being brought on board to directly or indirectly finance health sector, (ii)Adopting and domesticating United Nations High Level Meeting special session on TB 2023 on TB, (iii) increasing TB financing share from 18% to 25%, (iv)Undertaking targeted health promotion, testing and referral for reproductive maternal, HIV and TB services, (v)Advocacy on the cost of no action on micronutrient deficiency and taking leadership of Independent Advisory board to Civil Society – Global Financing Facility for maternal child health.

In addition, you will also see (c) Application of human Centered Design to co-create with communities' solutions that will empower them to actively seek health care services on Reproductive New born Maternal Child Health, TB and HIV. (d) engaging the Vice Presidents and President of World Bank in their initiative to be a better bank and optimizing the delivery of maternal health indicators. Finally, you will see (e) the initiative to mainstream TB in Ministries Department and Agencies in an effort to end TB by 2030.

3.0. Overview of 2024 Programmatic focus and approaches

In 2024, HDT implemented diverse yet integrated approaches across multiple thematic areas. HDT focus on three priorities in its framework namely Policies, Capacities and resources (Fig 1). Embedded in three priorities are Accountability, institutionalization and sustainability. These are expected to lead to a responsible and healthy society.

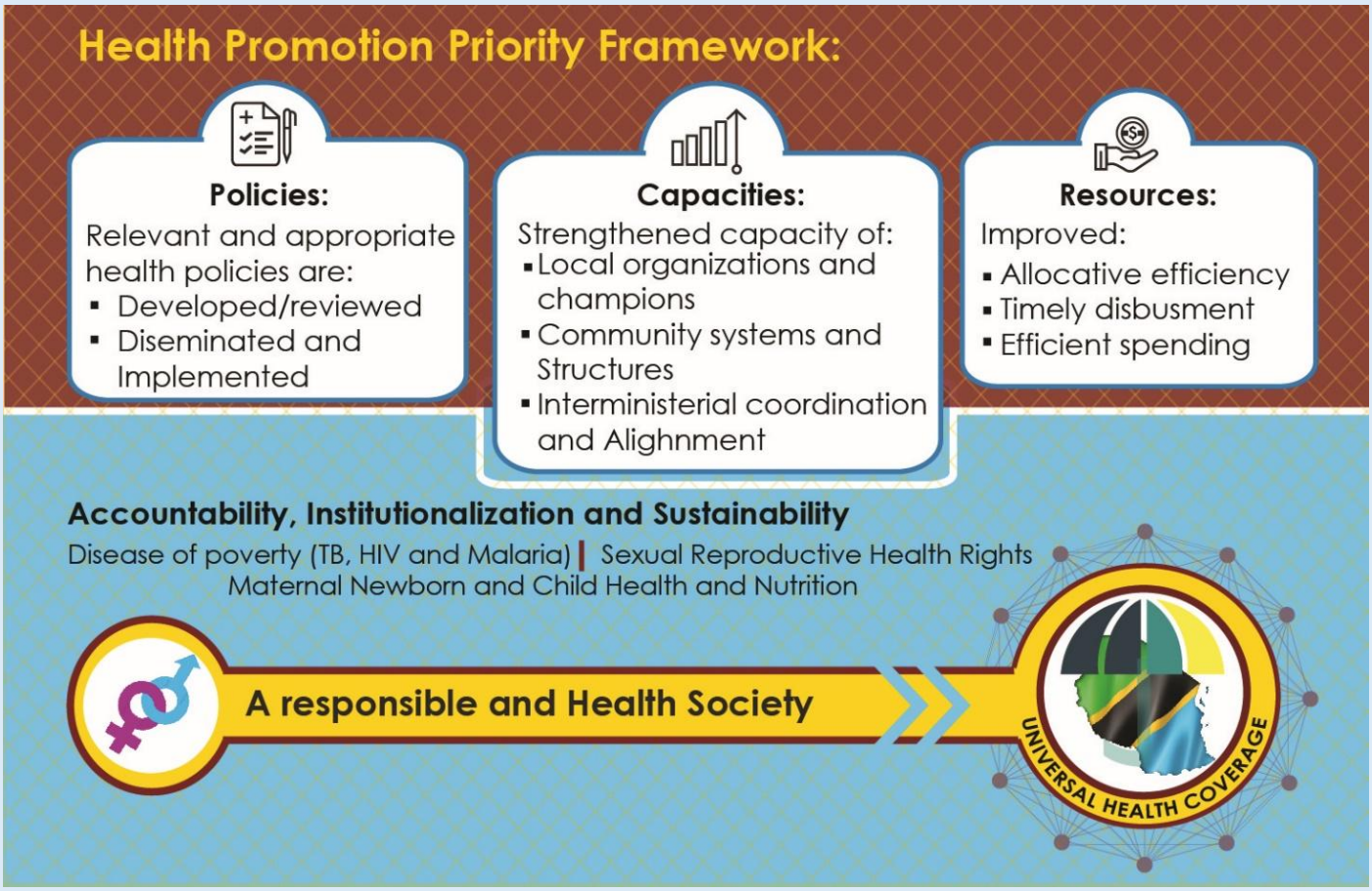

Figure 1: HDT Priority Framework

Below, we summarize Interventions under each priority implemented in 2024.

Policies:

- Issued a policy brief highlighting the cost of no action for universal access to fortified food
- Launched a social media campaign to raise the public's understanding of the importance of food fortification,
- Informed FP 2023 Annual progress report, and advocating for increasing FP budget to 10% of the council health plans,
- Worked with other nutrition partners to develop a position paper that outlined the relationship between Sustainable Development Goals-Nutrition, Health, Human Development Index and Financing Gap.
- Engagement with Ministry of health to discuss and get support for strengthening domestic partnerships on Gavi, and make immunization the nation's top priority since it is the most cost-effective and efficient intervention.
- Participation in the 10th Annual Joint Multi-Sectoral Nutrition Review, to reinvigorate commitment to addressing malnutrition.
- Conducted a five-day social media campaign advocating for increased donor financing for high-impact nutrition programs. The campaign aimed to influence donor countries to allocate more funds toward addressing alarming trends in nutrition financing.

- Undertaking equity analysis (geography and social economic factors) on access to RNCAH services and provide policy and programmatic recommendations
- Undertook a join Action Africa partners advocacy campaign to influence the African Union, heads of state, and regional bodies to embrace TB as their priority.
- Facilitated Ministry of Health revision of RMNCAH performance targets.
- Influenced the inclusion of TB in school curricula and public service orientation.

Resources:

- Participation in the World Bank and IMF Spring Meetings in Washington, DC, aiming to advocate for a better bank and making ambitious commitment to increase funding on human capital development project through IDA 21
- Resource mobilization to support domestic financing for TB. The effort saw the mobilization of up to $100,000 to mainstream TB in ministries from ministry of Education, WHO and AMREF.
- Advocacy with Prime Minister's Office, ministry of health, parliament and planning commission to introduce TB budget objective in the budget framework,
- Advocacy meetings with government of Tanzania to create a system that will allow private sector to domestically finance HIV and TB through "One Dollar initiative[1]"
- Engagement meeting with Ambassador Noel Kaganda - Director of Multilateral Cooperation from the Ministry of Foreign Affairs, to discuss incorporating the TB agenda into their priorities, getting their support and buy-in towards engagement with donor countries for financing the Global Fund
- Engaged mining and telecom sectors in TB financing dialogue.
- Mobilized support from World Bank and Action Global Health Advocacy Partnership for IDA21 replenishment.

Capacities:

- Held training for 25 representatives from CSOs and YLOs in six regions to help them understand how the Global Financing Facility (GFF) subnational accountability
- Support Government of Tanzania to conduct an array of interventions aimed to (a) increase TB case detection in Tanzania, (b) Increase the profile of TB through mainstream and social media,
- Roll out Human Centered Designs solutions that will optimize uptake of HIV services in Manyara and Dodoma regions,
- Conducting Naweza sessions[2] and school symposium on health promotion in schools reaching over 1,800 students
- In partnership with Ministry of health, EGPAF and MBX conduct national dissemination of Human Centered design solution that will increase uptake of HIV services.
- Engagement meeting with TB in mines with resultant development of a national operational plan for TB integrated services in Mining sites.
- Undertaking community-based health promotion sessions that reached up to 59,865 people. With completed referral up to 1,929
- Undertake community Score card to increase quality of health services and government accountability reaching up to 338 people,

[1] **One dollar initiative is a private sector-led effort to mobilize resources, both financial and in-kind, to support the national HIV/AIDS response.**

[2] **Naweza sessions are *session, facilitated by Community Health Workers (CHWs), aimed to educate pregnant women and their partners about the significance of Antenatal Care (ANC).***

- Supporting Kigamboni Municipal to provide free health services to older people in the municipality.
- Supporting and participating in Kigamboni Municipal Council Lead World AIDS Day in Dar es Salaam; Showcasing Human-Centered Design (HCD) solutions an occasion graced by Hon. Albert Chalamila the regional commissioner of Dar es Salaam.
- Trained 64 health care providers in Youth-Friendly Services.
- Reached 64,962 individuals through Social and Behavior Change (SBC) interventions.
- Developed Youth Advisory Committees and trained 74 CHWs and 26 Girls Mentors.

4.0. Annual Achievement in relation to Theory of Change

Health Promotion Tanzania strategic impact result (As per Theory of Change fig 2) is reduced preventable maternal mortality and morbidity. For this to happen, three interrelated outcomes are expected to happen (see fig 2 below). The three outcomes are (a) Improved policy environment to deliver quality and affordable health services, (b) Increased local ownership towards realization of equitable, quality and affordable health services, and (c) improved strategic financing for health. This chapter will summarize achievement under each outcome.

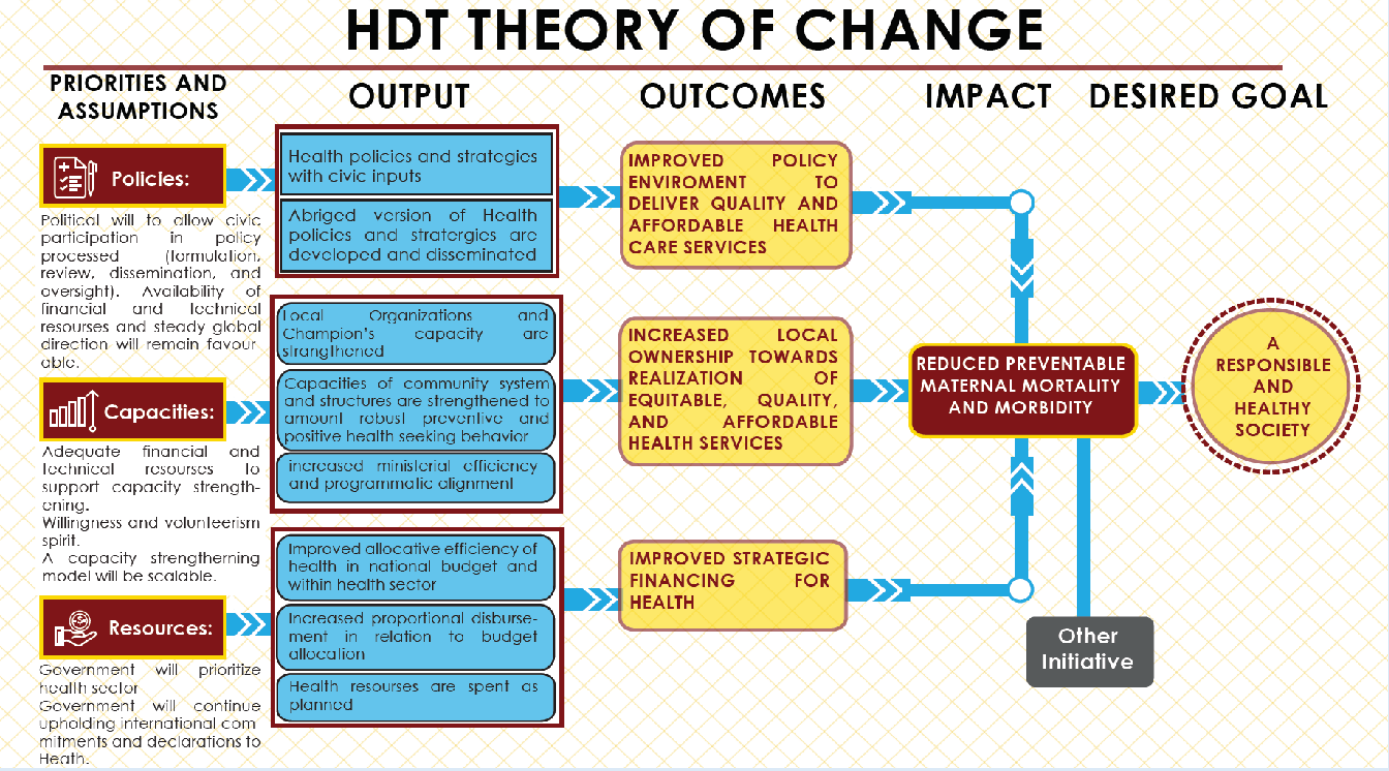

Figure 2: HDT Theory of Change

4.1: Improved policy environment to deliver quality and affordable health services, Improving nutrition standards:

The problem: In Africa, every year, more than 12 million children under five are reported stunted, 21 million are anemic, 5 million are born with low birth weight, and more than 23 million are being sub-optimally breastfed. Despite that, since 2021 several of the top donors globally have decreased funding for nutrition since 2021, and these decreases are expected to continue. Three in ten children under age of five are stunted, just over half (55.7%) of pregnant women 15-49 years are

anemic. According to TDHS 2022; Only one in ten (11%) of children age 6–59 months were given iron-containing supplements (in the form of multiple micronutrient powders) in the last 12 months, and half (53%) received vitamin A supplements within 6 months prior to the survey. Among children age 12–59 months, 50% received deworming medication within the 6 months prior to the survey:

Our action:

- Issued a policy brief highlighting the cost of no action for universal access to fortified food accessed **HERE**. The paper summarized overarching recommendations presented below.

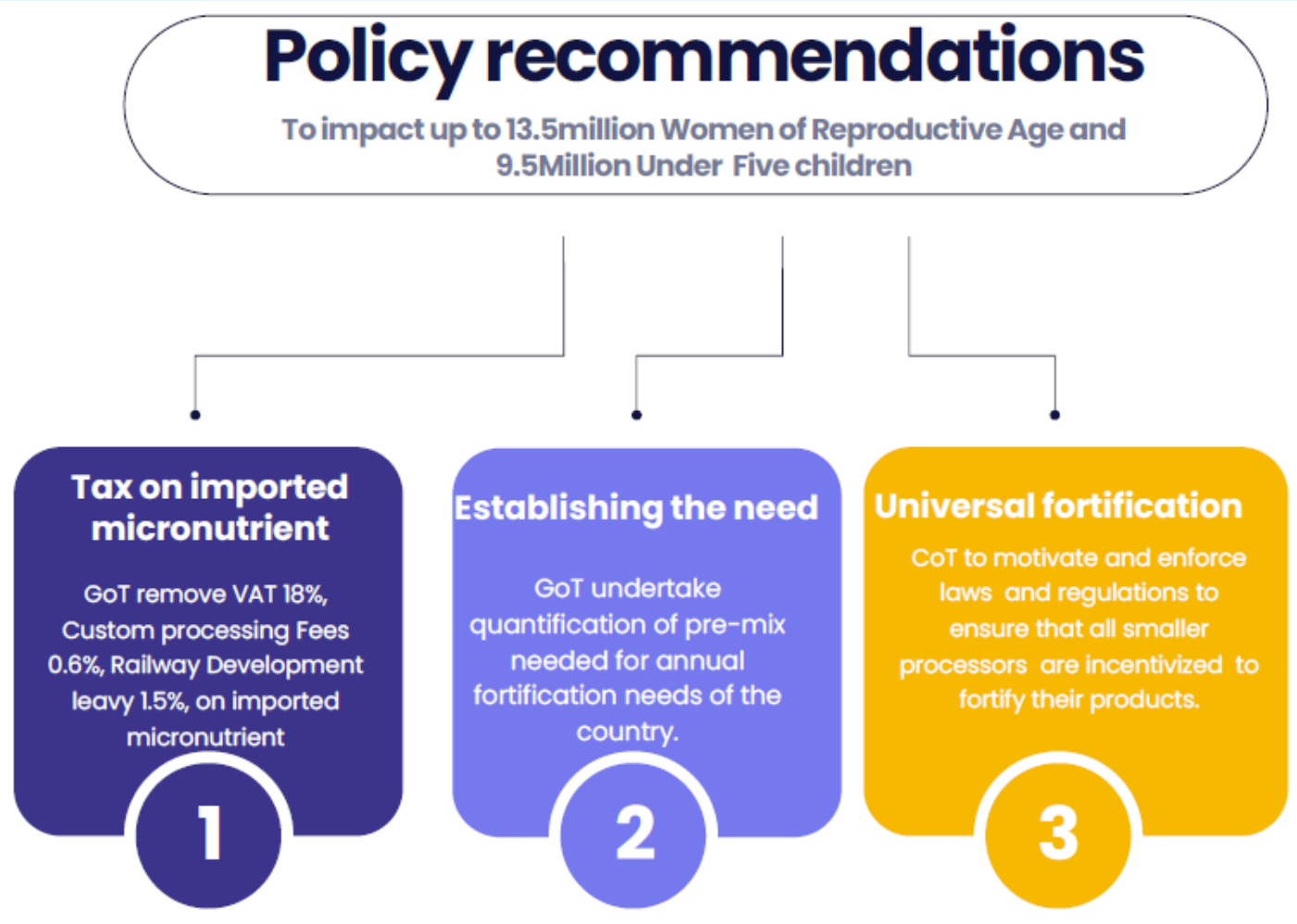

Figure 3: HDT Policy Recommendations

- In addition to the policy paper, we launched a social media campaign to raise the public's understanding of the importance of food fortification to finally make it a public problem. As a result of this advocacy, the ministry responsible with industry and trade understood and took over to develop regulations that will allow fortification remedies to be readily available to small, medium and large factories. Over a 5-day campaign conducted on Instagram, Facebook, and X, the total reach was 59,306 people, with an average daily reach of 11,861.2. The campaign garnered a total of 2,398 likes, averaging 479.6 likes per day, highlighting strong audience engagement across all platforms.
- As part of Development Partners Group on Nutrition, we contributed to resolution of 10th Annual Joint Multi-Sectoral Nutrition Review (JMNR) meeting that resolved that nutrition be part of vision 2050 as well as private sector engagement. Tete-a-tete advocacy into creating nutrition champion.

- Held engagement meeting with nutrition stakeholders in the country to develop strategic messages targeting development banks and G7 countries (Canada, Japan, USA,UK, Italy, France, and Germany) to step up nutrition funding especially Nutrition For Growth (N4G) in March 2025. The meeting brought together government, parastatal, International Organizations and local organizations. Concluding this advocacy, we issued written letter to ambassadors of Italy, Canada, United Kingdom, France
- Through advocacy efforts, members of Inter-Parliament Union IPU agreed to be our ally to present urgency of nutrition financing during the Inter Parliamentary Union (IPU) meeting in Geneva from October, 2024. Reinforcing the nutrition agenda, HDT engaged the late Dr. Faustine Ndugulile, vice-chairman of the Inter-Parliamentary Union (IPU) Advisory Group on Health
- Advocating for World Bank (April and October 2024) to be a better bank; finance N4G and ambitiously include nutrition and human capital indicators in its IDA 21 nutrition compact. Such a well-attended event, lead to World Bank President saying "*The world is facing a set of intertwined challenges. There's climate crisis, debt, food insecurity, pandemics, fragility, and there is clearly a need to accelerate access to clean air, water and energy. But we cannot tackle poverty without this broader view" Ajay Banga President of the World Bank Group*. Speaking at the high level IDA 21 session, Dr. Joanne Carter, Chair of the ACTION Partnership, said "*During the Transforming Challenge into Action, there is a need to access health services and build strong health systems that are rooted in Universal Health Coverage (UHC)therefore expanding Health For All*"

Figure 4: HDT attending the IDA 21st Session

- In a speech of guest of honor, Hon. Kassim Majaliwa emphasized the importance of stakeholders' fully participation in implementing resolutions of the meeting therefore Nutrition was underscored as being key and priority agendas of the government as well as integral for advancing development plans and economic activities in sectors like agriculture, fishing, and industries. Line ministries, agencies, institutions, and the private sector were all argued to utilize the Guidelines for the Integrated National Nutrition Plan such that nutrition issues are incorporated into their plans and that funds are allocated for annual implementation.

Figure 5: HDT participating in the 10th Nutrition Stakeholders Meeting

Improving immunization coverage

The problem: Tanzania is amongst the top 10 countries with highest number of zero-dose children. According to Tanzania's Ministry of Health, the country had reached 54% of children identified as "zero-dose" with DTP1 by December 2023. Data from the Tanzania Demographic and Health Survey and Malaria Indicator Survey of 2022 (TDHS-MIS-2022) shows that, 53% of children age 12–23 months are fully vaccinated against all basic antigens, a decline from 75% in 2015-16 on a positive note though, only 4% of children age 12–23 months have received no vaccinations in the country. Further, only 23% of children age 12–23 months are fully vaccinated according to the national schedule. By region, vaccination coverage ranges from 3% in Shinyanga to 66% in Kilimanjaro. The numbers indicate further need for childhood vaccinations which are yet to be met. This gap led to an increase in infant mortality which translate to 1 in 23 children in not surviving until their 5th birthday.

Our action:

- Engagement with the Ministry of health to discuss and get support for strengthening domestic partnerships on Gavi, and make immunization the nation's top priority since it is the most cost-effective and efficient intervention.
- Undertaking equity analysis (geography and social economic factors) on access to RMNCAH services and provide policy and programmatic recommendations
- Undertook a join Action Africa partners advocacy campaign to influence the African Union, heads of state, and regional bodies to embrace TB as their priority.

4.2: Increased local ownership towards realization of equitable, quality and affordable health services,

Community Participation and RMNCAH Engagement

The problem: Despite ongoing efforts to improve RMNCAH services, communities in the target regions continued to face significant barriers in accessing and utilizing quality services. Awareness of available services was still low, particularly among women and youth, leading to limited demand and delayed health-seeking behavior. Many community members lacked accurate information on RMNCAH, and referral systems were often underutilized, resulting in missed opportunities for timely

care. Adolescents and young people, especially in school settings, were not consistently engaged with accurate health education, leaving them vulnerable to preventable risks. Furthermore, mechanisms for community feedback and accountability, such as scorecard reviews, were either weak or absent in some areas, limiting the ability to track progress and hold service providers accountable. These challenges underscored the need for integrated community-driven interventions to bridge the gap between health facilities and the population they serve.

Our action:

Through the Afya Yangu Project, HDT empowered communities to:

- Increase ANC attendance and awareness of sexual and reproductive health.
- Utilize parenting and caregiving education for child development.
- Improve data collection and performance monitoring using Community Scorecards.

Through these efforts, a total of 8,273 people were reached with RMNCAH messages, and 908 individuals referred to health facilities successfully received services. This was made possible through the collective support of Community Health Workers (CHWs), Group Mentors (GMs), Youth Health Champions (YHCs), teachers, health care providers (HCPs), and Local Government Authorities (LGAs), all working to increase demand for and utilization of quality integrated RMNCAH services, particularly among women and youth in the target regions. In addition, 388 students comprising 193 boys and 195 girls—were reached through a school health symposium conducted in Geita DC. To further strengthen accountability and community participation, scorecard review meetings were held in five villages of Geita DC to assess progress on agreed resolutions.

Figure 6: Immunization for under 5 children at Salagulwa village during Gulio la afya

Human-Centered Design for HIV/TB/FP Uptake

The problem: While the solutions such as B-OK, the *Mpito* transition booklet, and *Tara Atabasamu Tena* had been developed through ecosystem consultations, they had not yet been validated or

aligned with national HIV care and treatment guidelines. As a result, some of the content was outdated or incomplete, including the need to integrate critical messages such as *Undetectable = Untransmissible (U=U)*. In addition, the materials lacked consistency with NASHCoP's official branding and design standards, which risked weakening national ownership. The visuals in the B-OK animation and other prototypes also did not fully reflect the Tanzanian health system context, as health facilities and provider appearances were inaccurately represented. Without national-level review and approval, there was a risk that the solutions would not gain full stakeholder buy-in, making it difficult to ensure consistent use, scale-up, and sustainability.

Our action:

HDT expanded the rollout of co-designed solutions such as:

- The B-OK Kit to explain viral suppression.
- Tara Storybook to educate children living with HIV.
- "Njoo Tusemezane" storytelling cards to facilitate family dialogue.
- National-level validation and approval of HCD solutions (B-OK, *Mpito* transition booklet, and *Tara Atabasamu Tena*) by MoH units, NACOPHA, KVP Forum, and other stakeholders ensured the tools were aligned with HIV care guidelines, emphasized *U=U*, and reflected Tanzanian health system realities. With official approval, the solutions were handed over to Afya Yangu Northern for scale-up in Dodoma and Manyara. These tools reached thousands of individuals and were officially approved for broader use by the Ministry of Health.

Figure 7: AYN-HCD team meeting with NASHCoP to review the PY1 and PY 2 prototypes

4.3: Improved strategic financing for health. This chapter will summarize achievement under each outcome

Problem: Despite significant progress in reducing the burden of diseases of poverty such as TB, HIV, and Malaria in Tanzania, these conditions remain a major public health and socio-economic challenge. TB in particular continues to disproportionately affect vulnerable populations, including

miners, students, and low-income households, with limited access to prevention, diagnosis, and treatment services. While efforts to strengthen the Multi-Sectoral Accountability Framework (MAF-TB) and to mobilize resources through domestic financing and private sector initiatives have been initiated, financing gaps, weak integration of TB education in schools, and limited community ownership continue to undermine sustained progress. Furthermore, heavy reliance on external partners poses risks to long-term sustainability. Without intensified advocacy, coordinated stakeholder action, and innovative financing mechanisms, Tanzania's ambition to eliminate diseases of poverty remains off track, threatening both national health outcomes and broader socio-economic development.

Our actions:

HDT has been working hand in hand with stakeholders to contribute towards elimination of disease of poverty in Tanzania. Disease of poverty includes TB, HIV, Malaria. Much of the work has been on TB; with HDT providing a secretariat to the Tanzania Stop TB partnership and also coordinating and driving the Multi Sectoral Accountability Framework. Interventions included:

- Coordinating the implementation of the Multi-Sectoral Accountability Framework (MAF-TB).
- Supporting TB screening in high-risk populations like miners and students.
- Advocating for increased domestic financing and TB integration in school curricula.
- Mobilization of up to 70 million from stakeholders such as WHO and AMREF.
- Advocating for increased TB financing and adopting Uganda's "One Dollar Initiative" for private sector funding of TB and HIV in Tanzania.

5.0. Analytical view on HDT's contribution to Health sector performance in 2024

Data-Driven Advocacy

One of HDT's key contributions has been its leadership in generating and applying evidence for stronger policy decisions. Through its role in the Technical Working Group 5 (TWG5), HDT provided technical support to analyze regional performance on Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) indicators using the national DHIS2 system. This analysis revealed significant underperformance in regions such as Tanga, Mtwara, Njombe, and Songwe, where five or more of the six RMNCAH indicators were off track.

HDT's advocacy, informed by this evidence, was instrumental in prompting the Ministry of Health to revise national RMNCAH performance targets and denominators using updated 2022 population census data. This step was critical in ensuring that Pay-for-Performance mechanisms under World Bank and GFF funding reflected realistic and equitable measures of progress. Prior to this intervention, financing flows risked perpetuating a cycle of underfunding for regions already lagging behind.

By providing evidence and building trust between government, donors, and civil society, HDT strengthened accountability and aligned national targets with actual population needs. This approach highlights the transformative role of civil society in bridging evidence with policy, demonstrating how HDT's technical input has directly contributed to improving Tanzania's health planning and financing landscape.

Community-Level Accountability

HDT also championed accountability at the grassroots level through the use of community scorecards. These participatory monitoring tools were rolled out in low-performing villages such as Katoma, Ntinachi, Saragulwa, Nyamalulu, and Mharamba in Geita District Council. The scorecard process brought together community members, health providers, and local government leaders to jointly identify bottlenecks in RMNCAH service delivery and propose corrective actions.

Key issues identified included shortages of health workers, long distances to health facilities, and gaps in maternal health services. For instance, women reported difficulties in delivering at health facilities due to travel barriers despite being aware of its importance. Community dialogues also highlighted systemic challenges such as limited availability of qualified providers compared to demand, and inadequate referral systems.

The follow-up meetings demonstrated encouraging progress, with communities reporting improvements in some service areas after joint problem-solving sessions. Importantly, the process fostered stronger trust and collaboration between citizens and health authorities, creating a culture of shared responsibility for health outcomes.

By embedding accountability at community level, HDT not only amplified citizen voices but also contributed to practical solutions that are responsive to local needs a key factor in sustaining demand and utilization of RMNCAH services.

Private Sector Partnerships

Recognizing the chronic financing gap in Tanzania's health sector, HDT strategically engaged the private sector to expand resources for family planning and broader RMNCAH interventions. Building on earlier advocacy with Geita Gold Mine to invest in FP programs, HDT supported the development of a joint proposal with the Geita Gold Mine to finance outreach services and empower young people with health and economic decision-making skills

These engagements complement national commitments under FP2030, where the government pledged to increase domestic funding for family planning commodities by at least 10% annually. HDT's work with mining companies and other private partners creates a pathway for achieving these commitments, while reducing overdependence on external donors.

Health Workforce Empowerment

HDT contributed to improving the quality of health service delivery through innovative capacity-strengthening tools. Under the Afya Yangu Northern project, HDT applied Human-Centered Design (HCD) approaches to co-create tools that simplify communication between providers and clients. Solutions such as the "B-OK Kit" for explaining viral suppression, the Hisia Zetu empathy toolkit, and the Njoo Tusemezane dialogue cards were tested and approved by the Ministry of Health

These tools not only improved understanding of HIV and RMNCAH services among clients but also enhanced efficiency in service delivery. For example, healthcare providers reported that consultations which previously took 45 minutes to explain using traditional charts could now be delivered in just 10–15 minutes with the B-OK Kit, without compromising quality. Moreover, the tools reinstated patients lost to follow-up and empowered young people to engage more meaningfully in their care.

This innovation demonstrates HDT's forward-looking role in health systems strengthening: empowering health workers with user-friendly, culturally appropriate tools that improve both patient experience and provider performance.

6.0. Health Promotion Tanzania sustainability progress

6.1 Digital Investment and Transformation

In line with its commitment to sustainability, Health Promotion Tanzania (HDT) has invested in digital transformation to reduce reliance on paper-based processes and improve efficiency. The introduction of a Document Management System (DMS) has enabled the organization to operate

in a largely paperless environment, significantly cutting down on the use of printers, ink, and electricity.

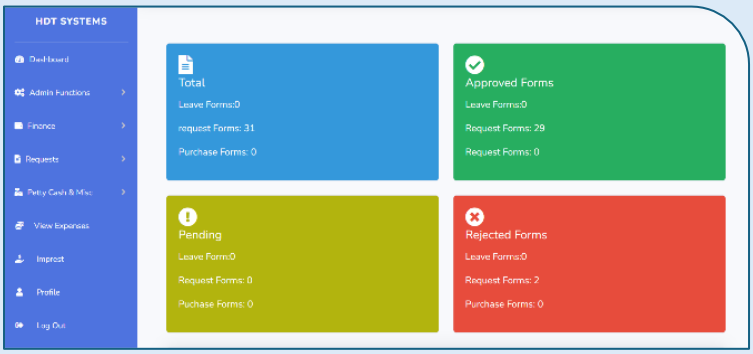

Figure 8: HDT DMS System

Previously, financial requests such as advance requests or payment vouchers required multiple paper forms and manual approvals, a process often delayed if managers or directors were unavailable. Forms could also be misplaced or damaged, leading to repeated submissions and unnecessary paper consumption. With the DMS, all forms are now digitized and processed through automated workflows, allowing staff to track requests in real-time and managers to approve them remotely, regardless of location.

The shift to digital has improved transparency, security, and record-keeping. Instead of storing forms in physical cabinets, which posed risks of loss or deterioration, all documents are now stored securely on servers with controlled access. This has also reduced administrative burden and turnaround time for approvals.

Figure 9:Google Workspace

In addition, HDT has invested in cloud computing solutions to safeguard critical data and enhance accessibility. Staff can securely access information from any location, share files seamlessly with managers or colleagues, and reduce reliance on vulnerable hardware storage. Complementing this, the use of Google Workspace tools such as Google Calendar and Google Chat has streamlined daily operations, improved task planning, team communication, and created a secure record of official interactions.

Through these initiatives, HDT has successfully minimized operational costs, strengthened data security, and created a m ore efficient and environmentally friendly working environment.

6.2 Go Green Project for Sustainability

As part of its broader sustainability agenda, Health Promotion Tanzania (HDT) has prioritized the adoption of renewable energy solutions to ensure long-term efficiency and resilience. Recognizing the financial and environmental burden of relying solely on the national grid, HDT initiated the Go Green Project, a bold step towards reducing energy costs, minimizing carbon emissions, and ensuring uninterrupted operations.

Figure 10: Renewable energy solution (solar panel)

Figure 11: Solar power system

Figure 12: Solar power system

The centerpiece of this initiative is the installation of a 17kW advanced solar power system, which includes high efficiency solar panels, deep cycle Lithium batteries for energy storage, and inverters that convert solar power into usable electricity. This system captures and stores sufficient energy to sustain daily office operations, allowing staff to continue their work without fear of power interruptions. Previously, power outages often caused downtime, disrupted activities, and delayed service delivery. With the solar system in place, HDT has achieved greater energy independence and reliability.

Beyond operational efficiency, the solar investment has brought measurable economic and environmental benefits. By reducing reliance on grid electricity, HDT has cut down on monthly utility expenses, redirecting resources towards programmatic activities that directly benefit communities. The system also supports the organization's commitment to reducing its carbon footprint by leveraging clean energy rather than fossil-fuel-based alternatives.

Figure 13: Electronic System Change

The solar project contributes to workplace productivity and staff well-being. Stable power ensures that critical systems and other tools function smoothly without interruptions. This consistency empowers teams to meet deadlines, maintain real-time communication, and preserve institutional knowledge without the setbacks that power cuts once created.

Looking ahead, the Go Green Project is designed to be scalable and sustainable. The infrastructure is capable of expansion as the organization grows, and the use of renewable energy strengthens HDT's positioning as a forward-thinking, environmentally responsible institution. By integrating solar energy into its operations, HDT not only enhances resilience but also sets an example for other organizations seeking practical solutions for sustainable growth.

7.0. Stakeholders Engagement and Partnership

HDT's success in 2024 was underpinned by strategic stakeholder collaboration:

- **Co-hosted events with the Ministry of Health.**
- **Coordinated TB efforts with NTLP, EANNASO, and regional health offices.**
- **Engaged 49 CSOs and 15 news editors to advance RMNCAH and TB advocacy.**
- **Mobilized support from EGPAF, GAIN, PANITA, and the private sector for thematic campaigns.**
- **Aligned partners around key frameworks such as FP2030, MAF-TB, and GFF.**

8.0 Key lessons to build on in 2025

- **Co-creation drives ownership**

National-level government and key stakeholders including MoH departments, NACOPHA, KVP Forum, and AFYA YANGU jointly reviewed project prototypes and materials (B-OK, Transition Booklet, and Tara Atabasamu Tena). Their critical feedback led to significant adaptations, such as aligning content with HIV care guidelines, emphasizing Undetectable = Untransmissible (U=U), updating designs to reflect NASHCoP branding, and modifying visuals to accurately depict Tanzanian health settings and providers. This collaborative process ensured the solutions were context-appropriate, increasing stakeholder ownership.

- **Subnational data analysis influenced national RMNCAH strategy and financing**

RMNCAH data were used to uncover equity gaps, highlight successes, and drive targeted action on maternal and neonatal mortality. By analyzing DHIS2 indicators, equity trends, and MPDSR findings, stakeholders gained a deeper understanding of underlying causes, governance and technical challenges, and regional disparities. This evidence-based dialogue not only informed alignment with global and national priorities but also generated actionable strategies—demonstrating how data can mobilize collaboration, guide policy, and improve maternal, newborn, and child health outcomes.

- **Multi-sector collaboration enhances impact**

By working with multiple ministries including Education, Natural Resources and Tourism, Minerals, Defense, and Planning, HDT advanced the mainstreaming of TB within diverse national mandates. This broad, cross-sector collaboration not only expanded TB awareness and resources but also strengthened institutional ownership, demonstrating how multi-sectoral action amplifies impact.

9.0 Selected success stories

9.1 Joyce Filbert's Triumph Through ASRH Intervention

In Lutozo, 17-year-old Joyce avoided early pregnancy thanks to ASRH mentorship from Girls Mentor Vaileth Evarist, under the USAID Afya Yangu project. Joyce now advocates for informed reproductive health choices among her peers.

A story from Lutozo hamlet in Katoro Geita - Tanzania

Narration by Tonny Mugenyi- Health Promotion Tanzania; March 2024

Figure 14: Joyce Filbert

In the quiet Lutozo hamlet of Katoro ward, a tale of transformation unfolded for 17-year-old Joyce Filbert. Facing the looming risk of teenage pregnancy, Joyce found herself at a crucial juncture in life whereby she lived in an environment where she was constantly tempted by young men to engage in sexual activities, which made her feel uneasy and uncomfortable in her living space. However, her narrative took a positive turn, guided by the impactful Adolescent Sexual and Reproductive Health (ASRH) intervention of the USAID Afya Yangu project, and the unwavering support of a remarkable volunteer, Girls Mentor Madam Vaileth Evarist.

Joyce Filbert's story is not just a personal triumph but a testament to the life-altering potential of targeted interventions. At the heart of her success is the USAID Afya Yangu project- implemented in Geita by Health Promotion Tanzania. The project strategically addresses the unique challenges faced by adolescents in the realm of sexual and reproductive health. This initiative becomes a beacon of hope for young individuals like Joyce, offering them the knowledge and tools to navigate critical life decisions.

Central to Joyce's transformative journey is Madam Vaileth Evarist, a dedicated mentor volunteering with the USAID Afya Yangu project. With a passion for empowering young minds, Madam Vaileth Evarist played a pivotal role in steering Joyce towards a bright future. Through personalized mentoring sessions, workshops, and genuine support, Madam Vaileth became more than just a mentor – she emerged as a friend, confidante, and role model.

Text box 1: Vaileth testimony

"I was at a crossroads in life, facing the risk of teenage pregnancy. The USAID Afya Yangu project and Vaileth Evarist changed the trajectory of my future. Vaileth Evarist not only equipped me with knowledge but instilled in me the confidence to handle life's challenges." - ***Vaileth***

The impact of the ASRH intervention is evident in Joyce's newfound sense of self-assurance. She not only avoided the potential pitfalls of teenage pregnancy but developed a deep understanding of responsible family planning. Joyce remarks, "Now I can handle things, and I can understand when to start my family. The project has empowered me to make informed choices about my future."

Joyce extends her heartfelt gratitude to the USAID Afya Yangu project for selecting Vaileth Evarist as a crucial part of the initiative. *"Thank you very much for this project for selecting Vaileth Evarist to be part of this project. She made a significant impact on my life and the lives of many others like me,"* Joyce expresses with deep appreciation.

USAID Afya Yangu ("My Health") is a five-year contract (Jan 2022 to Jan 2027) that supports the government of Tanzania and Zanzibar to increase use and demand for access to integrated RMNCAH services. In Geita town council, the project is implemented by Health Promotion Tanzania,

9.2 Rebuilding Family Cohesion Through Storytelling

The Manyanda family in Dodoma used the **"Njoo Tusemezane"** card game to rebuild trust and open communication. For the first time, CHW and mother Anna disclosed her HIV status to her daughter, creating emotional healing and unity.

The Manyanda Family's Journey

Story Writer: Anifa Mgao. Writing assistance: Caroline Deignan

Figure 15: Vaileth

In Dodoma, Tanzania, social norms influence what it is acceptable for families to talk about. These norms, coupled with competing life demands and distractions like subsistence living and cooking, make it uncommon for families in Dodoma to sit together and discuss life and its challenges and joys. This can leave adolescent boys and young men (ABYM) and adolescent girls and young women (AGYW), and those living with HIV, with a minimal opportunity to share and express themselves in meaningful ways with trusted members of their family.

Anna Manyanda is proud of the Manyanda family name; to her it is a surname that represents love, unity, and resilience. As a 46-year-old Community Health Worker (CHW) at Makole Hospital, Anna has relied on her resilience in more ways than one; she has a challenging job, a family that depends on her, and as someone living with HIV, she must also ensure she maintains her health by keeping up with her antiretrovirals. Anna is acutely aware of the realities of feeling overstretched by the competing demands of life and often has found herself wishing for better ways to cope, for both herself and her children.

The USAID Afya Yangu Northern Project in Tanzania aims to understand the realities people face and through collaborative engagement, improve the quality of life and solve complex challenges using human-centered design (HCD) alongside implementation activities. HCD is a solutioning methodology to understand the needs, behaviors and experiences of people closest to a given challenge and was an obvious fit within this project. Following an evidence phase, which incorporated surveys, academic literature, discussions with implementing partners and stakeholders and a workshop in Dar es Salaam, the project launched the Empathy phase. Immersions are guided conversations with individuals that have been mapped to represent key groups in the ecosystem of the challenge. The HCD team conducted immersions with different people across ages, sex and HIV status in all walks of life in Dodoma including leaders - religious and community, young people, parents, patrons, teachers, public health professionals and implementers, Ministry of Health and more. The insights that emerged shed light on experiences, perspectives, thoughts, feelings and beliefs about their daily lives, but also on the gaps in psychosocial support for navigating challenges as a young person living with HIV.

Notably, a lack of opportunity to express oneself with loved ones emerged not only as a common reality, but as a major emotional barrier to life, especially amongst those living with HIV. Through a co-creation process workshop, stakeholders were invited to collectively create prototype solutions to bridge this gap and a storytelling card facilitation game called "Njoo Tusemezane", Swahili for "Come Let's Talk" emerged.

"Most of the time, we come back home late at night, and the children are already asleep…all we knew was to provide the children with money for school expenses and ensure there is enough food. That's what we considered to be our responsibilities; there is often no time to listen to what the child is saying or what problem they might have that we could help with"- Anna said.

With carefully curated conversational prompts, the Njoo Tusemezane storytelling card game facilitates opportunities for conversation and connection within the family unit. The game aims to break down barriers between parents and children and foster open communication through prompts like "what is the best and worst thing that happened to you today?"

In the backdrop of challenging social norms that influence strongly held parental-child roles, the game aims to mitigate parents or young people bearing the onus of responsibility of daily dialogue and connection, and rather serves as the opportunity in and of itself. The game's thought-provoking cards have provided opportunities for deeper human connection amongst loved ones and have even turned challenges into sources of laughter, creating an atmosphere where genuine conversations can thrive across generations.

"When we played for the first time, everybody said we should play again soon, so we decided to be playing three times a week…. Tuesdays, Thursdays, and Sundays at night. This carefully chosen time allows children, returning late from school, to study before enjoying an hour of shared family fun"- Anna.

"I felt appreciated, listened to and reconnected with my family. When I first heard my husband asking me how I was feeling, I knew it was a message from one of the cards, but to me it felt like we were talking to each other. The game revived my relationship with my husband…my children opened up freely. As a mother, I felt so good seeing the loving environment and laughter on my children's faces. I saw my children happily creating jokes with their father and this was a big life moment to me" she expressed. - Anna

Anna has also felt profound positive personal shifts from the impact of the game; the Njoo Tusemezane storytelling cards presented her with a long-awaited opportunity to disclose her own HIV status to her eldest daughter. A moment previously clouded by apprehension and anxiety, metamorphosed into a profoundly emotional and powerful moment in her relationship with her daughter. Anna says the Njoo Tusemezane storytelling cards provided the safe space she needed to have an open conversation, fostering a deeper understanding among family members and paving the way for discussions about topics that have long been buried out of fear, concern, or uncertainty. "Through this game, I now realize that I can talk to my children, especially the eldest. As their mother, I have been living with HIV for 15 years, and I now know they will understand", said Anna.

Anna recognizes the power and potential for storytelling games as an educational and facilitation tool for more open conversations about family planning and HIV in schools, emphasizing that there is great potential for leveraging storytelling techniques for social behavior change in Tanzanian culture. Anna believes that addressing the challenges faced by young people during their formative years is essential for overall well-being over the life course and says she's grateful for the joy and unity the Njoo Tusemezane storytelling game has brought into her own home in her adult life. Through this experience, Anna says she is committed to continue to look for opportunities to harness the power of simple and thoughtful solutions to foster what every human seeks; connection.

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