Tanzania Capacity and Communication Project

Final Report

2010 - 2016

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Acronyms

ACE	Advancing Communication Experientially Mentoring Program
AfriComNet	African Communication Network
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-Natal Care
ART	Anti-Retroviral Therapy
ARVs	Anti-Retro-Virals
BC	Behavior Change
BCC	Behavior Change Communication
BEMONC	Basic Emergency Obstetric and Neonatal Care
CBO	Community Based Organization
CCA	Community Change Agent
CCP	Johns Hopkins Center for Communication Programs
CDC	US Centers for Disease Control and Prevention
CHMT	Council Health Management Team
COMMIT	Communication for Malaria Initiative in Tanzania
CPR	Contraceptive Prevalence Rate
eMTCT	Elimination of Maternal to Child Transmission of HIV
FP	Family Planning
HC3	Health Communication Capacity Collaborative
HIV	Human Immuno-deficiency Virus
HPES/HPS	Health Promotion and Education Section/Health Promotion Section
ICA	Institutional Capacity Assessment
ICASA	International Conference on AIDS and STIs in Africa
ITN	Insecticide Treated Net
LSHC	Leadership in Strategic Health Communication
LLAPLa	Life-Long ART for Pregnant and Lactating Women (Option B+)
LLIN	Long-Lasting Insecticide-treated Nets
M4RH	Mobile for Reproductive Health
M&E	Monitoring and Evaluation
MEDA	Mennonite Economic Development Association
MFDI	Media for Development International
mHealth	Mobile Health
MNCH	Maternal, Neo-Natal and Child Health
MOH	Ministry of Health[1]
MOHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MOHSW	Ministry of Health and Social Welfare
MScBC	Master's of Science in Behavior Change
MScBCC	Master's of Science in Behavior Change Communication

[1] At the end of 2015 the Ministry of Health and Social Welfare was reorganized to become the Ministry of Health, Community Development, Gender Elderly and Children (MOHCDGEC). For purposes of this report, we use the acronym MOH.

MUHAS	Muhimbili University for Health and Allied Sciences
MVC	Most Vulnerable Children
NACP	National AIDS Control Program
NCPAII	National Costed Plan of Action II
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PHCI	Primary Health Care Institute in Iringa
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission of HIV
PNC	Post-Natal Care
QA	Quality Assurance
RCHS	Reproductive and Child Health Section
RHMT	Regional Health Management Teams
RM&E	Research, Monitoring and Evaluation
SBCC	Social and Behavior Change Communication
SMS	Short Message Service
SNP	School Net Program
SP	Sulfadoxine-Pyrimethamine
STRADCOM	Strategic Radio Communication Project
SyM	Siri ya Mtungi
TACAIDS	Tanzania Commission for AIDS
TAMPS	Tanzania All Media Products Survey
TASHCOM	Tanzania Strategic Health Communication Network
TB	Tuberculosis
TCCP	Tanzania Capacity and Communication Project
TCDC	Tanzania Communication and Development Center
THMIS	Tanzania HIV and Malaria Indicator Survey
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VMMC	Voluntary Medical Male Circumcision
ZAMEP	Zanzibar Malaria Elimination Project

A Word of Thanks

On behalf of the Tanzania Capacity and Communication Project, I would like to express my sincere gratitude to the Government of Tanzania through the Ministry of Health, Community Development, Gender, Elderly and Children and to the Tanzania Commission for AIDS for their partnership on this project from 2010-2016. Special thanks goes to USAID for not only funding the project but for also providing us with their guidance.

I would also like to thank the numerous partners who collaborated with us. These include implementing partners, regional and district government authorities, advertising agencies, training institutions and media houses. Under the leadership of the MOH and TACAIDS we worked together in task forces, workshops, and committees to design, implement, monitor and evaluate all our activities in support of of the Government of Tanzania's goals.

The project team included the Johns Hopkins Center for Communication Programs, Media for Development International, Care International, and the Tanzania Communication and Development Center.

Most of all, I commend the Tanzanian people and communities, who are taking increased responsibility to better the health of themselves and their families.

Sincerely,

Robert Karam
Chief of Party

PROJECT OVERVIEW

Introduction

The Tanzania Capacity and Communication Project (TCCP) was awarded as a 5-year (2010-2015) USAID-funded project led by the Johns Hopkins Center for Communication Programs (CCP) in collaboration with Media for Development International and CARE Tanzania. The Project envisioned a Tanzania where people take charge of their own health, creating healthy households where individual changes in health lead to healthier families and communities.

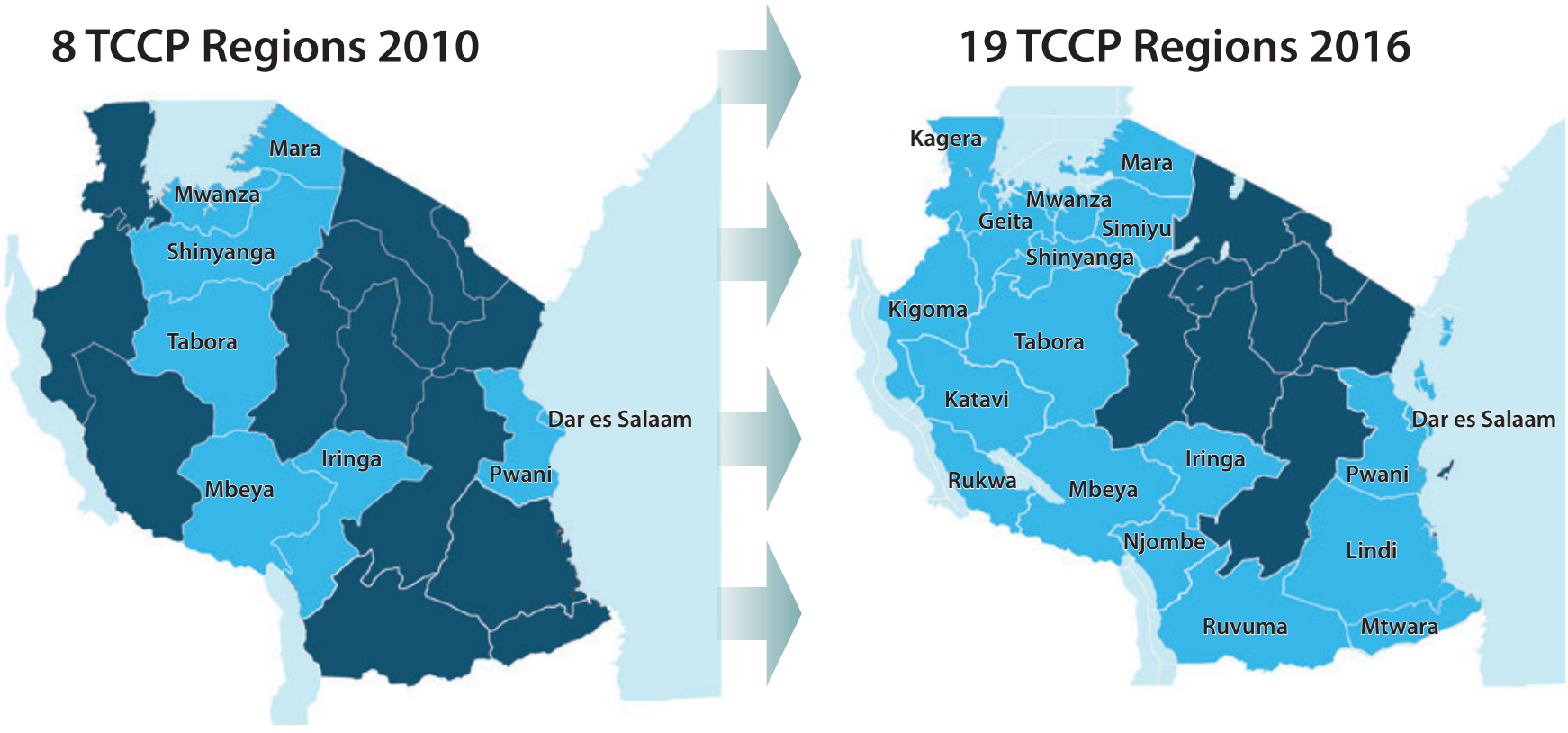
TCCP's goals were to increase the adoption of safer behaviors by Tanzanian adults and high-risk populations (adults and youth) in the areas of HIV prevention and treatment, family planning, maternal, newborn and child health, and malaria, to build the capacity of Tanzanian individuals and institutions in Social and Behavior Change Communication (SBCC) skills, and to improve the coordination structures for the implementation of SBCC activities. TCCP had three strategic objectives:

1. Execute evidence-based, coordinated social and behavior change communication initiatives at scale.
2. Reinforce systems for coordinating and delivering social and behavior change communication at national, regional, and district levels.
3. Transfer social and behavior change communication skills to Tanzanian institutions and individuals.

Over the course of the project there were numerous adjustments, including several extensions which ultimately led to a six year and three month project (Sept 2010 – Dec 2016), the conclusion of CARE's role as a partner, and the addition of the Tanzania Communication and Development Center (TCDC). TCDC is a local non-governmental organization (NGO), created out of the CCP-led Communication for Malaria Initiative in Tanzania (COMMIT) and TCCP projects. TCDC institutionalized the community-based approach supporting community based organizations to work with community change agents (CCAs).

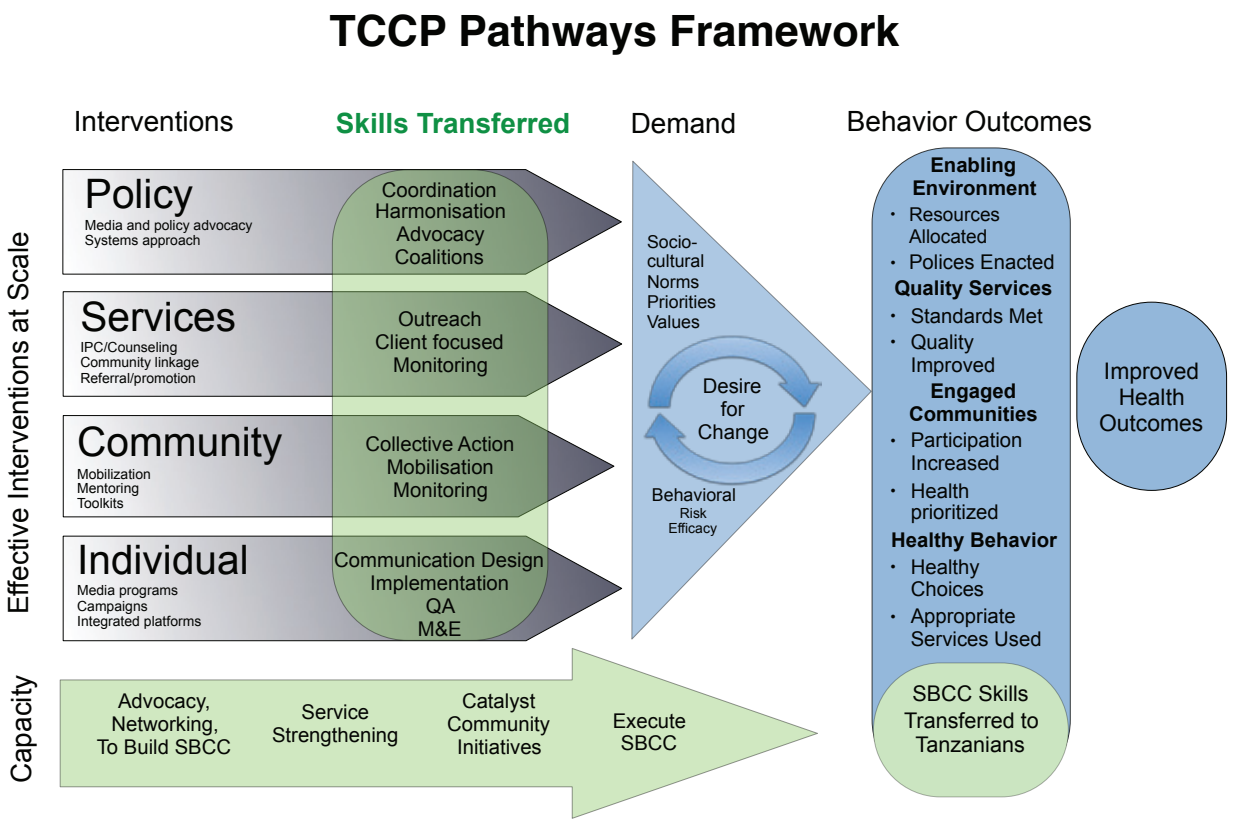
Geographic Coverage

While TCCP's mass media interventions were national in scope, its Intensive community-level interventions initially focused on eight priority regions with high HIV prevalence. Over time, TCCP more than doubled its number of community intervention regions, expanding to 19 of Tanzania's 30 regions by the end of the project.



Theory of Change

TCCP's strategy was based upon the Integrated Change Model, which draws upon socio-ecological frameworks common in behavior change programming. The models posits that sustained behavioral change requires intervention at the individual, social and structural levels, describing four complementary pathways to national-level capacity: sustainable systems, communication institutions, and community and individual capacity. TCCP's work in capacity strengthening expanded upon this model, articulating a specific vision for development of sustainable SBCC capacity. This vision covered the spectrum of SBCC technical capacity strengthening from individual level, community level, institutional level as well as the systems level, which focuses on sustaining the systems to building on-going Tanzanian capacity in SBCC.



Social and Behavior Change Communication Initiatives

TCCP had three major approaches to SBCC implementation: national, multi-channeled campaigns on specific health topics; integrated platforms that allowed the project to address multiple health areas in a holistic fashion; and the provision of SBCC technical assistance to government, and implementing partners.

Capacity Strengthening Initiatives

TCCP's four major approaches to SBCC capacity strengthening were interwoven and included: individual capacity strengthening, community systems building, institutional capacity development strengthening and systems strengthening. The systems included both the government/coordination systems to design and implement SBCC programming, as well as the training and educational systems to sustainably build capacity over the years to come.

Collaboration

TCCP collaborated with the MOH, particularly with the Directorate for Preventive Services, under which are the Reproductive and Child Health Section (RCHS), Health Promotion Section (HPS), National AIDS Control Program (NACP) and the National Malaria Control Program (NMCP). TCCP also worked with the government's semi-autonomous Tanzania Commission for AIDS (TACAIDS), the Zanzibar Malaria Elimination Program (ZAMEP), the Muhimbili University of Health and Allied Sciences (MUHAS), and the Primary Health Care Institute in Iringa (PHCI).

Fikiri Mazige,
Primary Health Care Institute – Iringa (PHCI)

"My name is Fikiri Mazige. I used to work with Primary Health Care Institute Iringa. At this time I am no longer working with them, but working with UNICEF. I was part of the trainings that were implemented for the Districts and ACE Interns.

"**The TCCP was so participatory**. It is not the kind of program that just imposes the materials or manuals to the partners, in this case the PHCI. **We were jointly reviewing manuals, training materials, and adopting to the Tanzania context**. I personally participated on updating the PowerPoint slides to train the district and interns, and feel very happy because the slides I proposed, they were accepted. Even those that were proposed by my colleagues from PHCI were taken on board.

"**That is very important, you see, on how continuity and replication was supported by TCCP**. I know PHCI was an epicenter of everything, so through PHCI we built capacity, and of course the expectation is to see PHCI carrying forward its proper start by TCCP. Confidently I can speak about the capacity of individual people being facilitators. Being trainees I believe they are making a difference. The time I am working for UNICEF **I am carrying the agenda forward**. I believe wherever my colleagues are, they are doing the same. You find diffused change. Any person who got through this process will do something at his position wherever he/she is no matter how small it is. If the entire team and everyone could do something individually, it could bring a lot of big change.

"The way TCCP was coordinating the activities, the PHCI as an implementing partner, we had to work with the district and even to go to the community level. **There was a fantastic coordination**. That is why you find we did what we wanted to do. The coordination, it was like a kind of participatory coordination. TCCP was always engaging the stakeholders to PHCI, the region and districts.

"Whenever I go somewhere I remember a big lesson I learned from the TCCP leadership training. **Personally I have learned that if you improve communication, you are improving everything**."

CAPACITY BUILDING

ACE Mentoring Programme
Advancing Communication Experientially

TashCom

LSHC Leadership in Strategic Health Communication

SWAHILIWOOD

KAMILIGADO

ELIMU TIBA UTAFITI

TCDC
Tanzania Communication and Development Center

Ca
INSTITUTIONAL CAPACITY ASSESSMENTS

Advancing Communication Experientially

ACE Mentoring Programme

Center for Communication Programs

ACE MENTORING PROGRAM

The "Advancing Communication Experientially" (ACE) Mentoring Program was a capacity building initiative implemented by TCCP. Using a blended learning approach, ACE was designed to empower recent graduates and mid-career professionals in the fields of SBCC, communication research, and media.

The objectives of the ACE program were to create opportunities for recent graduates and mid-career professionals to hone their skills in strategic health communication; provide participants with practical experience through host and home organizations; and support participants as they developed ongoing relationships with mentors. The blended learning approach that TCCP used to support ACE interns and fellows began with the intensive participatory Leadership in Strategic Health Communication (LSHC) course. On-the-job experiential learning, mentoring, supportive supervision, health communication seminars, professional development courses, online learning, as well as practical projects followed this formal training. TCCP created an ACE Program eToolkit which served as a cyber-center for ACE interns, fellows, mentors, supervisors and others to access program resources and information.

TCCP partnered with 60 organizations to implement the program. A total of 16 classes of interns and fellows participated in ACE – six in Dar es Salaam, five in Iringa, three in Mwanza, and two in Njombe. These classes included 209 total interns and fellows (56% female and 44% male) enrolled in the program. Interns graduated at a rate of 92%, while fellows graduated at a rate of 70%. Of a sample of 80 former interns, 79% are employed, 6% are back in school and 15% are still looking for jobs. The ACE Program succeeded in creating positive relationships between the ACE interns and fellows with their mentors and supervisors. Many of the organizations hosting an intern chose to extend their internships, and some have even hired their interns as full-time staff.

KAMILIGADO

KAMILIGADO RADIO DISTANCE LEARNING PROGRAM

Tanzania has rich history of community volunteerism. According to recent omnibus surveys, approximately half of all adult Tanzanians self-associate with volunteering in their community. Of those, slightly more than half volunteer within the context of an NGO or a Community-Based Organization (CBO). To support these community volunteers in their work, TCCP designed and implemented a radio distance learning program that used a combination of entertainment-education, training, instruction, and coaching.

Kamiligado began airing episodes on national, regional and local radio stations in 2012. Each episode allowed listeners to virtually attend a fictional workshop in which characters, who played the role of community volunteers, learned new health content and community mobilization skills. The second half of the episode then followed those same characters out of the workshop and into their communities and daily lives, where they put their learning into action. The program included 39 thirty-minute episodes that gradually walked listeners through a variety of topics, including maternal and child health, malaria, HIV, family planning, and community mobilization techniques.

During the first broadcast of Kamiligado, each of the over 6,000 registered listeners received support materials as well as promotional SMSs and reminders of when to tune into the program. In the second phase of Kamiligado, TCCP registered 4,448 community volunteers, each associated with one of the 24 partner institutions. In addition to the registered listeners, omnibus surveys suggested that up to 21% of the entire adult population listened to Kamiligado at least once, and that 20% of those who ever listened were regular weekly listeners. Surveys and in-depth interviews revealed that Kamiligado had a deep impact on its listeners.

INSTITUTIONAL CAPACITY ASSESSMENTS

INSTITUTIONAL CAPACITY ASSESSMENTS

One of the TCCP's main objectives was to measurably transfer SBCC skills to Tanzanian individuals and institutions. To achieve the second part of this objective, TCCP partnered with 10 local organizations that play a key role in SBCC at a national or regional level to build their capacity. These partners included development organizations, academic institutions, media outlets, and others.

TCCP worked with these partners to conduct institutional capacity assessments (ICAs), which focused on determining their capacity to design, implement, monitor, and evaluate SBCC programs and activities. After facilitating the capacity self-assessments, TCCP worked collaboratively with each partner to develop institution-specific capacity strengthening plans.

By liaising with TCCP, partners had access to state-of-the-art tools and resources to help them fill their self-identified capacity gaps. Interventions including leadership development, working on the vision and mission for TCDC, applied learning through the facilitation of a radio design workshop for Femina, and faculty seminars on identified topics for MUHAS and PHCI. Most partners also participated in a follow-up capacity assessment after one year to examine their progress. The five institutions that received follow-up assessments increased their self-reported capacity from an average of 70% to an average of 85%.

TCDC

Tanzania Communication and Development Center

TANZANIA COMMUNICATION AND DEVELOPMENT CENTER

In 2013, TCCP worked with local SBCC professionals to establish and develop the Tanzania Communication and Development Center (TCDC). Since April 2014, TCDC has been a fully operational non-governmental organization employing staff who have been involved in the design and implementation of some of Tanzania's most successful SBCC and community mobilization programs. The mission of TCDC is to support the Government of Tanzania in its use of communication, social marketing, and social development strategies to effect change in the areas of health and education to improve the lives of Tanzanians.

TCDC places a strong focus on building the capacities of its partners-- both non-governmental organizations and community-based organizations. TCDC regional managers serve in a supervisory role, and provide on-the-job training to local partners to improve management capacity and accountability throughout the design, implementation and evaluation processes of their programs. Close collaboration with local health management teams ensures the sustainability and local ownership of activities.

TCDC implemented TCCP's SBCC and community mobilization activities related to malaria, HIV/AIDS, family planning, and safe motherhood through supporting Community Based Organizations (CBO's) to mobilize Community Change Agents (CCAs) in 17 regions of Tanzania. TCDC also successfully secured funding from several international donors. The donors are: 1) the MOH, through the Global Fund to Fight AIDS, Tuberculosis, and Malaria for malaria prevention and case management; 2) Global Affairs Canada, through the Mennonite Economic Development Associates (MEDA) to promote consumption of Vitamin A fortified cooking oil; 3) the Comic Relief and GSK partnership for malaria prevention and case management; and 4) the Bill and Melinda Gates Foundation, through Advance Family Planning to advocate for improved access and funding.

LSHC Leadership in Strategic Health Communication

FOCUS DEMANDS SACRIFICE

KNOWLEDGE GROWS

QUALITY COSTS LESS

To change others we may have TO CHANGE OURSELVES first

BELIEVE YOU CAN MAKE A DIFFERENCE AND YOU WILL!

COMMUNICATION IS A PROCESS PROCESS PROCESS

LEARN TO LISTEN. LISTEN TO LEARN.

LEADERSHIP IN STRATEGIC HEALTH COMMUNICATION

(WORKSHOP AND DISTRICT CAMPAIGNS)

The capacity building strategy of TCCP was four-fold: in addition to building individual, community and institutional capacity, TCCP strengthened sustainable systems for capacity. This included both the building of the training capacity of two of the health training institutes, as well as training teams of MOH staff from all of the original 8 TCCP regions, with a total of 52 districts, and through that training, facilitating the delivery of district-level SBCC campaigns. Since 1994, the Johns Hopkins Center for Communication Programs (CCP) has been building and strengthening SBCC capacity in Tanzania through the Leadership in Strategic Health Communication Workshop (LSHC), formerly known as Advances in Family Planning Communication. This global flagship training course builds capacity by guiding participants through a transformative experience during which small groups create behavior change communication campaigns while learning key leadership concepts.

To implement the LSHC workshops, TCCP trained 10 workshop facilitators from the Primary Health Care Institute in Iringa (PHCI) in 2011. Subsequently, PHCI worked with TCCP to design a cascade of training for regional and district health management teams from each of the original eight TCCP focal regions. Those trained included four people from each of 52 districts and three people from each of the eight regional health offices, making a total of 232 regional and district staff trained through this initiative.

The Health Communication Capacity Collaborative (HC3) evaluated the capacity strengthening process conducted through the training of trainers and subsequent regional/district-level trainings and campaigns, in order to understand its impact on the creation of sustainable capacity in strategic communication. The results of the evaluation suggest that participants found LSHC content valuable and important for developing behavior change communication campaigns at the local level. Additionally, eight mentored districts documented improvements in health service utilization and outputs correlated with periods of campaign activities.

In addition to the eight workshops for the regional and district staff, PHCI delivered 18 more workshops during TCCP, which catered for the ACE Mentoring Program participants, as well as TCCP staff and technical staff from other partner institutions. In 2014, ten additional facilitators were trained and mentored to further enhance PHCI's ability to deliver the LSHC course on an on-going basis.

TashCom

TANZANIA STRATEGIC HEALTH COMMUNICATION NETWORK (TASHCOM)

From the start of the project, TCCP recognized what a powerful resource those professionals trained through the Leadership in Strategic Health Communication Workshops (LSHC) would be be for building local SBCC capacity, advocacy, and resource mobilization for SBCC in Tanzania. To harness that power, TCCP supported LSHC alumni in forming the Tanzania Strategic Health Communication (TASHCOM) Network.

This national alumni network was formed in August of 2011, in collaboration with AfriComNet. The strategy to support the alumni included building sustainability to ensure the network continued after the end of TCCP, creating a forum for annual review and planning, maintaining a membership database, and establishing platforms to share information through social and professional online networks, including the establishment of a Tanzania group on the HC3 Springboard platform.

TCCP coordinated TASHCOM/LSHC alumni meetings in 2012, attended by 276 alumni, and one in 2014, attended by 140 alumni. Alumni decided to hold zonal meetings leading up to these annual general meetings in Iringa, Mwanza, and Dar es Salaam, which were well-attended. These meetings served as opportunities to agree on objectives, milestones, and activities for each of the zonal chapters. The network currently includes approximately 530 alumni members, and is legally registered as a network with the Tanzanian government.


The Two-Step Flow Hypothesis of Mass Media Influence (Katz & Lazarsfeld)

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

The goal of TCCP's collaboration with Muhimbili University of Health and Allied Sciences (MUHAS) was to strengthen sustainable system for building the field of SBCC professionals in Tanzania. To achieve this, TCCP supported MUHAS in strengthening its SBCC-related graduate programs. MUHAS is a strong academic leader in the area of behavior change (BC) and behavior change communication (BCC). The university now offers a Masters in Behavior Change [MScBC] and Masters in Behavior Change Communication [MScBCC]. TCCP supported MUHAS in the development of these programs by reviewing the curricula for these two degrees, assisting MUHAS with the delivery of several modules, and developing a short course in SBCC. Another important component of TCCP's support to MUHAS was a lecture series given by CCP experts to MUHAS faculty.

TCCP has made progress in expanding what MUHAS is able to offer its students by enhancing faculty knowledge and access to teaching resources. It has also created opportunities for MUHAS students to apply their academic learning in practice through the ACE program. Such initiatives leverage the resources of universities, donors and partners to expand capacity for strategic communication on several fronts.

SWAHILIWOOD

SWAHILIWOOD

Dubbed "Swahiliwood" – Tanzania's version of America's "Hollywood," India's "Bollywood" and Nigeria's "Nollywood" – this growing, private sector industry presents a tremendous opportunity for the sustainable production and distribution of local language entertainment-education films. Every week in Tanzania, an estimated six new low-budget movies are released into the market – a market consisting of 132 million Swahili-speaking potential viewers spread across East Africa and reaching into Central and Southern Africa. Despite its size and potential for impact, this growing industry had received little formal training or mentoring.

The TCCP Swahiliwood: Filmmaking for Change initiative, spearheaded by Media for Development International (MFDI), was designed to harness the power of the growing local Swahili feature film industry to produce and distribute quality feature films that effectively address social themes, in collaboration with Tanzanian filmmakers and distributors. TCCP developed a training curriculum that included a series of workshops, practical sessions, and on-the-job training on topics such as principles of entertainment-education, HIV prevention and treatment, the effective integration of health messaging into scripts, pre-production, production, editing, pre-testing, post-production, marketing, and distribution.

Three HIV-related films were produced and distributed through a competitive training and mentoring process with local and international film professionals. The final films showcase three unique stories from three unique voices: "***Network***" is a haunting story about a serial murder case solved by an aging detective and his young colleague; "***Mdundiko***" is about the conflict between morality, tradition, and reason in the life of a village community; "***Sunshine***" is a touching modern, urban story about the temptations of crime, and the unconditional love between a son and his mother.

The films were broadcast on several television stations, distributed on DVD to video libraries and bandas, made available to TCCP partners, and put on YouTube. At the end of December 2016, ***"Network"*** had 20,518 YouTube views, "***Sunshine***"had 31,354, and ***"Mdundiko"*** had an impressive 123,837 views. The films have received national and international acclaim, winning awards at the Zanzibar International Film Festival, the Tanzania Film Awards, Africa Magic Viewer's Choice Awards, and the Silicon Valley African Film Festival.

CAPACITY BUILDING
ACCOMPLISHMENTS & LESSONS LEARNED

At the individual level, 232 individuals from Regional and Council Health Management Teams (RHMTs and CHMTs) from the eight regions, 209 ACE participants, as well as 127 staff and other project partner staff, were trained in LSHC. At the community level, more than 10,000 community volunteers registered for and engaged with the radio distance learning program, Kamiligado, strengthening their capacity to mobilize their communities around healthier behaviors. TCCP worked with 10 local NGOs, improving their institutional capacity for SBCC.

In terms of systems strengthening, TCCP provided capacity strengthening to several technical working groups in the design, development, implementation and monitoring of national mass media campaigns. These coordination mechanisms will continue to serve the MOH and its partners as they engage in SBCC activities well into the future. Through the District campaigns initiative, the 232 district and regional health staff were trained as a team. These teams went on to have the practical experience of implementing 52 district level SBCC campaigns, applying their practical training and reinforcing their skills, while delivering SBCC activities uniquely tailored to their district.

TCCP built the capacity of PHCI and MUHAS to provide diploma and Masters courses in SBCC and short courses in LSHC. While PHCI is able to sustain the training of CHMTs if they are funded by their respective councils, PHCI or MUHAS would need funding to sustain the ACE program in its current form, given the cost required to maintain it.

To provide on-going peer-support, TCCP initiated TASHCOM. This independent body is registered and has a membership of over 500 Tanzanian SBCC professionals. They are all linked together through social media of Facebook and Springboard, where they are able to engage in on-going discussions on SBCC themes, access on-going learning opportunities and share experiences. Moving forward, this network; will require some sort of institutional home to sustain itself, unless it is able to access some financial resources to support at least the time of a part-time coordinator. Further fund-raising will be required (either from the membership or from external sources) to continue with the annual face-to-face meetings.

Sustainable capacity was instituted through the Swahiliwood intervention which raised the bar for the Tanzanian film industry. In addition, through the initiation of the Tanzania Communication and Development Centre, which, at the conclusion of TCCP, maintains an extensive network of regional offices with community change agents in rural communities throughout the country. They will be relying on their diversified funding base.

SOCIAL AND BEHAVIOR CHANGE COMMUNICATION **CAMPAIGNS**

Tuko wangapi?
Tulizana

Je Wajua?
Sio kila homa ni malaria

Wazazi nipendeni

UZAZI WA MPANGO TANZANIA

jiamini!

Tunakuthamini

Tuko wangapi? Tulizana

(HOW MANY ARE WE? SETTLE DOWN) HIV PREVENTION CAMPAIGN

Concurrent sexual partnerships are believed to be a major driver of new HIV infections in Tanzania. While HIV knowledge is generally high, 16% of men and 3% of women report engaging in concurrent sexual partnerships. Furthermore, many of these sexual interactions occur without the use of condoms.

Tuko Wangapi? Tulizana (How many are we? Settle down) was a national, multi-channeled SBCC campaign designed to reduce concurrent sexual partnerships and the spread of HIV. The first phase of the campaign aimed to increase knowledge of what a sexual network is, why it's risky, and the consequences of concurrency. The second phase facilitated solutions to end existing or avoid new concurrent relationships by building couples' communication skills and increasing relationship satisfaction.

Tuko Wangapi? Tulizana used a variety of media approaches to reach sexually active men and women aged 25-39. At the height of the campaign, exposure was 68%. Between 18.5% and 36% of survey respondents reported changing their behavior as a result of seeing or hearing the campaign. TCCP's midline survey showed that exposure to the campaign was significantly associated with eight out of 9 outcomes of interest, from ideational factors such as knowledge, attitudes, and self-efficacy, to behaviors including communication with others, HIV testing, and condom use.

Numerous audience-initiated adaptations of the campaign provided further evidence of its effectiveness. Local governments commissioned Tuko Wangapi? Tulizana billboards, journalists wrote unsolicited stories, and musicians composed concurrency-related songs.


Tuko wangapi?
Tulizana


wangapi?


Tuko wangapi?
Tulizana
75,927


PROJECT
TRAFFIC SAFETY IMPROVEMENT WORKS AT WAMI BRIDGE APPROACHES ALONG CHALINZE MANDELA ROAD
CLIENT
REGIONAL MANAGER TANROADS COAST P.O.Box 30150
CONTRACTOR
OCKRA CONSTRUCTION COMPANY LTD P.O.Box 34549 DAR ES SALAAM
TUKO WANGAPI?
JIENGUE KWENYE MTANDAO


HALMASHAURI YA WILAYA YA GEITA
VVU-UKIMWI UNAZUILIKA JILINDE MWENYEWE
Tuko Wangapi?

(LOVE ME, PARENTS)

SAFE MOTHERHOOD AND INFANT HEALTH CAMPAIGN

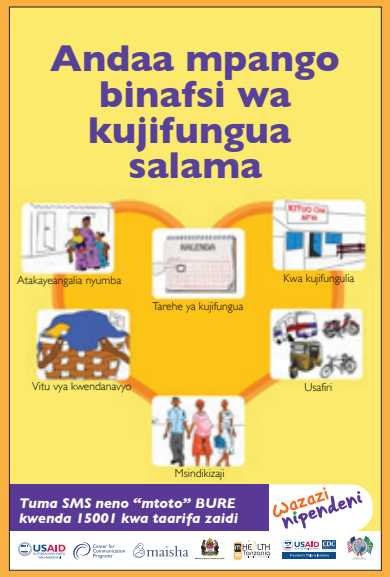
Women of reproductive age in Tanzania face a high risk of preventable morbidity and mortality. Only half of births occur in a health facility; less than one-third of pregnant women receive the right amount of SP to prevent malaria; and just over half receive pre-test counseling, an HIV test, and the results. To address these issues, TCCP designed and implemented the national Wazazi Nipendeni (Love Me, Parents) campaign to promote safe motherhood. The goal of the campaign was to empower pregnant women and their partners to take the steps necessary for a healthy pregnancy, safe delivery, and proper care of the newborn in the first year of the life.

Wazazi Nipendeni rolled out through television and radio spots and programs, magazine articles and advertisements, client and provider materials, and a number of promotional items. All campaign materials referred users to a dedicated short-message-service (SMS) number for more information. Phase I focused on pregnancy up to the point of delivery. Phase II extended the campaign through the first year of the child's life.

By the end of September 2016, over 1.4 million people had registered for the SMS service, with over 54.5% of omnibus survey respondents reporting exposure to the campaign. A quantitative impact evaluation with antenatal and postnatal care clients found that those exposed to the campaign were more likely to attend a higher number of ANC visits, have been tested for HIV, sleep under a mosquito net, receive two or more doses of Sulfadoxine-Pyrimethamine (SP), have improved individual birth planning, and deliver in a health facility.


onesha
upendo
wako


Mama Mjamzito
kunywa dozi
mbili za SP ili
kuzuia athari
za malaria
Ulinzi
mtakaonipa
ndio tumaini
langu
Tuma SMS neno "mtoto" BURE
kwenda 15001 kwa taarifa zaidi
Wazazi nipendeni


Andaa mpango
binafsi wa
kujifungua
salama
Atakayeangalia nyumba
Tarehe ya kujifungua
Kwa kujifungulia
Vitu vya kwendanavyo
Usafiri
Msindikizaji
Tuma SMS neno "mtoto" BURE
kwenda 15001 kwa taarifa zaidi
Wazazi nipendeni


onesha
upendo
wako
Meza angalau dozi 3 za SP wakati wa ujauzito.
Kwa ushauri zaidi nenda kwenye kituo cha
kutolea huduma za afya.
Wazazi nipendeni
Kwa taarifa zaidi tuma neno 'mtoto' kwenda 15001. *huduma hii haina malipo.


onesha
upendo
wako
Mwongozo wa
mjamzito na mama
aliyejifungua
Wazazi nipendeni

Jiamini!
(HAVE CONFIDENCE!)
FAMILY PLANNING CAMPAIGN

The majority of married women in Tanzania want to space or limit their number of children; however, only 27% of women age 15-49 use a modern method of family planning.

Jiamini! (Have Confidence!) was a national campaign that ran for six months in 2012. The campaign was designed to empower women to initiate use of modern methods of family planning and encourage male support of family planning. It targeted women and couples who were not currently using a modern method of family planning, but wished to delay their first pregnancy or next child, or stop having children. Communication channels included radio and TV spots, discussion time on radio talk shows, articles and advertisements in Femina Hip's Si Mchezo! and Fema magazines, an episode of Femina Hip's Fema TV Talk Show, and several episodes of MiniBuzz, a daily 30-minute current affairs television program.

By using testimonials from famous Tanzanians using modern methods of family planning, the campaign aimed to: give people the confidence to use modern methods; address myths, misconceptions and fears about family planning; encourage couples to talk to each other about family planning; improve male partner support of family planning; and increase use of modern methods of family planning.

All campaign channels referred listeners, readers and viewers to FHI360's free Mobile for Reproductive Health (m4RH) text message platform for more information about family planning methods and service delivery points. Prior to the Jiamini! launch, m4RH was averaging around 4,000 hits per month through clinic promotions. In the first two months of the mass media campaign, this increased to an average of 85,000 hits per month.

jiamini!

Ningepata nafasi nyingine ningepanga familia yangu kama ya mwanangu!

Chagua. Tumia njia ya uzazi wa mpango inayokufaa.

Kwa maelezo zaidi nenda kwenye kituo cha afya kilichopo karibu nawe au tuma SMS "**m4RH**" kwenda **15014 - BURE!**

jiamini!

Namshauri kila mwanamke kutumia huduma za uzazi wa mpango kwa ajili ya familia bora!

Chagua. Tumia njia ya uzazi wa mpango inayokufaa.

Kwa maelezo zaidi nenda kwenye kituo cha afya kilichopo karibu nawe au tuma SMS "**m4RH**" kwenda **15014 - BURE!**

jiamini!

Mimi na mke wangu tunashirikiana kupanga familia yetu.

Chagua. Tumia njia ya uzazi wa mpango inayokufaa.

Kwa maelezo zaidi nenda kwenye kituo cha afya kilichopo karibu nawe au tuma SMS "**m4RH**" kwenda **15014 - BURE!**

(GREEN STAR)

FAMILY PLANNING CAMPAIGN

Tanzania launched a national family campaign in 1993, when President Ali Hassan Mwinyi introduced the Green Star logo as a symbol of the availability of FP services. The campaign recognized that family planning plays an important role in improving maternal, newborn, and child health, and promoting economic and social development. While there has been a steady increase in contraceptive use over the years, one in five women in Tanzania still have an unmet need for family planning. Recognizing this, the MOH committed themselves to revitalizing the Green Star campaign under the National Family Planning Costed Implementation Plan 2010-2015.

TCCP, MOH and partners rolled out the revitalized Green Star campaign on radio, through electronic and print media, in health facilities, and at the community level in 2013. The campaign targeted women of reproductive age with unmet need for FP and their partners, as well as the media, FP service providers, family members (e.g. mothers-in-law, sisters-in-law), and community leaders. The national launch was followed by ten regional re-launches in places with low contraceptive prevalence rates (CPR). TCCP spearheaded an intensive collaborative effort between SBCC, service delivery, and commodities and supplies groups, as well as decentralized planning with the Regional Health Management Teams, to ensure that demand creation activities were well matched with accompanying service provision.

TCCP conducted a national, household-based project midline survey in April 2014. The survey revealed that 57% of men and 50% of women had been exposed to the campaign during the last six months, with radio the most frequent source of exposure (men 54%, women 41%), followed by health facilities for women and television for men. Exposure to Green Star was significantly associated with increased knowledge of FP methods, improved couple communication about FP, and increased likelihood of use of a family planning method in the last twelve months.


UZAZI WA MPANGO
TANZANIA
Fuata nyota ya kijani upate mafanikio


m4RH
Ni Huduma Bila Malipo
Pata taarifa zote unazohitaji kuhusu
njia za uzazi wa mpango
Kwa maelezo zaidi, tuma neno
m4RH
kwenda 15014
• Chagua njia iliyo bora kwako
• Pata maelezo ya eneo la kituo cha afya
masaa 24 kwa siku,
siku 7 kwa wiki!
USAID
fhi360


Vipandiki
Kondomu ya K
Njia mbalimbu za Uzazi wa Mpango
Kufunga Uzaz kwa Mwanam
Kufunga Uzazi kwa Mwanaum
Lupu
Kondomu ya Ki
Njia ya Dharura ya Uzazi wa Mpan
Njia za Asili z Uzazi wa Mpan
Njia za Vidonge
Sindano

Tunakuthamini
(WE VALUE YOU)

HIV CARE AND TREATMENT CAMPAIGN

Adherence and retention of HIV positive, anti-retroviral treatment (ART)-eligible clients has been a significant challenge in Tanzania. Barriers to adherence and retention include stigma, lack of social support, side effects from anti-retrovirals (ARVs), ineffective referrals, and costs related to transport to health facilities, among others. In order to address these barriers, and support Tanzania's target of 90% of people living with HIV (PLHIV) on ART virally suppressed by the end of 2017, TCCP designed a campaign to facilitate optimal adherence to treatment and retention in health facility appointments.

While many HIV treatment initiatives in Tanzania target PLHIV, Tunakuthamini (We value you) was unique in that it took a social networks approach to encourage friends, family members, colleagues, and others to take an active role in supporting those close to them who are living with HIV. In doing so, it significantly expanded the target audience, moving it from the 5.1% of the population made up of PLHIV, to the much larger proportion of individuals who know someone living with HIV. The campaign combatted stigma by strengthening the bond between the two target groups.

Tunakuthamini launched nationwide in November 2015 through intensive mass media. Six unique radio spots featured characters modeling support in different types of relationships, including best friends, siblings, and husband and wife. A series of posters also portrayed supportive relationships. At the community level, HIV care and treatment issues were incorporated into the Safari ya Mafanikio (Journey of Success) Community Resource Kit (CRK). Care and treatment issues were also discussed on the TCCP's Radio Magazine Programs.

The July 2016 omnibus survey found that 23% of respondents had seen or heard the campaign. 34% reported that the campaign encouraged them to discourage HIV-related stigma, while an additional 30% said it encouraged people to support PLHIV.


Kijana wetu ni rafiki yetu, tunamthamini na tumemuweka wazi kuhusu hali yake ya maambukizi ya VVU. Anaji tambua na sasa anafuatilia vyema matibabu
Tunahakikisha kuwa:
USAID


Mimi na mwenza wangu tunathaminiana na tuko wazi kuhusu hali zetu za maambukizi ya VVU. Tuna furaha na amani
Tunahakikisha kuwa:
USAID

Je Wajua?

Sio kila homa ni malaria

Zama zimebadilika Sio kila homa ni malaria

NENDA UKAPIME!

(NOT EVERY FEVER IS MALARIA)

MALARIA TREATMENT CAMPAIGN

Tanzania has made enormous strides in lowering the national impact of malaria, with a 50% reduction in under 5 malaria prevalence between 2008 (18.1%) and 2012 (9.5%). In this era of reduced malaria prevalence, it is increasingly likely that fevers are due to other causes, such as acute respiratory infections. Testing for malaria, trusting the results, and adhering to treatment instructions have thus become paramount. Testing for malaria, however, is low. Only one in four children under five that had a fever during the two weeks before the 2012 THMIS had blood taken from a finger or heel for testing.

Based on formative research, TCCP, the National Malaria Control Program (NMCP), and the Clinton Health Access Initiative (CHAI) designed an SBCC strategy to address the common misperception that every fever is malaria, and to promote malaria testing before treatment. TCCP and its partners launched the Sio Kila Homa ni Malaria ("Not Every Fever is Malaria") campaign in July 2013. The campaign included five radio spots and one jingle. TCCP also distributed promotional and print materials such as posters, brochures, and t-shirts. In communities, community volunteers used visual aids to support dialogue and discussion.

In December 2015, TCCP refreshed the campaign with updated materials. Phase II messaging focused on how "times have changed," and not every fever is malaria. Phase II targeted both clients and providers.

According to the March 2016 omnibus survey, 67.3% of respondents had seen or heard Not Every Fever is Malaria in the last three months. Among the exposed respondents, 31% had discussed the campaign with someone during the past three months.


Je Wajua?
Sio kila homa ni malaria
Nenda ukapime
ujue ni ugonjwa
gani unakusumbua!


Zama zimebadilika
Sio kila homa ni malaria NENDA UKAPIME!
Kupima
Majibu
USAID
CDC
JOHNS HOPKINS
TCDC

SOCIAL AND BEHAVIOR CHANGE COMMUNICATION **INTEGRATED PLATFORMS**

Safari ya Mafanikio
(Journey of Success)
Community Resource Kit

Aiisseee!

Siri Ya Mtungi

RADIO MAGAZINE PROGRAM

Safari ya Mafanikio
(Journey of Success)
Community Resource Kit

Development programs in Tanzania have long relied on community engagement tools to facilitate activities around health and social issues at the community level. However, these tools are often vertical in nature, addressing only one health area; focused on raising awareness rather than changing attitudes, questioning social norms, or shifting perceived risk or self-efficacy; or designed for household visits or one-on-one sessions that transmit information that encourage participation and dialogue. TCCP designed the Safari ya Mafanikio (Journey of Success) comprehensive community health resource kit (CRK) to address these gaps.

Safari ya Mafanikio contains interventions on Tanzania's most pressing health issues. Its unique and highly participatory methodology engages small groups of 25 or less in interactive storytelling, drama, games, metaphors, personal risk assessments, and other innovative activities that inspire solution-seeking behaviors and shift mental models around deeply held cultural values. The kit was designed to be as "lean" as possible, requiring a minimum amount of materials in order to reduce costs and improve scalability.

The CRK contains twelve modules: an introductory session in which participants create their vision for a healthy future, followed by health modules on HIV prevention, HIV testing and counseling, voluntary medical male circumcision (VMMC), HIV treatment, tuberculosis (TB), maternal, newborn, and child health (MNCH), elimination of mother to child transmission of HIV (eMTCT), FP, most vulnerable children (MVC), malaria prevention, and malaria treatment. The modular nature of the kit allows facilitators to design their interventions around the circumstances of the target community, enabling them to choose the most relevant modules for the disease burden in their areas.

The CRK was rolled out by TCDC through its network of CBOs, CCAs, and village volunteers. **As of September 2016, TCCP had trained 2,460 CCAs, oriented 16,540 village volunteers, and reached 3,343,076 community members through 83 CBOs in 16 regions with CRK activities.**

Siri Ya Mtungi

(SECRETS OF THE AFRICAN POT)

TELEVISION SERIAL DRAMA

Social Learning Theory (Bandura, 1977) explains that people learn through observing the behaviors, attitudes, and behavioral outcomes of those that are similar to themselves. With this theory in mind, the 26 episode television serial drama, Siri ya Mtungi (Secrets of the African Pot), was developed to promote the reduction of concurrent sexual partners, HIV testing, condom use, and the adoption of modern family planning methods. With subtle messaging told through a gripping storyline, the entertainment-education series follows characters through the stages of behavior change, modeling how positive behaviors can be adopted over time. Cheche's indiscretions raised issues of fidelity, condom use, and HIV testing. His wife, Cheusi, struggled with the decision to use family planning. Nusura, who was pregnant and living with HIV, facilitated storylines around prevention of mother to child transmission of HIV (PMTCT), discordant couples, and positive living.

Season One launched in December 2012, and Season Two in December 2014. Episodes were broadcast on four national television stations, released commercially on DVD, uploaded to YouTube, and made available a week in advance on mobile through a unique partnership with Vodacom. Siri ya Mtungi (SyM) developed a vibrant social media presence on Facebook, Instagram, and Twitter to actively promote the program and engage viewers in meaningful dialogue. Posts asked fans about their experiences with similar issues, if they agreed with characters' behaviors, or what they thought characters should do next.

SyM's popularity on social media during its first 13 weeks of broadcast made it the third most popular online brand in Tanzania. **At the end of September 2016, SyM's FaceBook page had 392,497 fans. The series has amassed over 1.5 million YouTube views alone since its debut. AfriComNet awarded SyM its 2015 prize for Excellence in Health Communication in Africa in the mass media category. SyM was nominated Best Indigenous Language TV Series/ Movie (Swahili) by the Africa Magic Viewers Choice Awards in 2017.**

Siri ya Mtungi

Aiisseee!

(I SAY!)

COUPLE COMMUNICATION GAME SHOW

Couple communication has been shown to positively influence health behaviors, including uptake of family planning, HIV counseling and testing, and condom use. Data from the TCCP baseline survey suggested that couple communication in Tanzania was low, and that a minority of couples had discussed family planning or HIV testing with their main sexual partner.

Aiisseee! was a radio and television game show designed to improve couple communication and promote couple connectedness. The program aimed to engage both contestants and the broader audience by approaching serious issues through a humorous approach. Three couples competed to see who knew each other best, with the chance to win a romantic get-away. These studio sessions were interspersed with interviews with people on the streets.

Those exposed to Aiisseee! were more likely to discuss HIV testing with their partners, more likely to discuss HIV with their partners, more likely to have ever been tested for HIV, and more likely to use a condom at last sex with their primary partner.

Aiisseee! has demonstrated that a subtle yet provocative, humorous approach can facilitate non-confrontational discussion around hard-to-address issues. The program has received international recognition from advertising giants Ads of the World and Contagious Magazine, as well as several public health institutions.

"Even if you are not yet in a relationship…[Aiisseee] is kind of preparing you."
– Female, Dar es Salaam


Aiisseee!
Unamjua vizuri mwenzi wako?

Radio is the backbone of media in Tanzania. According to the 2014 Tanzania All Media Products Survey (TAMPS), 88% of Tanzanians had listened to radio in the last 7 days, making it the most widely accessed form of media. Furthermore, rapid growth in the number of regional radio stations has created substantial audience segmentation, with strong preferences for different stations in different geographic blocks. Recognizing the importance of locally tailored radio programming as a vehicle for SBCC, TCCP worked to build on the success of the Radio Magazine Program started by the Strategic Radio Communication for Development (STRADCOM) project in 2007. STRADCOM provided training and equipment for regional radio producers to produce programs on HIV.

TCCP expanded the Radio Magazine Program's focus to include several other health topics: safe motherhood, maternal and child health, family planning, and malaria. This paved the way for the involvement of other, non-HIV partners to use the radio magazine as a free platform to go on air, conduct interviews, generate demand for services, and answer health-related questions. Regional and District Medical Officers, Regional AIDS Control Coordinators, medical doctors, experts, activists, implementing partners and others frequently utilized the programs, which were produced and aired on 3 national and 15 regional stations.

The Radio Magazine Program has served to amplify the delivery of key behavior change messages from TCCP and other local, US government, and international partners through high quality radio programming. It has continued to be an important platform for a number of partners and stakeholders to broadly discuss a spectrum of health issues in a way that is tailored to local needs and preferences.

SOCIAL AND BEHAVIOR CHANGE COMMUNICATION **TECHNICAL ASSISTANCE**

Tohara ya Mwanaume

Maisha ni Sasa! Wahi Tohara!
Kuwa Msafi. Pata Kinga.

Uniting Towards ZERO New HIV Infections Among Children in Tanzania

PAMOJA TUWALEE
... ni jukumu letu sote

Ugawaji Vyandarua Shuleni

UNITED AGAINST MALARIA

MALIZA MALARIA ZANZIBAR

Tohara ya Mwanaume

Maisha ni Sasa! Wahi Tohara!
Kuwa Msafi. Pata Kinga.

VOLUNTARY MEDICAL MALE CIRCUMCISION CAMPAIGN

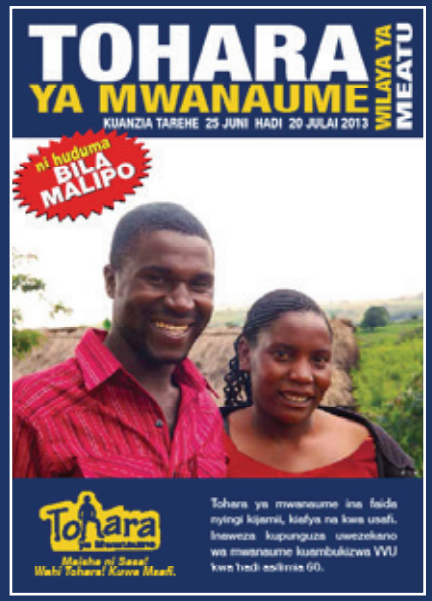
Research has shown that voluntary medical male circumcision (VMMC) is a safe and effective method of reducing a man's risk of acquiring HIV during vaginal sexual intercourse by approximately 60%. A series of situational analyses on male circumcision in Tanzania revealed that men showed high acceptability for VMMC in both circumcising and non-circumcising communities, and actually preferred medical circumcision over traditional methods.

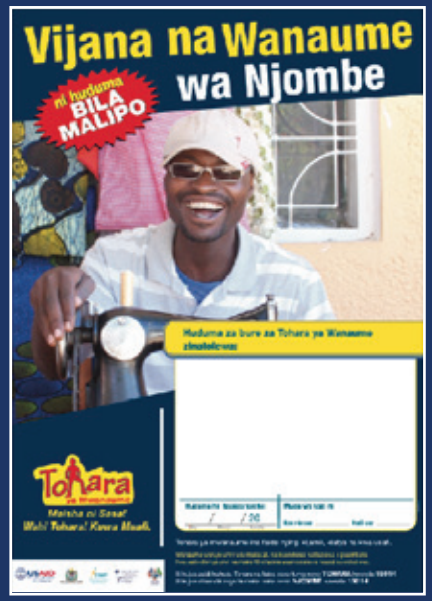
Based on these findings, US government partners conducted three VMMC service delivery pilots in Tanzania. The outcomes of these pilots fed into the development of the National Strategy for Scaling Up Male Circumcision (2010-2015). In support of this strategy, TCCP and Jhpiego began the design of a new VMMC demand creation campaign in 2011 - Tohara.

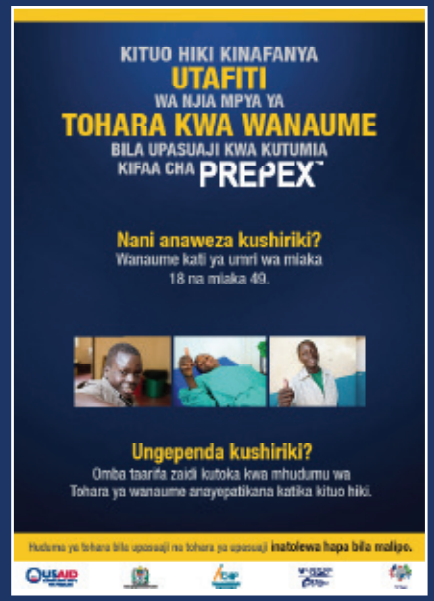
Close collaboration between supply and demand was critical for Tohara's success. Through an efficient division of labor, Jhpiego provided all VMMC services, conducted formative research, and provided mid-media and community outreach. TCCP developed the age-aware communication strategy that divided the primary target audience into boys and young men aged 10-19 years, and another for men age 20-34. TCCP also developed a creative brief, branding, and designed, revised, and produced materials. TCCP and Jhpiego coordinated work plans throughout implementation.

According to data from the MOH, men in Tanzania have chosen to take up VMMC in large numbers. By the end of 2013, over 780,000 men had undergone VMMC. In 2014 and 2015, one million more men had chosen to have the procedure. This included high proportions of men over the age of 20, following the implementation of the age-aware communication strategy.


ni huduma BILA MALIPO
Vijana na Wanaume wa Kagera
Huduma za bure za Tohara ya Wanaume zinatolewa:
Tohara
Maisha ni Sasa! Wahi Tohara! Kuwa Mwafi. Pata Kinga.
USAID


TOHARA YA MWANAUME
KUANZIA TAREHE 25 JUNI HADI 20 JULAI 2013
WILAYA YA MEATU
ni huduma BILA MALIPO
Tohara
Maisha ni Sasa! Wahi Tohara! Kuwa Mwafi.
Tohara ya mwanaume ina faida nyingi kijamii, kiafya na kwa usafi. Inaweza kupunguza uwezekano wa mwanaume kuambukizwa VVU kwa hadi asilimia 60.


Vijana na Wanaume wa Njombe
ni huduma BILA MALIPO
Huduma za bure za Tohara ya Wanaume zinatolewa:
Tohara
Maisha ni Sasa! Wahi Tohara! Kuwa Mwafi.
USAID


KITUO HIKI KINAFANYA
UTAFITI
WA NJIA MPYA YA
TOHARA KWA WANAUME
BILA UPASUAJI KWA KUTUMIA
KIFAA CHA PREPEX
Nani anaweza kushiriki?
Wanaume kati ya umri wa miaka 18 na miaka 49.
Ungependa kushiriki?
Omba taarifa zaidi kutoka kwa mhudumu wa Tohara ya wanaume anayepatikana katika kituo hiki.
Huduma ya tohara bila upasuaji na tohara ya upasuaji inatolewa hapa bila malipo.
USAID


TOHARA IRINGA
Kuanzia tarehe 25 Nov - 21 Dec, 2013
ni huduma BILA MALIPO
TOHARA YA MWANAUME
Tohara
Tohara ya mwanaume ina faida nyingi kijamii, kiafya na kwa usafi. Inaweza kupunguza uwezekano wa mwanaume kuambukizwa VVU kwa hadi asilimia 60.


KIPEPERUSHI CHA MWANAUME
ni huduma BILA MALIPO
Tohara
Maisha ni Sasa! Wahi Tohara! Kuwa Mwafi.


TOHARA
YA MWANAMME
BILA UPASUAJI
KWA KUTUMIA
KIFAA CHA PREPEX
Taarifa kwa washiriki


Tohara ya Watoto
Wachanga wa Kiume
Mlinde mtoto wako wa kiume mlete afanyiwe TOHARA
Kuanzia Masaa 24 toka kuzaliwa mpaka Wiki 8
Sasa huduma hizi zinapatikana BURE katika vituo vifuatavyo:
ni huduma BILA MALIPO
USAID

SCHOOL NET PROGRAM, DISTRIBUTION OF LONG-LASTING INSECTICIDE TREATED NETS TO SCHOOL CHILDREN

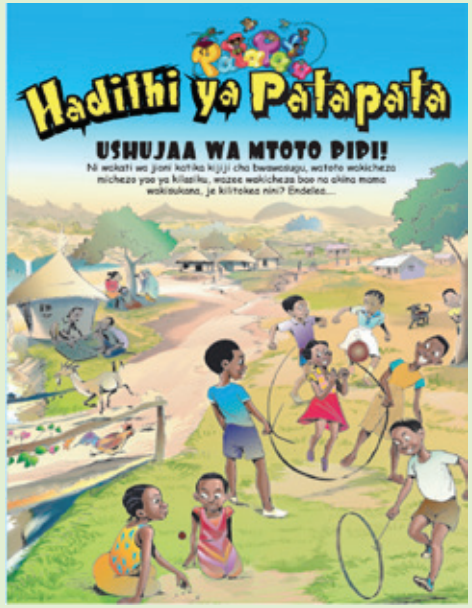
Malaria remains the leading cause of morbidity and mortality in Tanzania, especially in children under five years of age and pregnant women. In 2012. the percentage of children under age five who slept under an insecticide treated net (ITN) was 72% (THMIS, 2012). To build on this level of protection, the Government of Tanzania has been working diligently to scale up net distribution where it is needed most.

TCCP supported the SBCC component of the Government's campaign to distribute free long-lasting insecticide-treated nets (LLIN) to school children. Through the development of ***"Patapata"***, a radio program for children, the School Net Program (SNP) used children ages 6-14 as agents of change. Patapata blended storytelling, songs, and games with messages around malaria and LLIN use. Cue cards and a discussion guide were also developed as job aids for teachers and CCAs. Patapata inspired children to talk to their parents, friends, and communities about sleeping under a net every night, proper net use, net care and repair, and net sharing.

Radio spots, live radio programs, road shows, district-wide events, and promotional materials complemented ***"Patapata"*** school and community outreach activities. SNP strategically timed specific messages for before distribution, during distribution, and after distribution for each annual campaign.

Surveys conducted in implementation districts in 2014 showed that over 90% of heads of households had heard of SNP: 92% in Mtwara region, 91% in Lindi region, and 90% in Ruvuma region. Respondents cited school children, radio, and friends and neighbors as their primary sources of exposure.


Mwanafunzi Shiriki Kutokomeza Malaria
Mama, tumegawiwa vyandarua shuleni na mwalimu amesisitiza kitumike ipasavyo
Asante mwanangu tutakitumia
malaria haikubaliki
USAID
CDC


Hadithi ya Patapata
USHUJAA WA MTOTO PIPI!


MUONGOZO WA MAJADILIANO
3
Patapata
Kipeperushi cha Watoto

Patapata

MALARIA SAFE
PUBLIC-PRIVATE PARTNERSHIPS FOR MALARIA PREVENTION

The economic impact of malaria is so high that, in developing countries with high prevalence such as Tanzania, experts consider it one of the major causes of poverty. The burden of malaria in Tanzania has an indirect but large impact on productivity, the economy, and development. The combined effects of malaria on the labor force manifest in reduced quantity and quality of labor inputs, which translate into reduced economic output and resource underutilization. The impact of malaria on both health and economic growth means that tackling malaria requires more than just the health sector's efforts.

The goal of Malaria Safe was to expand the partnership and collaboration between the private and public sectors to control and eventually eliminate malaria in Tanzania. Malaria Safe worked with the business community to encourage them to recognize the impact of malaria on the workforce and the economic advantage of addressing malaria. Malaria Safe worked with the private sector to invest in malaria control by conducting activities under the four pillars of Malaria Safe:

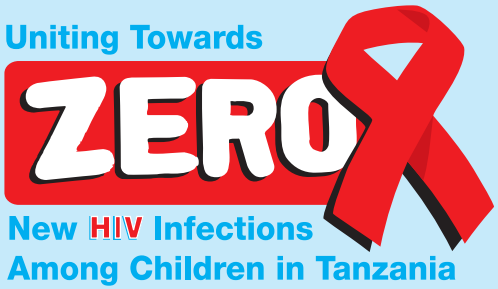
1. Educate employees and their families on malaria prevention and control.
2. Protect employees through the distribution of mosquito nets and other prevention tools.
3. Communicate malaria messages using company platforms such as product labels and advertising space.
4. Advocate for malaria control with business partners and government officials.

The Malaria Safe initiative was launched in 2012 by the Bill and Melinda Gates Foundation who funded Voices for a Malaria-Free Future program. Support was later shifted to TCCP. Malaria Safe started with eight participating companies, and has since expanded to 61 companies in multiple regions. The program model has now been included in the Tanzanian MOH's National Malaria Strategic Plan 2014-2020, with a goal of recruiting 100 companies by 2020.


Be a Malaria Saf
GPSC
GULIN PHARMA
EXIM BANK
AON


Be a Malaria Safe Company
UNITED AGAINST MALARIA


FOR TAN



ELIMINATION OF MOTHER TO CHILD TRANSMISSION OF HIV

In 2011, global leaders launched the "Elimination of Mother to Child Transmission of HIV (eMTCT) and Keeping Mothers Alive" initiative, targeting the 22 high-prevalence countries with efforts to ensure universal access to services for the prevention of mother-to-child transmission of HIV.

In response to the global initiative, Tanzania launched its eMTCT Plan (2012-2015) during the 2012 World AIDS Day commemoration. To achieve the goal of eMTCT in Tanzania, the MOH of Health, Community Development, Gender, Elderly and Children adopted the Life-Long ART for Pregnant and Lactating Women approach (known as LLAPLa or Option B+) as its national standard, wherein HIV-positive pregnant and lactating mothers are initiated on ART for life, regardless of CD4 count.

In support of Tanzania's efforts to achieve eMTCT, TCCP provided communication technical assistance to the MOH and implementing partners by producing a communication strategy and communication materials for the regional roll-out of LLAPLa. The strategy was designed to increase awareness of and support for eMTCT, and increase demand for PMTCT services. TCCP distributed over 600,000 communication materials to 23 districts, and supported media orientations and launch events.


SASA
KWA MAISHA
YAKE YOTE!
ZERO

MOST VULNERABLE CHILDREN

Approximately 12 million children in sub-Saharan Africa have lost one or both parents to AIDS, which places them at high risk of lacking adequate care and protection (UNICEF). The 2012 UNAIDS Global Report showed that 1.3 million children are orphaned by AIDS in Tanzania, and 230,000 children are living with HIV in the country. Due to family illness and the widespread impact of HIV and AIDS in their communities, countless other children live with high probability of abuse, exploitation, unsafe behaviors, and HIV infection. These children, known as Orphans and Vulnerable Children (OVC) or Most Vulnerable Children (MVC), live in communities where typical support networks lack the appropriate means to address their vulnerabilities.

The 2013-2017 National Costed Plan of Action (NCPAII) for Most Vulnerable Children (MVC) was developed to guide the implementation of actions and policies that aim to enhance the wellbeing of MVC. As a member of the task force, TCCP supported the national launch of the plan in Dodoma in February 2013 with radio spots, a jingle, pre-recorded interviews with experts, fact sheets, promotional materials, and entertainment. Following the launch, TCCP led the creation of a communication strategy to support the NCPAII's four core objectives. The project also provided technical assistance to the planning of the May 2014 MVC conference, a three-day event that showcased MVC activities at the grassroots and policy levels.

Through TCCP's radio magazine programs, families and communities were encouraged to care for MVCs and help them to live full and healthy lives. TCCP also incorporated a module on MVC into its Community Resource Kit.


“Wajibika kwa vitendo hakikisha ustawi na usalama wa mtoto unaimarika”


#WALINDE WATOTO
ULINZI NA USALAMA WA MTOTO
NI JUKUMU LETU SOTE
KOMESHA UKATILI NA UNYANYASAJI DHIDI YA WATOTO
“KILA MDAU AWAJIBIKE”


WATOTO WENYE MAHITAJI MAALUM
WANAWEZA!
WAPEWE KIPAUMBELE
“KILA MDAU AWAJIBIKE”


UBORESHAJI WA UPATIKANAJI WA HUDUMA
ZA AFYA, ELIMU, MAKUZI NA MAENDELEO YA AWALI YA MTOTO NI JUKUMU LETU SOTE
“KILA MDAU AWAJIBIKE”


Wajibika kwa vitendo hakikisha ustawi na usalama wa mtoto unaimarika

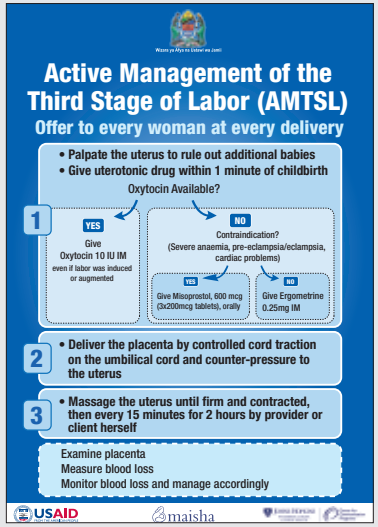

PAMOJA TUWALEE
... ni Jukumu letu sote

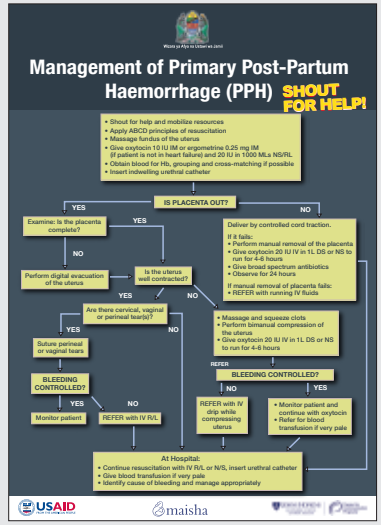
INFECTION PREVENTION AND CONTROL

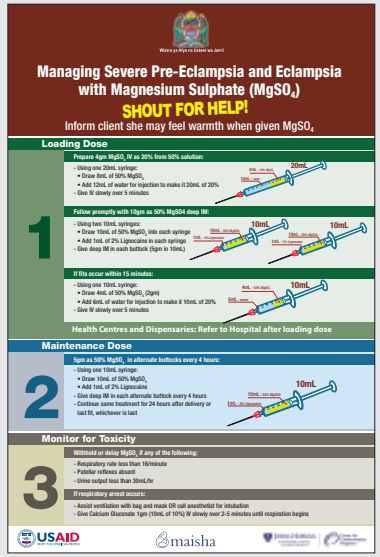
TCCP provided SBCC technical assistance to MOH and Jhpiego in the development of the National Communication Strategy for Infection Prevention and Control 2012-2017, as well as priority communication materials. Hand washing posters and stickers were developed for health facilities, while a badge worn by health providers encouraged clients to remind providers to wash their hands. Reminder cards for health facility staff contained instructions in the event of accidental exposure to blood or body fluids. TCCP produced 100,000 hand washing posters, 50,000 hand washing stickers, 50,000 badges, and 50,000 reminder cards, which were distributed to health facilities by MOH and Jhpiego.

BASIC EMERGENCY OBSTETRIC AND NEONATAL CARE (BEMONC) JOB AIDS

TCCP supported MOH and Jhpiego to develop three job aids on basic emergency obstetric and neonatal care (BeMONC): one on active management of the third stage of labor, another on management of post-partum hemorrhage, and a third on managing severe pre-eclampsia and eclampsia with magnesium sulfate. TCCP printed 16,000 copies of each job aid as A3 size posters, as well 16,000 laminated A4 size job aids bound together by a metal ring for portability. These were distributed by Jhpiego in consultation with MOH.







ZANZIBAR MALARIA ELIMINATION PROGRAM (ZAMEP)

TCCP provided technical assistance to the Zanzibar Malaria Elimination Program (ZAMEP) from October 2013 through the second quarter of 2016 in three key ways: 1) the implementation of a study on the characteristics of malaria hot spots; 2) the development of continuous distribution implementation guidelines; and 3) the creation, production, and distribution of SBCC materials. In order to better understand the characteristics of Zanzibar's hot spots, TCCP supported ZAMEP in the design, implementation, and analysis of a study aimed to characterize the human behavior, intervention coverage and usage, and environmental and entomological factors within these hot spot areas. TCCP collaborated with other CCP malaria experts to guide ZAMEP through the process of developing continuous distribution and implementation guidelines for long lasting insecticide treated nets (LLINS). TCCP also supported ZAMEP in the creation of SBCC materials to support malaria control on Zanzibar including developing a ***"Traveler's Guide"***, two posters, a billboard, and two television animations to support the campaign.


KAMPENI YA UGAWAJI
WA VYANDARUA ZANZIBAR
CHANDARUA CHENYE DAWA YA MUDA MREFU
Hivi karibuni kutakuwa na zoezi la ugawaji wa vyandarua nchini
Zoezi litafanyika:
Mahali:
Tarehe: / / 2012
Zoezi hili ni la BURE!
MALIZA MALARIA ZANZIBAR
USAID
UKaid
The Global Fund


WIZARA YA AFYA ZANZIBAR
KITENGO CHA KUPAMBANA NA MALARIA ZANZIBAR
Namba ya daftari
Nambari ya orodha
Shehia
Zoni/ Kijiji
Namba ya Nyumba
Jina kamili la mkuu wa kaya
Jina kamili la Sheha
Kituo cha ugawaji
Idadi ya vyandarua vilivyogawiwa
Saini au alama ya dole gumba
USAID
UKaid
The Global Fund


Karibu Zanzibar
Shirikiana Nasi Katika Kumaliza Malaria
Lala kwenye Chandarua chenye Dawa kila siku
Pima Damu Mara tu Unapohisi Dalili za Malaria
MALIZA MALARIA ZANZIBAR


MATUMIZI SAHIHI YA DAWA MCHANGANYIKO ZA MALARIA
KARIBU KATIKA KITENGO CHA KUMALIZA MALARIA ZANZIBAR – ZAMEP
MALIZA MALARIA ZANZIBAR
Karibu Zanzibar
MUONGOZO WA UGONJWA WA MALARIA KWA WASAFIRI


Zenj Fm
Zenj
Nipe
Paper

SOCIAL AND BEHAVIOR CHANGE COMMUNICATION **LESSONS LEARNED**

CREATE TASK FORCES

Project-sponsored SBCC campaigns often fail to achieve sufficient government buy-in, sustainability, or capacity building of any partners outside the project. The Jiamini family planning campaign, one of TCCP's early initiatives, is an example of this. As a result of that experience, TCCP started spearheading the creation of government-led, multi-disciplinary task forces for each of its campaigns. These task forces brought together the relevant MOH programs/sections, SBCC professionals, advertising agencies, implementing partners, donors, and other stakeholders, thereby representing a cross-section of SBCC, service delivery, commodities and supplies, policy, marketing, management, and RM&E expertise. These task forces were convened at the very conception of each campaign, and taken through the entire process, from formative research and development of the campaign strategy to the selection of advertising agencies, design and pre-testing of messaging and materials, launches, implementation, and RM&E.

The task forces were responsible for providing technical input, and reviewing and approving each step of the campaign. Task force meetings were called by the MOH and held at their premises. This mechanism was instrumental in creating a shared vision, generating ownership, harmonizing messaging, improving coordination, and reducing duplication of efforts, thereby allowing the campaigns to be implemented at scale, where they could achieve maximum impact. This strategy was also critical for strengthening government and partner SBCC capacity through its participatory "learning by doing" approach.

DESIGN PARTICIPATORY INTERVENTIONS THAT ADDRESS IDEATIONAL FACTORS

Behavior change is a complex, convoluted process. It extends far, beyond "awareness-raising" or "IEC materials". As 30+ years of CCP's robust research-to-practice approach has shown, knowledge alone is rarely enough to cause behavior change. To that end, TCCP was committed to reinforcing CCP's practice of designing theory-based interventions that addressed a range of ideational factors, or "interrelated psychosocial variables, such as attitudes about the health issue, perceived behavioral norms, perceived risk of disease, emotional response to an issue, self-efficacy to protect oneself and one's family, and social influences in one's family and community" [1]. This requires a much deeper, more participatory, reflective engagement process than is often used in traditional examples of didactic health education in Tanzania.

The Safari ya Mafanikio CRK, for example, engages participants in small group settings through interactive storytelling, drama, games, metaphors, personal risk assessments, and other innovative activities that inspire solution-seeking behaviors and shift mental models around deeply held cultural values. Activities do not simply "instruct" the audience what they should or should not do, but encourage dialogue and debate around why, examine social norms, and facilitate motivating cultural connections. For example, an activity on family planning invites participants to demonstrate planting maize seeds according to these scenarios: one with correct spacing, another with the seeds too close together, another which plants the seeds too early, and final one who plants too late. This is then used as a metaphor to introduce and discuss the issues around Healthy Timing and Spacing of Pregnancy (HTSP).

[1]Storey, 2016 - http://ccp.jhu.edu/2016/04/25/using-ideation-to-predict-behavior-change-and-prevent-malarias-spread/

CONTINUE TO USE MULTIPLE, MUTUALLY REINFORCING COMMUNICATION CHANNELS

CCP experience has shown the benefits of a multi-channel approach time and time again. However, new technologies or innovations occasionally take center stage, and may even drive the strategy. mHealth and social media were two such examples during TCCP.

Mobile Health (mHealth) should be one component, not a stand-alone intervention.

Mobile phone usage is increasing rapidly in Tanzania, and mHealth interventions have gained significant traction. Through collaborations under the MOH-led mHealth Public-Private Partnership (PPP), TCCP helped to bring three mHealth platforms to national scale. These included a "push" system that sent automated messages to users every few days, a menu-based, "pull" system that allowed users to access information of interest at their own convenience, and an open-ended system where users could submit questions and comments.

These platforms had a valuable role to play as support channels in TCCP's demand creation campaigns. They provided free, anonymous, confidential access to information, they were accessed by hard-to-reach audiences typically reluctant to get information at health facilities, such as youth and men, they provided important links to health services, and they provided evidence of knowledge-seeking behavior. Furthermore, they provided a nimble monitoring mechanism to use real-time data for decision-making, and system data could be used as a proxy for campaign reach when the platform was promoted through other communication channels. TCCP's mHealth platforms served formative, process, and impact evaluation purposes.

mHealth, however, is not a silver bullet. Only so much information can be conveyed in 160 characters. Other SBCC channels are still needed to reinforce messages, provide more in-depth information, and increase chances of exposure and impact. As with any effective SBCC intervention, projects still need to pre-test all mHealth messages, and design clear monitoring and evaluation plans that think about how best to collect and utilize big data to provide evidence of behavior change.

Particularly important with mHealth is the need to form strategic partnerships and develop innovative models for sustainability from the very beginning. Once SMS systems are promoted as free to the user on national mass media, it becomes very difficult to introduce a cost for the service. Implementers should ascertain willingness to pay and assess the benefits and drawbacks of "free versus fee" systems in the very early stages of design. The pros and cons of push versus pull systems, open versus close-ended messages, and self versus facilitated registration are other important considerations.

Social media needs a strategy, too.

Programs are often quick to jump into social media platforms – sometimes, too quick. While Facebook, Twitter, Instagram and others undoubtedly have a wealth of benefits, their use still requires thoughtful planning, moderated engagement, and near-constant monitoring. TCCP used social media platforms for the Tuko wangapi? Tulizana, Aiisseee!, and Siri ya Mtungi SBCC initiatives, as well as for the ACE and TASHCOM capacity building initiatives. Through these, we learned the importance of designating and training a dedicated engager, who is solely responsible for managing and interacting on the initiative's social media channels. Ideally, this person monitors the pages continuously, from early morning until late at night to address any questions or concerns as they arise.

Agreeing on the strategy, clearly defining the social media objectives, and establishing the "rules of engagement" help identify the types of posts to generate, the language that will be used on the platform (e.g. English, Kiswawhili, "Swanglish," formal, slang), the frequency at which the engager will post, and the times at which the target audience is most active. Broad objectives, such as, "to significantly increase the campaign's social media presence" can create more confusion than clarity. Objectives around increasing engagement with the page or increasing positive sentiment around the brand, for instance, are more useful. Implementers should be ready to change these objectives as the program evolves, moving from a launch and fan acquisition phase to engagement, promotion, and retention phases.

Examples of Siri ya Mtungi fan interaction on Twitter

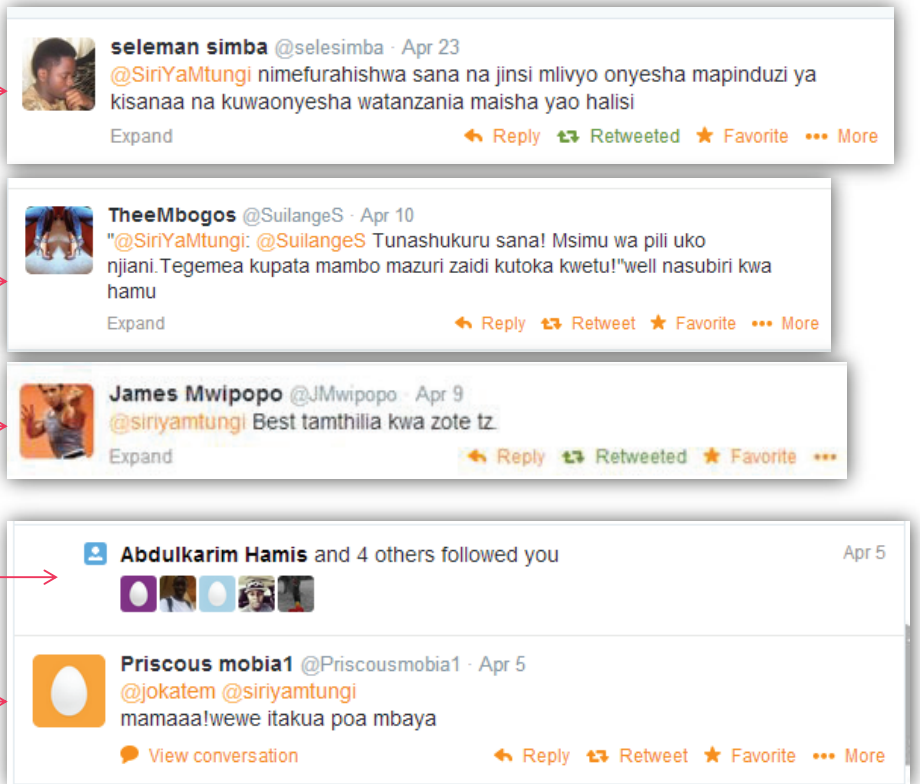
I am so happy with the revolution you did in the 'movie industry' and showing Tanzanians their real lives.

A retweet of @SiriYaMtungi reply about the coming of Season II.

The best tv series in Tanzania

New followers

Fan reply to a Siri ya Mtungi information about appearance of Jokate in season II.



PLAN AND BUDGET FOR MATERIALS DISTRIBUTION – AND ORIENTATION

When implementing SBCC initiatives at national scale, it is imperative to have clear materials distribution strategies in place, or risk the materials never reaching their intended audience. Beyond distribution, orientation on who the materials are intended for, what information they contain, where they should be placed, and how they should be used must be considered in order for the materials to be used as intended. TCCP was committed to ensuring community, health facility, provider, and client materials made it "the final mile." This required careful planning, quantification, coordination, communication, tracking, and budgeting.

We tested different distribution and orientation strategies over the course of the project: working with the MOH to distribute to RMOs and or/DMOs, having implementing partners distribute directly to the health facilities they support, working with TCDC Regional Managers to access sites in their geographic locations, and/or hiring logistics companies. Whichever materials distribution and orientation strategies are selected, this a cost that cannot be overlooked, and should be appropriately planned for and built into budgets at an early stage.


Tuko wangapi?
Tulizana
TulizanaTz
USAID
1200
1600
1400


TUENO
Tulizana
Tuko wangapi?

DEVELOP "LEAN" COMMUNITY RESOURCE KITS TO ACHIEVE SCALE

Community outreach and interpersonal communication activities require significant inputs. Costs, however, can be reduced, and scalability significantly improved by developing resources and activities that are as "lean" as possible, requiring a minimum amount of materials, without sacrificing quality. For TCCP and the Safari ya Mafanikio CRK, this involved several prototypes and iterations of different kit components. The original design, for example, called for a series of connected, painted wooden sticks. Safari ya Mafanikio modified these modules to use string, a much more affordable, lighter, and similarly effective alternative. Rather than producing expensive pieces for games that may be lost or broken, facilitators used locally, readily available, free or very low-cost resources such as sticks, bottle caps, stones, and maize seeds. In many cases, these materials resonated more strongly with the audience than what had been initially conceived.

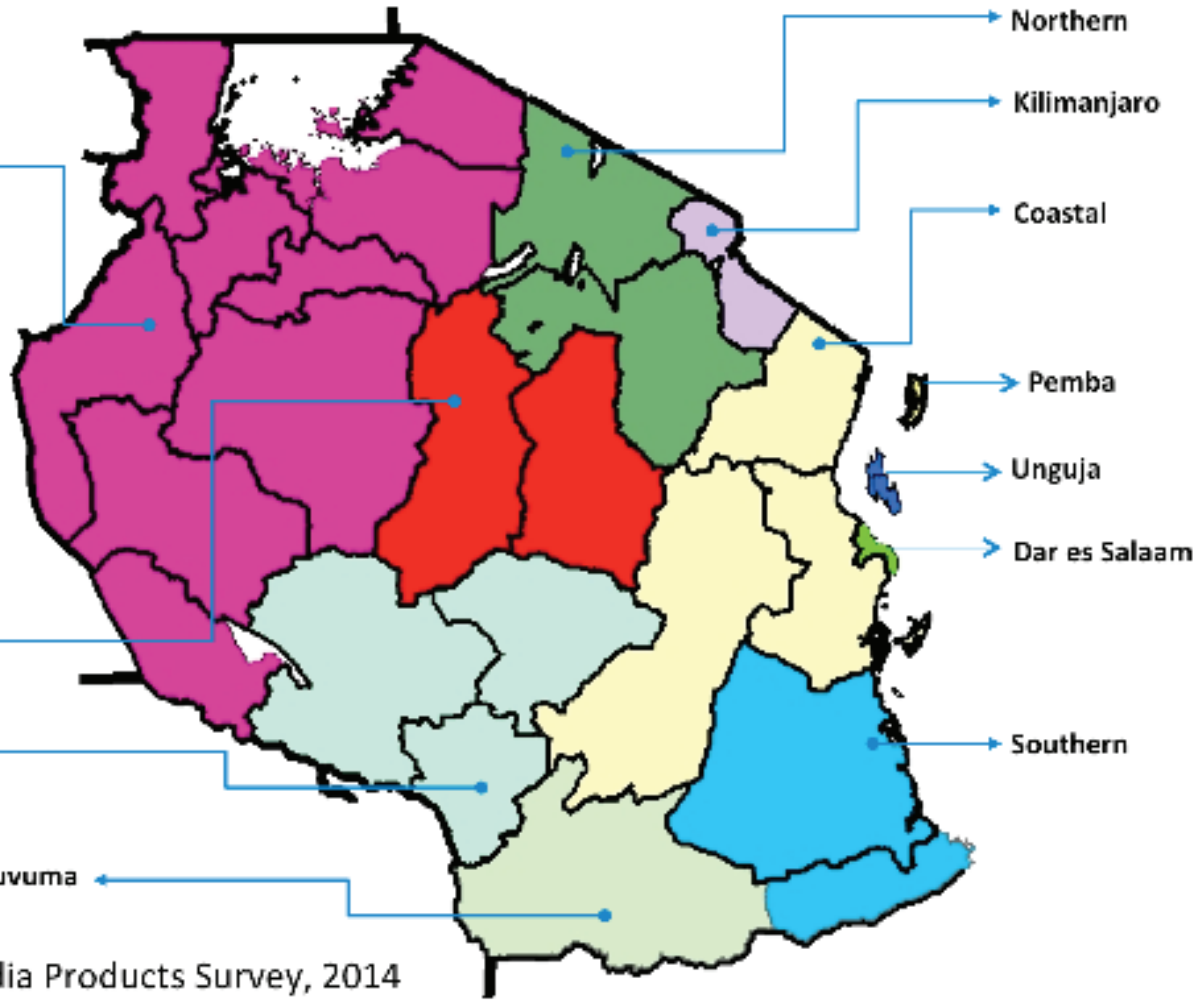

aeiou

HAVING IMPACT THROUGH RADIO REQUIRES AN INVESTMENT

Radio is still the most frequently accessed source of mass media in Tanzania, and remained at the forefront of TCCP's media strategies. Having impact, however, requires having a meaningful presence (frequency and duration of programming), which, in turn, requires investment. TCCP was one of Tanzania's biggest media buyers, on par with telecommunication and beverage companies. Advance bulk media buys for several campaigns over several months at a time allowed the project to negotiate significantly discounted rates. The project also employed a range of innovative radio programming to cut through the clutter, from game shows, children's shows, magazine programs, and distance learning programs to spots, DJ mentions, and live call-in segments.

The rapid growth of regional radio stations resulted in substantial audience segmentation into geographic blocks, with strong preferences for different stations in different media topographies. TCCP took advantage of this segmentation to increase the use of regional stations for improved tailoring and placement of spots and programs. The Tanzania All Media Products Survey (TAMPS) and other media monitoring mechanisms guided TCCP's placement of media on stations, in programs, and at times with the highest listenership among its different target audiences. Projects must take care, when scheduling media, not to "cannibalize" themselves by having too many campaigns on air simultaneously. We varied our media buys between blitz and maintenance periods, when campaigns were on at high, medium, or low intensity. We also found it important to continuously refresh our spots, thereby keeping the audience connected to our campaigns.

Media Topographies



Tanzania All Media Products Survey, 2014

MAXIMIZE DISTRIBUTION OF TV AND FILM

While radio remains the most common type of mass media in Tanzania, new and alternative forms of media distribution greatly increased the reach of TCCP's television and film products. Programs uploaded to YouTube and promoted on social media have received hundreds of thousands of views. A unique partnership with Vodacom made Siri ya Mtungi episodes available on mobile a week in advance of broadcast through Vodacom's SIMU.tv platform.

Movies and television shows were also released commercially on DVD, distributed through the Tanzania Video Library Association, and shown in local video bandas and on Mobile Video Units (MVU), thereby extending their distribution to hard-to-reach areas. Film shows on MVUs were accompanied by facilitated community discussions, enabling deeper dialogue and reflection around the topics at hand. TCCP also made these products available for government and implementing partners to show in their health facilities or during outreach activities.

The creation of high quality, locally produced media such as Siri ya Mtungi, Sunshine, Network, Mdundiko, and Aiisseee! also contributed to increased viewership. Media houses were eager for this type of content, and viewers were excited to watch. TCCP was able to air these productions on several television stations at no cost to the project.


LONG TIME
FIGO
UTAJIRI MASHAKA
DEATH
THE RETURN OF KIDNAPPER
UTAJIRI MASHAKA
Siri Ya Mtungi
UBU LA MUME

RESEARCH, MONITORING AND EVALUATION (RM&E) HIGHLIGHTS

FORMATIVE RESEARCH

Prior to designing the Tuko wangapi? Tulizana campaign, TCCP conducted formative research on the concurrent sexual partnership context in Tanzania. Through a series of focus group discussions with men and women in Mara, Shinyanga, Iringa, and Dar es Salaam, we sought to assess the target audience's understanding of how sexual networks increase the risk for HIV, gain further insight in to the language surrounding multiple partners, concurrent partners, sexual networks and faithfulness, and determine the ways in which couples feel they can improve their relationships with their main partner in order to eliminate or reduce the number of outside partners. The rich results of the study have been published in the project report, '"***When you are having one man, you are seen as strange": Understanding Concurrent Sexual Partnerships in Tanzania***', and shared at the 17th International Conference of AIDS and STIs in Africa (ICASA) in Cape Town, South Africa.

> *"She will tell you, 'I love this one because he sends me airtime for my phone, I love this one because he pays school fees for me, and I love this one because he pays my rent, you see!" – Female, age 25, Dar es Salaam Region*
>
> *"They are called kidumu [small gallon] because they say that you are supposed to have a small gallon and a tank; when the tank breaks then you drink water from the small gallon because you cannot stay with thirst the whole day." – Female, age 28, Iringa Region*
>
> *"Men also change after marriage. Soon after getting used to the wife, you sleep with her every day with the same sex styles, so you also develop thoughts of getting another woman to sleep with so that you get a different taste." – Male, age 25, Iringa Region*

These findings were used to shape the Tuko Wangapi campaign to ensure maximum effectiveness.

PRE-TESTING

TCCP pre-tested all of its campaigns through focus group discussions with the target audience in multiple regions. Materials were typically tested for comprehension, acceptance, personal relevance, attraction, and persuasion, and the findings shared with the appropriate task forces. Materials went through several iterations prior to finalization and launch.

TCCP's pre-testing and stakeholder feedback exercises were invaluable, and resulted in key changes to campaign concepts and executions. "Wazazi Nipendeni" (Love me, parents), for instance, initially started as "Mama Nipende" (Love me, mother), until the audience showed their preference for the inclusion of both parents in the campaign. Below, you can see the evolution of the Wazazi Nipendeni malaria prevention in pregnancy poster through pre-testing and review exercises.

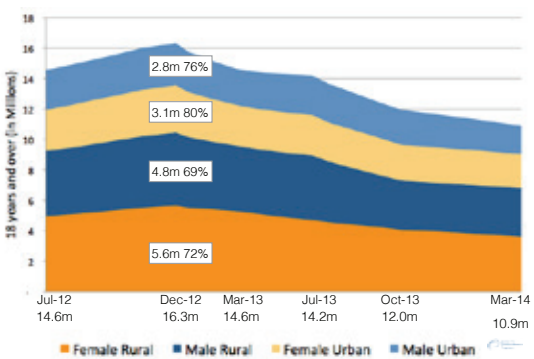
OMNIBUS SURVEYS

TCCP added questions to nationally representative, quarterly omnibus surveys in order to track reach, recall, and selected knowledge, attitude and practice indicators. Questions were standardized over time in order to determine whether respondents had seen or heard the campaign, which communication channels they were exposed to, what the campaign was encouraging them to do, and whether or not they discussed the campaign with anyone.

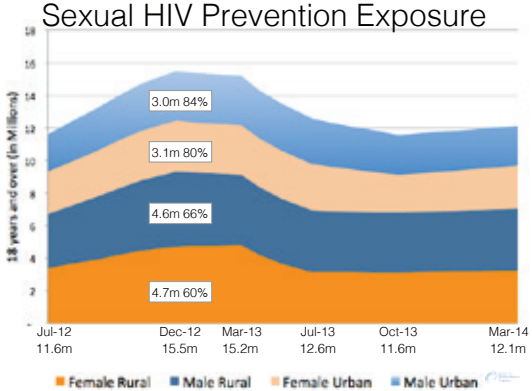
Surveys consistently found that radio was the primary source of exposure, usually followed by television, where applicable. Exposure among urban audiences, males, and younger audiences was typically significantly higher than among rural audiences, women, and youth, respectively. There were clear relationships between the intensity of our media buys and reported exposure to the campaigns. Maximum exposure to a TCCP campaign was 72% for Jiamini. Average exposure across TCCP's five nationally and regionally broadcast campaigns was 46%.

While exposure to our campaigns was typically lower among rural audiences, however when extrapolating to that population's size, rural women were actually our largest audience in absolute numbers.

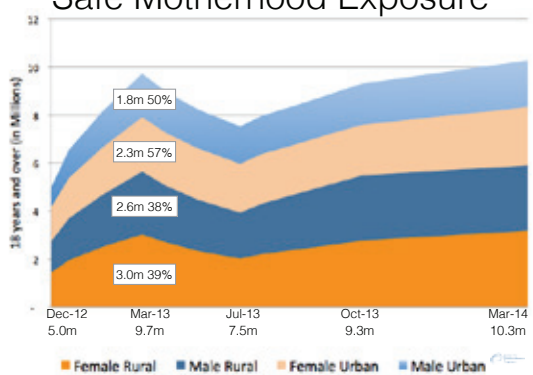
Family Planning Exposure



Sexual HIV Prevention Exposure



Safe Motherhood Exposure



BASELINE AND MIDLINE SURVEYS

TCCP conducted a household baseline survey in 2011 and an endline survey in 2014. The endline evaluated the impact of TCCP's multi-channel campaigns on health outcomes of interest through a survey of 4,000 randomly selected respondents in the country's mainland regions. The following table summarizes the key findings.

Campaign	Exposure	Outcomes Significantly Associated with Campaign Exposure	Outcomes Not Significantly Associated with Campaign Exposure
Wazazi Nipendeni	53% of men 44% of women	• Knowledge of danger signs during delivery • Knowledge of danger signs in children • Birth planning behavior • Delivery in a health facility	• Knowledge of danger signs in pregnancy • Knowledge of danger signs after birth • Malaria knowledge index • ANC attendance
Green Star	57.2% of men 50.3% of women	• Knowledge of any family planning method • Family planning use attitudes • Communicating with partner about family planning • Family planning use	None

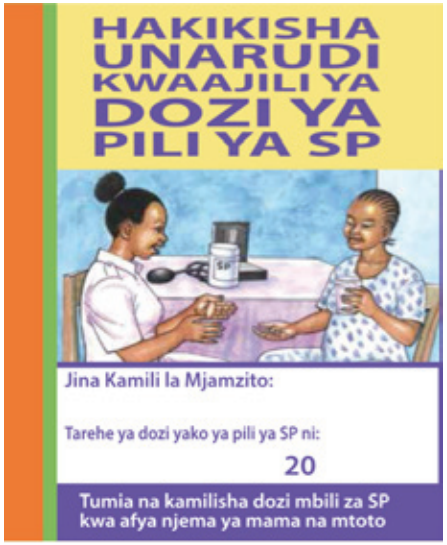
Campaign	Exposure	Outcomes Significantly Associated with Campaign Exposure	Outcomes Not Significantly Associated with Campaign Exposure
Tuko Wangapi? Tulizana	67.8% of men 52.5% of women	• HIV prevention knowledge • Sexual protection self-efficacy • Sexual attitudes • Condom attitudes • Talking to partner about HIV testing • HIV testing • Condom use at last sex	• Multiple and concurrent partners attitude
Siri ya Mtungi	18.4% of men 15% of women	• Sexual protection self-efficacy • Condom attitudes	• HIV prevention knowledge scale • Sexual attitude scale • Talking to one's partner about HIV • Condom use at last scale • Multiple and concurrent partnership scale • HIV testing
Aiisseee 	19.1% of men 10.3% of women	• Sexual protection self-efficacy • HIV prevention knowledge • HIV testing • Talking to one's partner about HIV testing • Condom use at last sex with primary partner	• Sexual attitudes scale • Condom attitudes scale • Multiple and concurrent partnership attitudes

IMPACT EVALUATION

TCCP also undertook a quantitative impact evaluation of Wazazi Nipendeni Phase I in October-November 2013. Exit interviews were conducted with ante-natal care and post-natal care (ANC) and PNC clients in five purposively selected regions. Exposure to the campaign was a significant predictor of the number of ANC visits, HIV testing, mosquito net use, SP uptake, and individual birth planning.

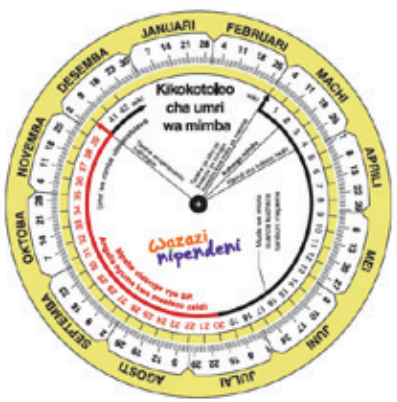
- Greater exposure to the campaign increased the odds of HIV testing by 18%.
- For each increase in message source to which a woman was exposed, there was a 61% greater odds the woman slept under a mosquito net the previous night.
- The more message sources that women had been exposed to, there was a 23% greater odds the woman received two or more doses of SP.


Wazazi nipendeni
Mwongozo kwa Mama Mjamzito


HAKIKISHA UNARUDI KWAAJILI YA DOZI YA PILI YA SP
Jina Kamili la Mjamzito:
Tarehe ya dozi yako ya pili ya SP ni:
20
Tumia na kamilisha dozi mbili za SP kwa afya njema ya mama na mtoto


Wazazi nipendeni
Saumu Abiud
Thuweba Abbas
Halima Salim
Salma Ally
Tunu Ramadhani


Wazazi nipendeni
Ulinzi mtakaonipa ndio tumaini langu
Tuma SMS neno "mtoto" BURE kwenda 15001 kwa taarifa zaidi
USAID
Center for Communication Programs
maisha
HEALTH Tanzania
USAID
CDC
President's Malaria Initiative


JANUARI
FEBRUARI
MACHI
APRILI
MEI
JUNI
JULAI
AGOSTI
SEPTEMBA
OKTOBA
NOVEMBA
DESEMBA
Kikokotoloo cha umri wa mimba
Wazazi nipendeni

DISTRICT CAMPAIGNS RESEARCH

The District Campaigns were implemented as a result of the roll-out of the LSHC workshop in the original eight TCCP regions. Following that training, eight districts were selected to receive financial and mentoring support to implement the campaigns they designed in the workshop. All other districts were encouraged to implement their campaign designs as well, but without any additional support.

Following the campaign implementation, the Health Communication Capacity Collaborative (HC3), USAID's global communication project, conducted an evaluation of this capacity building approach. The evaluation methodology included key informant interviews with trainer/mentors, an online survey with all prior trainees, pre- or post-test learning assessments, focus groups with district health office teams, an analysis of campaign plans and materials, and an analysis of health service statistics.

The research found that familiarity with SBCC before the LSHC training was limited among participants, known only to a small extent among respondents. There was a 67.6% knowledge gain according to the pre/post-test assessment.

Trainers concluded that the most valuable part of the training was that it reinforced how complex behavior is and what drives behavior change. Trainees indicated that important skills gained from the training included team work, problem identification through involvement of the community, material pre-testing before production, and communicating in a manner that is most appropriate with the culture of the target audience.

Participants had carried out health promotion campaigns prior to the training, but had limited involvement of the community during the early stages. They did, however, use different communication channels such as local ngoma (dances), cinemas, and speeches to convey health education messages. In prior campaigns, districts also used print materials, but these were donated by the MOH or donors, not locally developed. Most campaigns were national initiatives, with very few district-initiated campaigns.

Review of campaign materials in the campaigns that were conducted after the training indicated an array of locally designed and produced materials. They demonstrated the power of a "big idea" driving a campaign (e.g. self-efficacy, peer role models or benefits message framing), and that the campaigns in the mentored districts contained more strategic elements than unmentored districts. Examples of these elements include peer education, risk and efficacy framing, integrated media, and monitoring approaches. Four of six mentored districts also documented improvements in health service utilization and outputs that are correlated with the periods of campaign activity.

Mentors were said to play a key role assisting teams during the entire campaign process. Communications were also maintained even after the campaign. To make mentorship more effective in the future, participants suggested that mentors institute a bi-annual schedule for their field visits.

IN THEIR WORDS:
END OF PROJECT INTERVIEWS WITH TCCP PARTNERS

Lusekelo Asukile Mwambeso
Chairman and Project Facilitator, CBO, Kisarawe

"My role is to facilitate the project in the community by helping disseminate project literature, objectives/goal and aims, and to empower CCAs on the same. I facilitate the training and monitoring of the CCAs' activities, including collection of the reports and documentation mechanism. I also link TCDC, Local Government, CCAs and the grassroots community.

"The project enhanced the capacity of our organization by ensuring a systematic linkage and reporting mechanism between us and all CCAs and the whole community in the district on the issues. The project ensured that we reached many people with the information at the same time and **widened our coverage more effectively than we would have done using our own approaches and resources**.

"The top-down approach that we had has changed to be consultative with much community discussion going on facilitated by the CCAs. Whenever participatory discussion/consultations are used in addressing community issues, the members and participants tend to understand the issues better and come up with proper solutions/inputs.

"Today the CCAs/NGOs network is stronger than before due to regular reporting, and events and meetings they conduct or participated in."

Switbert Kamazima
Senior Lecturer, MUHAS

"TCCP facilitated training in terms of SBCC and several issues: the needs assessments in terms of communication for changing behavior, some training to members of staff, and assisted on development of the curriculum for the BCC program, which started 2012, and is still on. Again they assisted on the development of short courses on the introduction of BCC approaches and different technical issues on BCC, IEC, and all the approaches that are in place.

"We were able to develop the curriculum for the Masters program that we are still teaching and offering. I can see the demand of this program. People keep applying for this program and become the communicators for BCC. If you want to improve people's health you need to be a good communicator. **We create staff that will be agents of change in BCC and practice communication.**

"I am glad about the collaboration of TCCP and MUHAS and still hope TCCP will share experience with MUHAS. **We are expanding as BCC in the country."**

Eddah Katikilo
SBCC Coordinator, National AIDS Control Program (NACP)

"The main achievement for me is the issue of building capacity. You know, when you build capacity, it is like letting someone now stand on its own feet. For TCCP, they have tried to build our capacity. Also, greater for the project, **they have tried to make sure that when they leave, we have the capacity to proceed**. For example, when they did the Radio Magazine. It is a platform which we are still using because they have capacitated those media houses for us to continue using the platform.

"We have been collaborating very well, because whatever we have been doing, we did together from the initial stages to an end. For example when we planned the *Tunakuthamini* and *Tuko Wangapi? Tulizana* campaigns, we started together from the initial stage of planning, implementation as well as evaluation.

"They have contributed a lot. For example, they assisted us in developing materials for VMMC and Key and Vulnerable Populations. Also I remember we were developing a National Guide on reviewing IEC and BCC materials. I can see they have been participating. **We are feeling their contribution**.

"As the Government we have seen what has been done by TCCP. **We feel that it is a Best Practice, so we would like to replicate what has been done by them**.

"I have learned that creativity is a major thing in SBCC activities. People are getting tired to hear the same thing all the time, or the same style which we are using to deliver messages. **TCCP were very innovative, which helped to attract people's attention**. For example, Government, we used to give Health Education by using one way of communication, but for TCCP, they have been working with the community. We have seen communities engaged on planning and implementation on SBCC interventions, so I think it is a good thing to go to the community and plan and implement together. So, that is what I have learned: creativity."

"I can say that I have been much pleased working with TCCP and I would like to see TCCP continue to work with the Government. I know the project is finishing up but I am believing you can come again and work with the Government."

Maurice Hiza
National Family Planning Coordinator,
Reproductive and Child Health Section (RCHS)

"I am Maurice Hiza, I work for MOH. Currently I am working at the Nursing and Midwives Division. I formally worked as the National FP Coordinator at the RCHS Section.

"I think TCCP has added a lot of value to the MOH of Health. **We managed to increase the number of [family planning] users**, especially in the Lake and Western zones. As well we went to the Dar es Salaam and Singida regions where we saw many clients taking FP services.

"The objectives of the project were relevant to the mission of the MOH to a great extent. They were able to support the MOH in increasing awareness of the community members, informing community members on the adherence situation of FP, and also increasing the number of potential users to turn them now to users of FP.

"One important change that we are seeing now is that **FP is one of the priority agendas in Tanzania**. The MOH also putting a budget item line on FP commodities. That is the achievement."

Halima Shariff
Country Director,
Advance Family Planning (AFP)

"My name is Halima Shariff, I am the Country Director for Advance Family Planning, which is an advocacy initiative on family planning in Tanzania.

"I think the main achievements of TCCP are **behavior change messages that reached different groups of people**. Making communication campaigns successful, especially those on family planning and that targeted young people.

"[Factors that contributed to the achievements were] mainly teamwork in the country office, but also strong Government support and strong collaborating partners. **TCCP's expertise in communication served as the strongest foundation**.

"TCCP had a plan and a clear and systematic methodology of engaging partners; getting their buy-in and sharing responsibilities with other partners in developing all BCC materials.

"There is great potential to change to things, e.g. improve capacity; building partnerships to push CCP work forward. **CCP is held in high regard among all partners in the country.**"

Leah Ndekuka
SBCC Focal Person,
National Malaria Control Program (NMCP)

"I think the main achievement for TCCP for the part of malaria is that the community has been able to get the messages. They have been able to deliver messages through the different campaigns, mass media, community mobilization to the community. This has been done through the campaign, but also, I think for us, **we consider TCCP as the partner who have been able to help in capacity building**.

"I think **we are all making sure that we implement one malaria strategic plan**, and for this case for SBCC, to make sure that we implement one communication guide. **We worked together with the development of the Malaria Communication Guide, which we are using for the SBCC activities. We started when we were first developing, and it is very good that I participated from the first stages on developing it in the desk review part**. We developed the new one up to the finalization.

"I think the TCCP did a good thing of making those campaigns, of which I think we will continue with the campaign, both with the diagnosis and treatment campaign.

"I think for me, I have learned that it is possible to have a strong communication campaign that can reach many people. This has been demonstrated through the [malaria] campaign. We have been working together with JHU through mass media. I have to mention also community mobilization activities that have been going. So I think it is possible for SBCC activities to be conducted in a well-planned way, but it needs ongoing supervision and monitoring to make sure that what is implemented is what has been planned."

Jumanne Issango
Director of Advocacy and Information, TACAIDS

"The TCCP support has been very strong, backed by skilled staff. The SBCC messages delivered to the community through different channels of communication and **media served the purpose by being clear, calling for action, and even being entertaining**."

"Being coordinators, our role was elevated through different campaigns by making the whole process and programs participatory. Being participatory, the project enhanced the capacity and skills of staff dealing with SBCC campaigns through Training of Trainers and skill transfer to institutions."

Dr. M. Deborah Kajoka
PMTCT Coordinator, RCHS, MOHCDGEC

"We have been working with TCCP very closely. In 2012, when we were changing the strategy from prevention to elimination [of HIV] from mother to child, they played a very big role on awareness and advocacy. They prepared materials for the launch of the PMTCT strategy.

"For us we have been working with TCCP mainly right from the beginning. If at all we had to prepare something for advocacy, we have been looking for strategies by following the guidelines and they have been giving us the technical expertise. We came up with different materials for awareness creation and so forth. Posters, leaflets, print and electronic materials, audio/visual materials and so forth.

"As National Coordinator I would say financially, we're grateful. I know they seek funds from PEPFAR. The funds were used to create awareness in the country **so, even financially they have added value**.

"Apart from that, TCCP have been working with media. I think this is something which is good to learn and we are going to continue. Especially at the District Level you find that RCH Coordinators, they are the ones who go to the radio stations to talk health issues. [TCCP] has been able really to lobby for free airtime to continue speaking. **It is sustainable**.

"I am very proud really to see that [HIV] transmission is going down. This happened because people are aware, utilization of health services is increasing, people are testing, stigma is declining and community participation and awareness are increasing. **People can now speak anywhere, even in the bus about infection of mother to child, why did you not take your child to hospital?**

"Communication is not a one-time thing, it is continuous. We are going to continue developing IEC materials, strategies, guidelines. The communication strategy we have after 5 years we are going to review and continue to direct people. I think sincerely the activities that have been done are sustainable.

"They have been able to work with those different other partners, technical groups, workshops, meeting and dialogues. I would say **they have been very creative, very committed**. You can approach them for what you want to be done. They have been able to work with all partners. They will support what they can do or can debate if necessary. They coordinate very well."

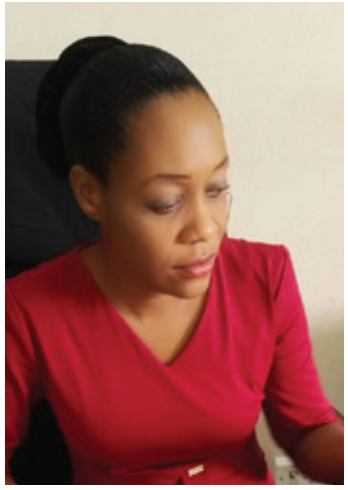
Grace Dennis
Program Officer, Nutritionist, PMTCT Unit, RCHS

"The [LSHC] training was very constructive in terms of the technical part because it was meant to **build the capacity for the national officers in the area of strategic communication.**"

"Those trainings…helped us even to develop the communication strategy. In the P-Process planning phase we had a situation analysis finding that we do not have the right message. We were not really focusing our goals. Thereafter we managed to develop several focused messages both electronic and paper-based. We managed to even to air some to TV and radio programs based on the communication strategy we developed.

"After that training I went for a Masters on Behaviour Change. Most of the theories that I learned through the program I came to apply for my Masters program like Theories of Social Learning, Planned Behaviour, and others. I have a certificate for TCCP and I have now a Masters for Communication. It really helped the [PMTCT] program and me.

"What I like about TCCP is the capacity building of staff. You know it is something which is there to stay. I understand the turnover for workers is very high but that is something is very valuable. Staff was able to learn all the techniques from TCCP. **The support which we have received for sure is going to strengthen all the capacity, the system**."



Anna Magreth Mukwenda
Maternal and Child Survival Program, Jhpiego

"We have been core members in all what TCCP has been doing, especially Wazazi Nipendeni. I have happened to be the focal person for Wazazi Nipendeni."

"When we are working with TCCP we are given materials to disseminate to the area we are working. **Distribution is not only dumping the materials. We are talking to the providers about the materials and also we have a component of orienting family members of the pregnant women**. In a way this helped their campaign a lot, especially on the component of individual birth preparedness, where you had a certain card. You fill in the expected date, you fill in the transport you will use, prepare someone to escort the pregnant woman…you might think that is a small thing but we helped a lot.

"I think TCCP's campaigns have been fruitful, especially in making the women attend antenatal care services. You know, someone is registered [on the SMS service] and reminded to stand for this, go for this, prepare for this. And not only pregnant women, but people around them or anyone who are just relatives to the pregnant woman.

"We are dealing with CHWs who convey messages, so having extra materials helped us to convey messages to the providers, pregnant women, and their families. For example when you say we are giving SP 3+, and then the [SP reminder] card is showing when you are getting the first dose and you are given a second date, the following date which is indicated in the card, no way a women can forget that because it is indicated on her card.

"They have done a lot because these materials had comprehensive messages, especially Reproductive, Maternal and Child Health. They have messages about antenatal comprehensively, they have others including SP especially SP3+, they had messages on antenatal visits, birth preparedness, they had nutrition. So, especially for the antenatal period, **these materials were comprehensive. Nothing was missing**.

"These messages they were sending through the phones, so people were getting the materials even without meeting the service provider.

"I haven't been working with anyone else who is working on something like this. I think TCCP has capacity. Their professionals have been the best to do this kind of work, because I am not aware of someone else who has been strengthening communication capacity, especially on maternal, reproductive and child health."

Peter Mabwe
Health Communication Officer, Health Promotion Section, MOHCDGEC

"Under TCCP, we have achieved so many objectives. We have conducted so many campaigns. We have conducted supervision together to see the implementation of the interventions in the regions and districts. So many materials have been aired on TV and radio. We have produced many printed materials. It was TCCP supporting the Ministry to achieve the goal.

"TCCP addressed all the major health issues of this country and all the priorities of the Ministry, Government and the people. It tried to be wider. It covered almost all angles.

"If I go to the field and ask for campaigns like Wazazi Nipendeni, Sio Kila Homa ni Malaria, **they are very popular**. Tunakuthamini is also popular. So many people were aware of the campaigns.

"The value is not only knowledge but behavior change, and not for only individual people but also for social change – **to work on the social condition that can make these changes sustainable**. Before the project we were aiming at giving information. So, it is like, oh there is cholera. You produce a leaflet and a poster then you are done. After TCCP came in with a focus on SBCC, you conduct all those, plus this and this and this. So that is when we started to say wow. Then we have other components, we have communication, advocacy, social mobilization, you have BCC, **so even our Health Promotion Guideline and Strategy adapted that change. Even the Health Sector Strategic Plan 4 it now has the direction of SBCC,** and now we are reviewing the National Health Policy. It will also incorporate that change. It is like to mainstream and harmonize all our documents so they are talking the same language. This is the global move and the project helped to bring the global idea to our setting.

"I think the main achievement was to design and **conduct campaigns that were very relevant to the people**. TCCP also built capacity of community radio. They are our stakeholders in the districts and regions, **so it was like building capacity on the structure not only to be used by the project but also for the government**.

"We have taken over and want to continue with the good job. We have been given the soft copy of the materials, and also we were given some equipment. We plan to continue with the training on health communication to the regions. The plan is to adopt the strategic leadership course that was done by PHCI, which is an umbrella under Health Promotion. We also would like to continue with the community radio to make sure that our messages are disseminated to the community. We also plan to continue with training of CHW because we want them to be employed in the whole country. The CRK we want to be the document used for volunteers and employed ones.

"The P-process is the big lesson learned; to know the steps and apply them. The P-process can bring evidence. **TCCP is a learning platform. I learned and enjoyed.**"

Deo Ng'wanansabi
Executive Director, Tanzania Communication and Development Center

"We are glad for TCCP. **JHU was able to support the establishment of a new local organization, which is geared toward sustainability.** We are glad that the Tanzania Communication and Development Center (TCDC) is a local organization managed by Tanzanians. Most of them joined or formed this organization as part of the staff who were groomed and capacitated by the TCCP.

"A number of campaigns that TCCP got involved in have really touched and contributed to the things we are seeing. On the area of HIV/AIDS, TCCP got involved extensively, for example by encouraging people to reduce multiple sexual partnerships. **We have witnessed a number of people who are going for services and testing.**

"Not only that, **I would say SBCC has been embraced in the MOHCDGEC**. They have really taking seriously the role of SBCC. Whatever they do, they ask if the component of SBCC is really part. I would especially like to commend the Health Promotion Section. They have been great in supporting the promotion of SBCC and integration of SBCC into all communication activities within the Ministry of Health and the health activities in this country.

"I would say Capacity Building on SBCC to the large workforce of the Ministry of Health is really an achievement. **Now we have a large pool of SBCC expertise working at RHMT levels, CHMT levels**.

"I am proud of the project and achievement that we have reached. We believe that TCCP is leaving a footprint in this country. **It has really moved people to a higher level and built confidence to defend the role of SBCC**.

"TCDC has more than 80 CBOs in this country in 94 districts. All these have been trained on strategic communication leadership. **The way they are doing mobilization is now different**. Training to Community Health Workers or CCAs has really brought us into reaching the community level in a way that really sticks with people.

"We are glad that wherever the Ministry had a campaign or big activity to do, they really saw the importance of establishing a coordination team like a Task Force Team. They got all partners engaged because **at the end of the day, the Ministry is the leader and the partners are supporting the Ministry**.

"With RCHS we **worked very closely on integration of activities and campaigns**. Wherever it was important that one theme really fit to other theme, we have been encouraging and advising the Ministry that [different sections] work together. For example, Wazazi Nipendeni has embraced a number of themes, like safe motherhood, safe delivery, malaria prevention in pregnancy, ANC, immunization, nutrition, and PMTCT. This became a really attractive way of doing things. It has been through our collaborative efforts that integration has become a way of executing activities.

"A recent task that we did and I am proud of is the development of the Comprehensive Community Resource Kit. The way it is prepared is really participatory and engaging. **It will transform the way Community Health Workers are doing work**.

"One lesson learned is that SBCC works. **Some of the campaigns that we have done are no longer on air, but people still talk about them**. We have realized many people are taking action.

"To me I would really say that JHU will continue to strengthen the footprint. In order to leave a footprint, it needs to continue to support its legacy organization TCDC, **because we are here to continue the work of SBCC which TCCP really started**."

LIST OF PARTNERS

TCCP worked with an extraordinary number of partners over the life of the project. These ranged from Ministries, government entities, and multi-sectoral bodies to media houses, local and international non-governmental organizations, faith-based organizations, community-based organizations, universities, and beyond. A list of our partners is provided in the pages that follow. We would like to express our sincere gratitude toward each of these establishments for their collaboration, dedication, and inspiration in creating a healthier Tanzania.

LIST OF PARTNERS

1	ABM FM
2	Access Facility Tanzania
3	Action for Development Programmes Mbozi (ADP-MBOZI)
4	Advance Family Planning
5	Africare
6	Afya Radio
7	Aga Khan Health Services
8	Agape AIDS Control Programme (AACP)
9	AIM Group Ltd.
10	Alliance For Aids Control (AAC)
11	Amref Health Africa
12	Anglican Church
13	Anglican Church Mara
14	Association of Journalists Against HIV/AIDS (AJAAT)
15	Believing Change Society (BCS)
16	Best FM
17	Bomba FM
18	Boys & Girls Scouts
19	Bugando Medical Centre (BMC)
20	Care International
21	Caritas
22	Catholic Relief Services (CRS)/AIDS Relief
23	Centers for Disease Control (CDC) Foundation
24	CG FM
25	Channel 10
26	Chemchem
27	Child and Community Development Support (CCDS)
28	Clouds FM
29	Clouds TV
30	College of Business Education (CBE) Dodoma

31	Communication and Malaria Initiative in Tanzania (COMMIT) Project
32	Community Concern of Orphans and Development Association (COCODA)
33	Community Watch Rufiji (COWARU)
34	Comprehensive Community Based Rehabilitation in Tanzania (CCBRT)
35	Concern Worldwide
36	Connect for Change
37	Country FM
38	Deloitte Tunajali
39	Department of Social Welfare (DSW)
40	Diocese of Iringa (DIRA) Lutheran
41	Dodoma Mining College
42	Dodoma Social Welfare Institute
43	Dodoma University
44	East Africa TV (EATV)
45	Ebony FM
46	Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
47	EngenderHealth – ACQUIRE Tanzania Project (ATP)
48	EngenderHealth – Champion Project
49	EngenderHealth – RESPOND Tanzania Project (RTP)
50	Environmental Conservation and AIDS Prevention Foundation (ECAPF)
51	Evangelical Lutheran Church in Tanzania-East of Lake Victoria Diocese (ELCT-ELVD)
52	Fair Education and Information Center (FADICE)
53	Faraja FM
54	Femina Hip
55	FHI360
56	Footprint
57	Foundation for Development Organization (FODEO)
58	François-Xavier Bagnoud (FXB) Center

59	Furaha FM
60	Generation FM
61	Health, Gender and Environmental Association (HEGEA)
62	Health Promotion and Education Section (HPES), MOHCDGEC
63	Health Promotion Tanzania (HPT)
64	HJF Medical Research International (HJFMRI)
65	Hombolo Local Government Institute
66	Hossana
67	Human Development Trust (HDT)
68	Huruma Group
69	ICAP
70	Ifakara Health Institute (IHI)
71	Imara Foundation
72	Institute of Social Work
73	IntraHealth International
74	Ipsos
75	Iringa Development for Youth, Disabled and Children Care (IDYDC)
76	Iringa Mercy Organisation (IMO)
77	I-Tech Zonal Health Training Centre-Mbeya
78	ITV
79	Jhpiego
80	Jielimishe Epuka UKIMWI Makambako (JEUMA)
81	Jikomboe Intergral Development Association (JIDA)
82	Jinsia Na Maendeleo (JINAMA)
83	Jipeni Moyo Women and Community Organization (JIMOWACO)
84	John Snow International (JSI)
85	Joining Hands Initiative (Agha Khan Health Services)
86	Jumuia Ya Kukuza Uchumi Ilala (JUKUILA)

87	Kahama FM
88	Karagwe FM
89	Kasebante
90	Katavi Development Foundation (KDF)
91	Kawiye Social Development Foundation (KASODEFO)
92	Khanga Rue Media
93	Kifaru Community Development in Tanzania (KICODET)
94	Kifimbo FM
95	Kigoma Aids Control (KACON)
96	Kikundi Cha Huduma Majumbani Mbeya. (KIHUMBE)
97	Kilwa Vulnerables Alliance (KIVUA)
98	Kitangali Upendo Development Association (KIUDEA)
99	Kitulo FM
100	Kwimba Save the Elderly (KWISE)
101	Likokona Environment and Farming Enterprises (LEFE)
102	Lindi Support Agency for Welfare (LISAWE)
103	Liwale Farmers Association (LIFA)
104	Madaba Tushikamane Pamoja
105	Maendeleo Katika Uvuvi, Elimu, Mazingira, Biashara na Afya (MUKEMBA)
106	Magu Youth Development Network (MAYODEN)
107	Mama Zulu Group
108	Mango Tree
109	Marie Stopes International (MSI)
110	Mass Media Bariadi (MMB)
111	Mbeya HIV Network
112	Mbozi Mission
113	Media for Development International (MFDI)
114	Mennonite Church

115	Metro FM
116	MOH of Health, Community Development, Gender, Elderly and Children (MOHCDGEC)
117	Misenyi Aids and Poverty Eradication Crusade (MAPEC)
118	Mkombozi Organization (MO)
119	Mlimani TV
120	Mpanda Society for the People Living Positively with HIV/AIDS
121	Mtwara Action For Self Help Activities (MASHA)
122	Muhimbili University of Health and Allied Sciences (MUHAS)
123	Muhimbili National Hospital
124	Muungano wa Vikundi vya Maendeleo ya Wanawake Muleba
125	Mwangaza
126	Mwangaza Theater Group (MTG)
127	Mwanzo Bora
128	Mzeituni Foundation
129	Nachingwea Agro Environmental Services Organisation (NAESO)
130	National AIDS Control Programme (NACP), MOHCDGEC
131	National Council of People Living with HIV and AIDS in Tanzania (NACOPHA)
132	National Institute for Medical Research (NIMR)
133	National Malaria Control Programme (NMCP), MOHCDGEC
134	Nako Farmers Development Society - Rorya (NAFAD-RORYA)
135	Newala Education Development Association (NEDA)
136	New Light Children Center Organisation (NELICO)
137	Nuru FM
138	Oak Tree
139	Pact Tanzania
140	Palladium
141	PATH
142	Pathfinder

143	Peace Corps
144	PharmAccess
145	Primary Health Care Institute – Iringa (PHCI)
146	Plan International
147	PMTCT Unit, MOHCDGEC
148	Population Services International (PSI)
149	Prosperous Mind Set Tanzania Ltd (PROMISE)
150	Push Mobile
151	Push Observer
152	Radio Free Africa (RFA)
153	Radio Kwizera
154	Radio One
155	Red Cross
156	Reproductive and Child Health Section (RCHS), MOHCDGEC
157	Restless Development
158	Ropa Organisation For Poverty Alleviation (ROPA)
159	Save For Development and Relief Association (SADERA)
160	Sengerema FM
161	Service Health & Development for People Living with HIV/AIDS (SHDEPHA+)
162	Serve Tanzania (SETA)
163	Shirika la Kupambana na Ukimwi Mtwara (SHIKUM)
164	Shirika la Ushauri na Udhibiti wa UKIMWI Kahama (SHIUUUKA)
165	Sibuka Media
166	Social Action Path Organisation (SAPO)
167	St. John University
168	Star TV
169	Support Makete to Self-Support (SUMASESU)
170	Tanzania Marketing and Communications (T-MARC)
171	Tabora Advocacy Center for Development (TACEDE)

172	Tanzania Commission for AIDS (TACAIDS)
173	Tanzania Home Economics Association (TAHEA)
174	Tandaimba Women Association (TWA)
175	Tannzania Development and AIDS Prevention (TADEPA)
176	Tanzania Community Care organization (TACCO)
177	Tanzania Development and AIDS Prevention (TADEPA)
178	Tanzania Health Promotion Support (THPS)
179	Tanzania HIV Dunia Elimu Yangu (THADEY)
180	Tanzania Mission to the Poor and Disabled (PADI)
181	Tanzania Red Cross Society (TRCS) - Kigoma
182	Tanzania Red Cross Society (TRCS) - Karagwe
183	Tanzania Rural Women and Children Development Foundation (TARWOC)
184	Tanzania Youth Alliance (TAYOA)
185	TBC FM
186	TBC Taifa
187	TBC TV
188	Teachers Sports Association (SHIMIWABU)
189	Text to Change
190	The Voice of Marginalized Community (TVMC)
191	Tibu Homa
192	Times FM
193	Tokomeza Kifua Kikuu, Ukoma na UKIMWI Kinondoni (TOKKIUKI)
194	Triumph Handicapped and Needy Foundation (THNF)
195	Tufae Education Aids Trust
196	TULEANE
197	Uhuru FM
198	UMATI
199	UNFPA
200	UNICEF

201	Upland FM
202	Usevya Development Society (UDESO)
203	Victoria FM
204	Vision
205	Voice of Tabora FM
206	Voices Project
207	Wadada Center Solution for Focused Approach
208	Walter Reed Program – Tanzania (WRP-T)
209	Wape Nafasi Educational Trust (WANA)
210	World Education, Inc (WEI)
211	Women and Community Organization
212	Women's and Men's Development Association (WOMEDA)
213	World Vision
214	Youth Education through Sports Tanzania (YES) - Mbeya
215	Youth Counseling and Development Center (YOCODECE)
216	Youth Counseling and Rehabilitating Center (YCRC)
217	Zinduka Development Initiatives Forum (ZDIF)
218	Youth Counseling and Development Center (YOCODECE)
219	Youth Counseling and Rehabilitating Center (YCRC)
220	Zinduka Development Initiatives Forum (DIF)

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TANZANIANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS PEPFAR