



Hadithi Yangu

Improving Health in Tanzania



Photos: Eric Bond/EGPAF, 2020 unless otherwise noted.



Foreword

Approximately 1.7 million people are living with HIV in Tanzania according to the UNAIDS 2019 report. In response to this ongoing health crisis, the USAID Boresha Afya North and Central Zones project is being implemented by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in partnership with EngenderHealth; the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC); and the President's Office, Regional Administration, and Local Government (PO-RALG). The project seeks to increase access to quality, comprehensive, and integrated health services, with a particular focus on women, families, and youth in Tanzania's six regions of Arusha, Dodoma, Kilimanjaro, Manyara, Singida, and Tabora.

EGPAF envisions an AIDS-free generation in Tanzania. To achieve that vision, EGPAF, through the USAID Boresha Afya North and Central Zones project, provides support for pregnant and lactating mothers through comprehensive prevention of mother-to-child HIV transmission (PMTCT).

AIDS-related causes remain the leading cause of death among young people (ages 10-24) in sub-Saharan Africa. Boresha Afya is addressing this special population through psychosocial support, teen clubs, and other youth-friendly measures so that young people living with HIV stay alive and thrive.

Boresha Afya promotes and facilitates targeted testing approaches aimed at increasing the number of HIV-positive clients who access care and treatment services. Because adherence to treatment is key to maintaining viral suppression, the USAID Boresha Afya North and Central Zones project supports viral load testing by training lab technicians, procuring needed equipment to run specialized tests, and creating capacity for delivery of samples and results to and from specialized testing labs.

Tuberculosis (TB) is the leading coinfection with HIV, with potential lethal consequences. The USAID Boresha Afya North and Central Zones project supports TB case finding through the implementation of quality improvement interventions aimed at strengthening TB screening services, documentation for presumptive TB cases identified, and patient follow-up throughout the TB diagnostic and treatment cascade.

Tanzania has one of the highest incidence rates of cervical cancer, with 59 incidents per 1000 clients and a mortality rate of 42.7 per 1000 clients. In response, EGPAF is pioneering cervical cancer screening and treatment for precancerous lesions as recommended by the World Health Organization. In addition, the USAID Boresha Afya North and Central Zones project is providing comprehensive family planning services.

Through this booklet, you will meet some of the individuals reached through the USAID Boresha Afya North and Central Zones project. Listen to their voices.



“God Helped Me Because I Received HIV Services and Counseling”

Stigma is a reality that Agnes Njakurwa faces nearly every day in her community in Same, a town in northeastern Tanzania. A mother of four, Agnes, and her family face compounding stigmas of disability, poverty, and HIV status.

Agnes has an adolescent son who is now living with relatives in Moshi, where he is a student. Her oldest daughter, Neema, 15, lives with her along with two younger daughters, an 8-year-old, Hosiana, and a 1-year-old. Neema’s father suffered from alcoholism and left the family, subsequently passing away—leaving Agnes as both breadwinner and caretaker. She has since found another partner, but he, too, lacks financial resources.

Neema is living with a developmental disability. She is loving and engages well with her family but has limited mobility and unique communication needs. Agnes is an excellent caregiver. However, Neema’s condition requires constant attention, which makes it difficult for Agnes to leave the home to find work.

“I don’t have a permanent job,” says Agnes. “Unless someone calls me to wash for them or clean their home, I cannot feed and care for my family.”

When Agnes does secure a job, she needs to also find childcare, which is incredibly difficult, and often impossible, when faced with the stigma and discrimination that is all too common toward individuals with developmental disabilities. While many single

mothers can rely on their relatives or neighbors for this type of support, Agnes has found that most are unwilling to help, due to Neema’s condition.

According to international studies by the U.S. National Institutes of Health, the stigma around developmental and mental disabilities can be profound and have harmful impacts on the individual and the family directly affected. It can deprive individuals of basic needs and marginalize them—leading to barriers to physical, mental, and social well-being, including educational attainment, which has its own repercussions. In too many cases, prejudice against persons with disabilities also accelerates poverty, which carries its own stigma.

These challenges were compounded eight years ago when Agnes was diagnosed with HIV while she was at the hospital giving birth to her daughter Hosiana, who also tested positive for HIV. Agnes worried that she and Hosiana might die from an AIDS-related illness, leaving no one to care for Neema.

“I was hurt when I learned that Hosiana is HIV-positive,” says Agnes. “I kept on asking myself who will help Neema? But I received counseling from sisters, doctors, and nurses at the hospital that I should not worry, and that my child Hosiana will grow well and study and can be healthy.

“I was visited at home [by HIV counselors] and I was coming to the clinic more often so as to continue checking my health. Everyone was giving me hope and

emphasizing to me about staying on my medication. God helped me because I received the services and counseling. I followed the instructions. Hosiana and I took our medication.”

Agnes was reassured that she could still have an HIV-free baby by staying on her medication and following other prevention of mother-to-child HIV transmission (PMTCT) protocols, including attending the antenatal clinic regularly if she were to get pregnant again.

“As I was proceeding with the services, I was told not to worry: the possibility of having an HIV-free child is there. When my HIV-positive child reached the age of 7, I became pregnant again and proceeded with medication for preventing the child from getting the disease from the mother. They told me that I have to give birth in the hospital so that they can help me. Then I went to the hospital and stayed for two weeks, and the child was born safe, without HIV.”

Still, the layers of stigma remain and can be painful. Agnes does her best to stay positive and provide a good example for her children.

“It is necessary that you do not receive that bad energy and pray to God that He closes your ears so that you do not take all that to heart,” says Agnes.

“When I am happy, my family is also happy. I have taught my children to never be picky about food and to love everyone, despite the fact that some are not

good people to us. Even when my children are not welcomed and others do not share food with them, they should not feel bad—because it’s life, and it shall pass.”

“[When I learned about my HIV status], I thought my life was over,” Agnes continues. “But it wasn’t. God has a plan for me.”

Agnes has bundled her perseverance into a message of hope for other women as a trained community volunteer with the HIV unit at Same District Hospital.

“I speak to other women with HIV like me. We talk and encourage one another, counseling others whom have no one to talk to. I advise them to never give up; to check their health; and, if they are HIV-positive, to follow instructions and start using medication.”

Stories about the people who benefit from public health programs can sometimes downplay the continuing prejudice and deprivations that individuals may face. The HIV program at Same District Hospital is one of Agnes’ few lifelines.













“This Project Gave Me a Second Chance”

On a plain in Tanzania’s northern region, situated between Lake Manyara and the Great Rift Valley, Yasinta sits and surveys the mountainous vista from the doorway of her boma, a traditional Maasai home, constructed of branches, mud, and dung. The middle-aged mother lives with her husband, children, and other relatives in a compound of seven bomas that sit together behind a fence of thorny bushes.

In the distance, Yasinta spots visitors approaching in an all-terrain vehicle. A team of community health workers from EGPAF have come to visit. The families gather to greet the team with a traditional Maasai dance, establishing goodwill and welcome.

Yasinta’s family recognizes Esther, one of the healthcare workers, and enthusiastically calls out, “Esther! Our hero! God used you to save the life of our relative, Yasinta.”

The rest of the health team is eager to know more, so they asked Yasinta to tell her story. Fighting through powerful emotion, Yasinta asks, “Where do I even begin?”

“The moment when I was sick was the hardest in my life,” says Yasinta. “After being sick for so long and after using all the traditional herbs, my family took me to a health center away from this village [to the Kijungu dispensary, 42 kilometers away]. I was told that I had typhoid and was given medication—which

I took—but my condition deteriorated as I continued to suffer from vomiting and diarrhea. My family did whatever they could to save my life. When they saw their efforts were not bearing any fruit, they lost hope and decided to make peace with the fact that I was going to die.

“Then, one day, we received a visitor—a woman on a motorbike who seemed to have traveled very far. Her face was covered with dust. The woman introduced herself as Esther. She was charming and seemed to understand our culture. I was severely ill in bed. When Esther asked to meet me, I was puzzled. How could she have known me? I had never seen her before.

“Esther asked if I was a traditional birth attendant, and I was even more confused because that is the work that I had been doing before I became sick—helping pregnant women deliver babies. How could this woman know so much about me? As Esther helped me out of bed, she explained that she’d been referred to me from the Kijungu Dispensary where she works.”

Esther, a community health worker, now takes over, explaining that during that visit, she talked to Yasinta and her the family about HIV. She told them about an approach for discovering people living with HIV by testing patients thought to be HIV-positive—and then counseling and testing the patient’s entire household. Esther said that based on Yasinta’s file, she suspected that Yasinta was living with HIV.

During that visit, Yasinta agreed to be tested and was found to be HIV-positive. She was immediately enrolled on treatment and provided with antiretroviral (ARV) drugs. As the days went on, Yasinta started to feel better and stronger. Her health improved drastically, and she is now an inspiration to the community. Esther, together with the other community health workers at the Kijungu Dispensary, continue to follow up on Yasinta and her household.

Keen to protect others from going through the near-fatal experience she went through, Yasinta now reaches out to other Maasai community members. She has opened the door for the community to be reached by HIV and TB care services. For instance, the visiting health team is referred to a woman who has been coughing rigorously, and she is counseled about tuberculosis (TB) and invited to be tested.

The Maasai population in the Manyara region is migratory and are well-known for its distinct culture, traditions, and lifestyle. Some customs—such as the application of traditional herbs for healing and the use of birth attendants to deliver children—can hinder health-seeking behavior for serious medical conditions such as HIV and TB.

Yasinta is just one of 130 people living with HIV who have been identified between April and June of 2020

through an outreach program in the Kiteto district called Boma to Boma. The innovative approach is implemented by EGPAF in partnership with EngenderHealth; the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC); and the President's Office, Regional Administration and Local Governments (PORALG).

Boma to Boma reaches out to Maasai communities and households through HIV index-testing and TB contact tracing. The project works very closely with the Laigwanan—the most respected local leaders—to deliver HIV, TB, and gender and reproductive health messages to the community during the implementation of the Boma to Boma approach.

Yasinta's family is grateful to EGPAF, through the USAID Boresha Afya project, for reaching out to their household and are helping to bridge the gap between their proud culture and the health of their community.

“This project gave me a second chance,” says Yasinta.



Photo: Nuru Ngailo/EGPAF, 2020



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“The Words from My Mum Helped Me Turn Misfortune into Fortune”

“It all started when I was a baby,” says Jane Emmanuel, a 21-year-old living in Arusha, Tanzania. “My mother made sure I took a pill every day and told me that the pills were for my headache. As I was young and naïve, I faithfully took the pills without any questions. After completing my primary school education, I joined a boarding secondary school. My mum instructed the teachers at the school to continue giving me the pills every day.

“One day, during my biology class in one of the books I was reading, I saw a pill that looked exactly like the one I was taking. I was astonished to learn that the pills were for HIV. I Googled the name of the drug and the results confirmed my suspicions. It didn’t take much effort to fill the gaps and realize I was living with HIV.

“At that moment, it felt like the world had stopped. I confronted my mother, but she still was not ready to tell me the truth at that time. I remember seeing tears roll down her cheeks. After some time, she gathered courage. She told me I am HIV-positive, but also she gave me hope. She told me this was not the end of my life and assured me that I could still pursue my life’s dreams. Despite the assurance, life was never the same for me.

“Things took a different turn, when a few months later, I was introduced to the Ariel Teen Club at St. Elizabeth Hospital in Arusha. I met my fellow peers who were

also HIV-positive like me. Unlike me, they oozed with positive energy and hope. I slowly began to accept who I am and refused to be defined by my HIV status. Not only have we found hope at the teen club, but we also engage in entrepreneurship activities such as printing and selling T-shirts and USB flash drives.”

Jane is just one out of the 780 adolescents who are enrolled in the 15 teen clubs in Arusha, which support youth ages 10-19 who are living with HIV. The clubs address the psychological and clinical needs of adolescents so that they feel confident, stay on treatment, and prevent transmission of the virus to their own present or future partners or children.

“The peer support they get from the clubs attract them to attend their next visit, to socialize, and to share experiences with other peers,” says Theopista Massenge, pediatric and adolescent advisor for EGPAF, which sponsors and supports the clubs.

A teen club evaluation study revealed that young people attending clubs were three times more likely to remain on treatment compared to those who were not attending such clubs.

While these teen clubs usually meet twice a month, many of the youth—especially the leaders like Jane—generally come to the hospital every day and volunteer their time to the hospital. They work closely with healthcare workers to identify and follow up on patients who have missed appointments, counsel

individuals who have just learned of their status, and otherwise help the busy healthcare workers with their daily tasks. Through the teen club, Jane and her peers also reach out to other youth living with HIV to ensure they take their antiretroviral medication to suppress the HIV virus.

Young people living with HIV attending peer support clubs are three times more likely to remain on treatment.

Although Jane was determined that HIV would not define her, she still faced emotional challenges when she was not in the company of her HIV-positive peers.

“I remember when in secondary school a teacher announced publicly to fellow students that I was HIV-positive,” Jane recalls. “My life turned hellish. I was discriminated against in the dormitory and everywhere.

“But the words from my mum that told me to be strong helped me turn the misfortune into a fortune—to stand for myself and educate others so, instead of discriminating against me while they don’t know their status, they too can seek to know their status,” Jane says.

Jane realized that someone might be gossiping about her HIV status behind her back. She took that opportunity to talk to that person one-on-one

and disclose her HIV status while also educating about HIV. Education, Jane points out, helps people understand that HIV is nothing to be ashamed of. If people understand HIV transmission, treatment, and prevention, they will find no reason to fear those living with HIV.

Now Jane is a peer leader in her Teen Club at St. Elizabeth Hospital. She also belongs to EGPAF’s Committee of African Youth Advisors, which connects young leaders across several the continent to discuss HIV-related issues that young people face and work together on solutions. “I learned from my peers who are engaging with their leaders and influencing positive changes in their areas,” she says.

Jane remains energized and hopes to make a difference in her own community. She visited her village elder and asked for support to start a group for young people with HIV. The village elder agreed, and while she endured a lot of discrimination, over time her efforts helped to reduce the stigma associated with HIV.

“I am so proud of the model Jane has become,” says Jane’s mother. “She is a great role model to others and an anti-stigma champion.”













Photo: Rajabu Hassan/EGPAF, 2020

“To My Surprise I Was Found to Be Free of Cervical Cancer”

Tumaini Kahaya is a community health worker and a self-proclaimed cervical cancer ambassador—devoted to raising awareness in her community, especially among women who are afraid to be tested. Inspired by her community work, Nuru Ngailo—the Communications, Advocacy and Partnership Advisor for EGPAF in Tanzania—sat down with Tumaini to hear her story.

Tell me about your life and what’s important to you?

I am a mother of two of the most beautiful children and a wife to an amazing husband. My work as a community health worker is most important to me as I feel that am giving back to my community after having been a beneficiary of the cervical cancer program implemented by the USAID Boresha Afya Project.

Tell me about your journey with cervical cancer.

After being informed about cervical cancer screenings, I made an appointment with the nurse at Meru District Hospital to get screening for cervical cancer. Although I did not have any signs, I just thought it would be good to check my health. Skilled healthcare workers attended to me really well at the facility. After being screened, the nurse approached me and informed me that I had a large lesion, and that she was referring me to KCMC [Kilimanjaro Christian Medical Centre].

I was shocked! The nurse calmed me down and explained to me that having such a lesion does not mean I have cancer, but it is an indication that I might get it in the future. Since I had taken the initiative to screen for cervical cancer early, the nurse explained that I could beat the disease. This calmed me, and I agreed to go to KCMC.

When I got home, I told my family about my results and they comforted me and gave me full support. Other relatives were afraid for my sake and thought this was the end of my life. When I went to KCMC the next day I underwent a loop electrosurgical excision procedure, a procedure to remove abnormal tissue from the cervix [This is done to confirm a cancer diagnosis or treat precancerous conditions of the cervix].

A month later the results came and to my surprise I was found to be free of cervical cancer.

Ever since, I have been educating my fellow women in my community on cervical cancer. My role as a community health worker makes it even easier for me to reach out through household visits.

What was your experience at the clinic?

My experience at this facility is magnificent. Being a community health worker and a beneficiary of the services that the facility provides, this hospital holds a special place in my heart. The healthcare workers are very skilled. They are committed, and this makes the facility patient friendly.

Who were the people who supported you along the way?

I was mostly supported by the doctors and nurses at this health facility—and I cannot forget my family as well. I owe these people my life.

What is your message to your fellow women?

My message to all women is that they should make it a priority to get screened for cervical cancer—because initially it doesn't show any signs. When it's detected early, it can be treated, but when it has progressed and is detected late, it becomes more difficult and expensive to treat.













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