

ANZA MWEZI NA AFYA KWA KUZIJUA NAMBA ZAKO

“Huduma karibu na Jamii” (Health Services Closer to the Community)

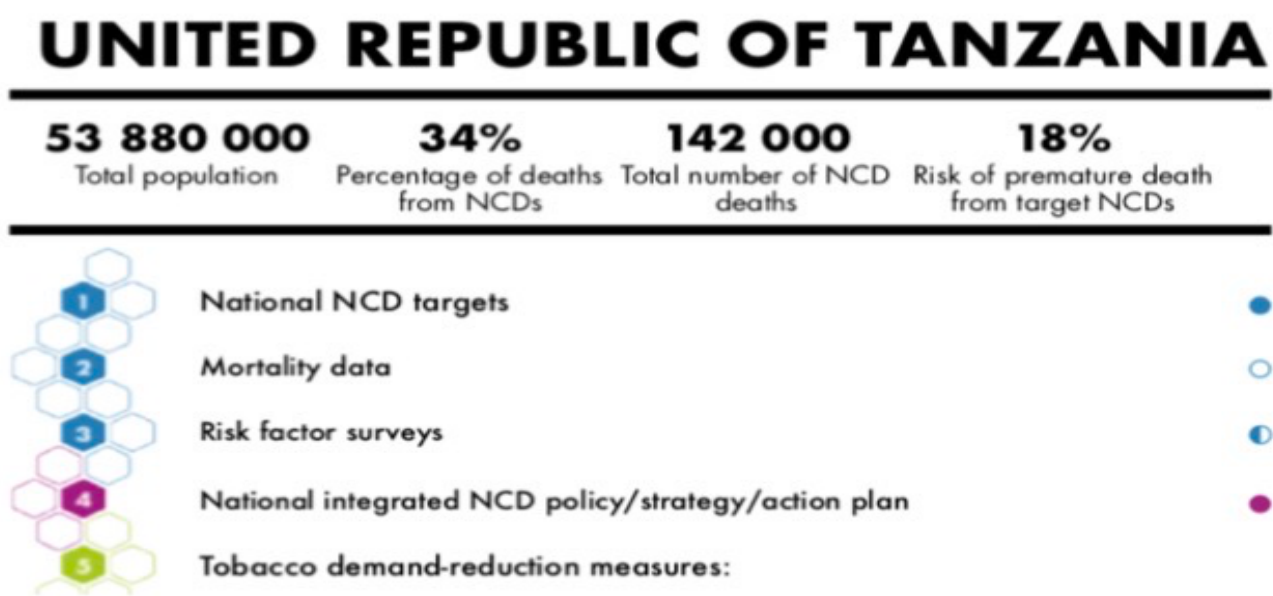
Lead Program: Anza Mwezi Na Afya kwa Kuzijua Namba Zako
Strategic Technical Partner: Community health and development foundation (CHADF)
Expected Key Partners: SD BIOSENSOR; Catholic University of Health and Allied Sciences (CUHAS); Sekou Toure RRH; Voda Bima; TAMSA-CUHAS; Victory Against Cancer Foundation(VACF)
Geographic Focus: Remote communities within Lakezone.
Thematic Focus: Non-Communicable Diseases (NCDs)
Implementation Modality: Monthly outreach (pilot described as a one-day campaign)

EXECUTIVE SUMMARY

Non-communicable diseases (NCDs), including hypertension, diabetes, chronic respiratory diseases, and cancer, constitute a growing public health challenge globally and nationally. NCDs account for over 70% of global mortality and **approximately 34%** of all deaths in Tanzania. In addition, awareness among participants who already have hypertension and diabetes is reported to be **less than 10%**. The burden is disproportionately higher in underserved communities where limited awareness, late diagnosis, and weak preventive services continue to strain health systems.

Evidence presented at Tanzania’s First National NCD Conference (2019) highlights persistent gaps in early detection, particularly in rural, island, and hard-to-reach populations. These gaps translate into late-stage disease presentation, avoidable complications, and increased healthcare costs.

Figure 1: Burden of NCD



National data presented at the First National NCDs conference in 2019

The **Anza Mwezi na Afya kwa Kuzijua Namba Zako** initiative responds to this challenge through a community-centred, mobile outreach model that delivers integrated NCD screening, health education, cancer awareness, and health insurance enrolment directly to communities. By strengthening prevention, promoting early diagnosis, and improving linkage to care, the initiative contributes to national priorities on NCD control and Universal Health Coverage (UHC).

BACKGROUND AND CONTEXT

The prevalence of NCDs in Tanzania has been rising steadily, driven by demographic transition, lifestyle changes, and limited access to preventive services. Hypertension, diabetes, and chronic respiratory conditions remain largely underdiagnosed, particularly in rural and island communities.

In the Lake Zone, especially island settlements and remote village—communities face structural barriers including; Limited availability of diagnostic services, high transportation costs to referral facilities, health education, and health insurance enrolment, delayed health-seeking behaviour due to distance and affordability

These constraints result in late diagnosis, preventable morbidity, and avoidable mortality. Addressing NCDs in such contexts requires decentralized, community-based approaches that bring services closer to where people live and work.

PROBLEM STATEMENT

Non-communicable diseases pose a significant and escalating public health challenge in Tanzania's Lake Zone. Low community awareness, unhealthy lifestyle practices, and the absence of routine screening contribute to delayed diagnosis and poor health outcomes. The geographic isolation of Lake Victoria Island settlements and remote village—communities further limits access to timely preventive and curative services.

Key Challenges

- ◆ Low awareness and uptake of NCD screening
- ◆ Limited access to healthcare services in remote and island communities
- ◆ Absence of structured, community-based screening programs
- ◆ Missed opportunities for early detection and prevention

PROJECT DESCRIPTION: ANZA MWEZI NA AFYA KWA KUZIJUA NAMBA ZAKO

Anza Mwezi na Afya kwa Kuzijua Namba Zako is a monthly community health outreach initiative designed to integrate prevention, early detection, and health system linkage. The concept emphasizes starting each month with health by delivering essential NCD services directly to communities.

The proposed intervention is a **one-day mass screening and health education campaign**, piloted in Sengerema District, with scalability across the Lake Zone. The project focuses on NCD screening, cancer awareness, and health insurance sensitization, aligned with national NCD strategies and universal health coverage objectives.

GOAL AND OBJECTIVES

Overall Goal

To reduce the long-term burden of non-communicable diseases in Lake Victoria Island settlements and remote village–communities around the lake zone region.

Specific Objectives

- To promote health insurance enrolment through targeted sensitization and on-site registration
- To screen community members for common NCDs, including hypertension, diabetes and obesity
- To increase awareness of cancer prevention, early warning signs, and timely health-seeking behaviour
- To identify high-risk individuals and facilitate timely referral to appropriate health facilities.

LOGICAL FRAMEWORK MATRIX

Project Title: Anza Mwezi na Afya kwa Kuzijua Namba Zako – Huduma Karibu na Jamii
Geographic Focus: **Lake Zone (Pilot: Sengerema District & surrounding islands)**
Duration: **Monthly outreach (pilot: one-day campaign per month)**

IMPACT / OVERALL GOAL

Narrative Summary	Objectively Verifiable Indicators (OVIs)	Means of Verification (MoV)	Assumptions
Reduced long-term burden of Non-Communicable Diseases (NCDs) in underserved Lake Zone communities through prevention, early detection, and improved access to care	• Reduction in late-stage NCD presentations at referral facilities • Increased proportion of adult’s awareness of NCD risk factors and prevention.	• District Health Information System (DHIS2) • Hospital and referral records (SRRH, district hospitals) • Endline community surveys	• Continued government commitment to NCD control • Functional referral health facilities

PROJECT OUTCOME / PURPOSE

Narrative Summary	OVIs	MoV	Assumptions
Improved early detection of NCDs, cancer awareness, and access to healthcare services (including insurance) among targeted communities	• ≥ 300 individuals screened per outreach • $\geq 70\%$ of screened individuals demonstrate improved knowledge of NCD prevention • $\geq 30\%$ increase in health insurance enrollment among outreach participants • $\geq 90\%$ of identified high-risk individuals referred appropriately	• Outreach screening registers • Pre/post education assessment tools • Insurance enrollment records • Referral tracking forms	• Community members are willing to participate • Health insurance schemes remain affordable and accessible

OUTPUTS

Outputs	OVI	MoV	Assumptions
Output 1: Community members screened for common NCDs	• Number of individuals screened for BP, glucose, respiratory risk	• Screening registers • Monthly outreach reports	• Availability of consumables and diagnostics
Output 2: Increased community awareness on cancer prevention and early signs	• Number of education sessions conducted • Number of participants reached with IEC materials	• Session reports • IEC distribution logs	• Culturally appropriate messaging accepted
Output 3: High-risk individuals identified and linked to care	• Number of suspected NCD/cancer cases referred	• Referral forms • Facility feedback reports	• Referral facilities have capacity
Output 4: Increased health insurance enrollment	• Number of new insurance enrollees per outreach	• Insurance registration databases	• Network connectivity for digital enrollment
Output 5: Strengthened community–health system linkage	• Number of outreaches conducted jointly with district health teams	• MoUs • District participation records	• Ongoing collaboration with district authorities

ACTIVITIES

Activities	Inputs	Assumptions
1. Conduct monthly mobile outreach clinics	Medical staff, transport, diagnostic tools, medicines	Timely release of funds
2. Community mobilization and sensitization	Community mobilizers, local leaders, IEC materials	Community leaders remain supportive
3. NCD screening and point-of-care diagnostics	BP machines, glucometers, Spirometer, pulse-oximeter	Supply chain reliability
4. Cancer education and risk communication	Trained cancer awareness officers, IEC materials	Literacy levels allow message comprehension
5. On-site medical consultation and counseling	Medical officers, nurses, clinical officers	Adequate staffing
6. Referral and follow-up of high-risk cases	Referral forms, transport coordination	Patients comply with referrals
7. Health insurance education and enrollment	Insurance officers, tablets, SIM/data	Digital systems remain functional
8. Data collection, monitoring, and reporting	Registers, M&E officer, reporting tools	Data quality standards maintained

TARGET POPULATION

Primary beneficiaries include adults and elderly populations, particular from hard to reach communities.

High-risk groups include:

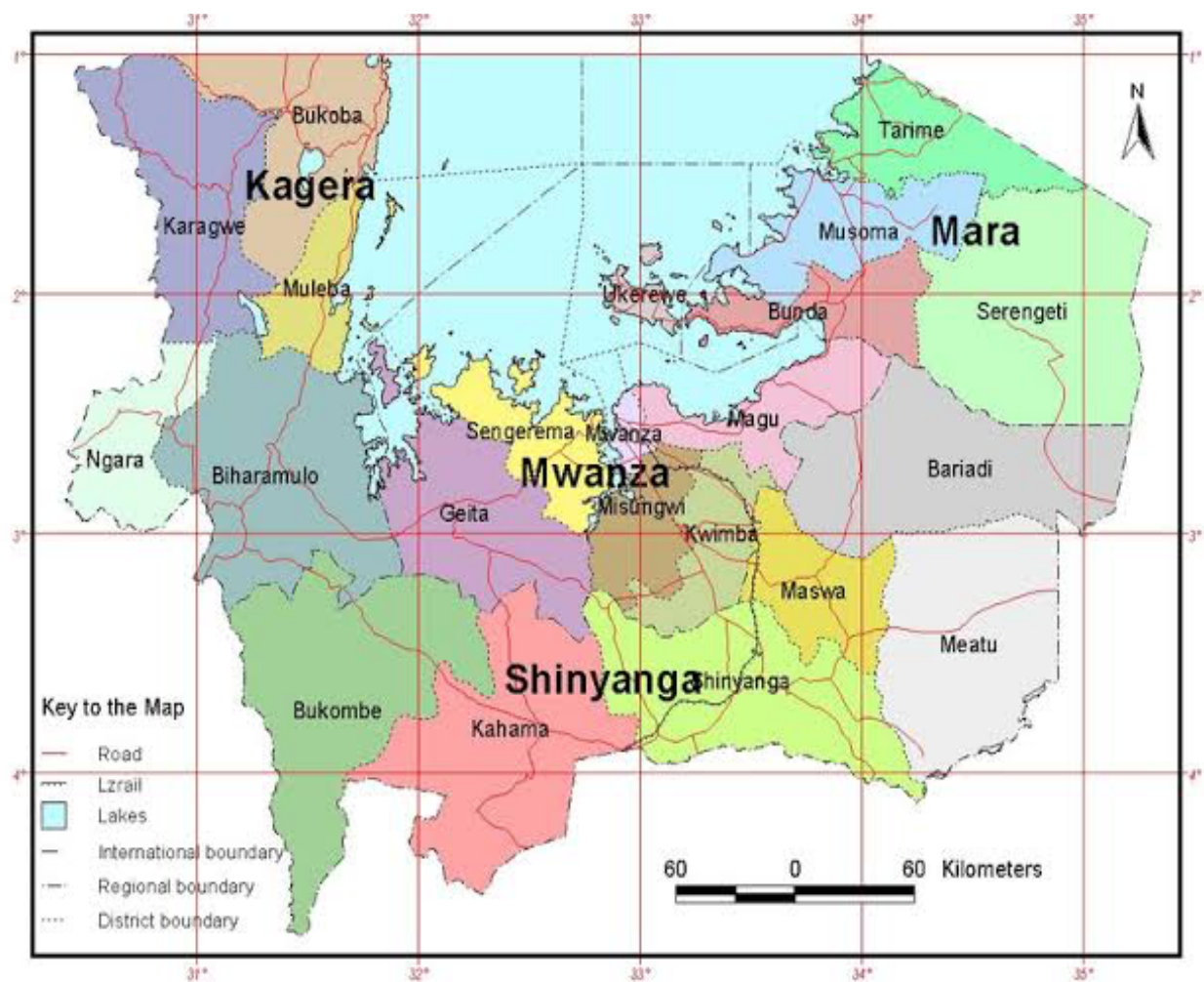
- General population with emphasis on high-risk and uninsured groups
- Fisherfolk and mining communities
- Individuals with family history of NCDs

Geographic focus includes:

- Lake Zone districts
- Island and remote communities

Fig .2 Lake zone map

Lake Zone of Tanzania Highlighting Main Districts and Surrounding Islands Communities Targeted by the Anza Mwezi na Afya Initiative



IMPLEMENTATION APPROACH

The project will be implemented through monthly mobile outreach clinics coordinated by a multidisciplinary team in collaboration with district health authorities and community leadership.

Core Implementation Strategies

- Monthly mobile outreach clinics rotating across communities
- Community mobilization and sensitization prior to each outreach
- Public–private–academic collaboration involving Sekou Toure RRH, CUHAS, SD BIOSENSOR, Voda Bima, Victory Against Cancer Foundation (VACF) and district health offices
- Systematic data collection for monitoring, reporting, and learning

KEY SERVICES OFFERED PER OUTREACH

NCD Screening

- Blood pressure measurement (hypertension)
- Blood glucose testing (diabetes)
- Pulmonary function assessment
- To provide community education on cancer prevention, early signs, and early health-seeking behavior

Medical Consultation

- Clinical assessment and triage
- Lifestyle and adherence counselling
- Risk communication

Medication and Referral

- Provision of essential emergency medicines for eligible patients
- Referral of complicated cases to Sekou Toure RRH and other accredited facilities

Health Insurance Enrolment

- On-site education on health insurance benefits
- Enrolment into affordable digital insurance schemes
- Linkage to accredited healthcare providers

MONITORING AND EVALUATION

Monitoring will focus on both output and outcome indicators, including the number of individuals screened, educated, referred, and enrolled in insurance schemes. Data will be captured systematically and analysed to inform continuous improvement. Narrative and financial reports will be shared with partners and donors.

EXPECTED OUTPUTS (PER MONTH)

- 300–500 individuals screened
- Early identification of undiagnosed hypertension, diabetes, and suspected cancer cases
- On-site testing, consultation, and counselling
- Provision of essential emergency medicines to eligible patients

EXPECTED OUTCOMES

- Increased community awareness of NCD prevention and early detection
- Improved rates of early diagnosis and timely treatment
- Reduced complications and avoidable hospital admissions
- Strengthened linkage between communities and the formal health system

ANZA MWEZI NA AFYA STAFFING STRUCTURE (PER MONTHLY OUTREACH)

Position	Key Responsibilities	Required Qualifications	Approx. Allowance (TZS/month)
Project / Field Coordinator	Overall coordination, partner liaison, supervision	Bachelor in Public Health / Project Management, community project experience	250,000
Medical Officers / Clinical Leads (3)	Clinical oversight, referrals approval, lead medical team	MD, registered with Medical Council of Tanganyika	600,000
Nurses / Clinical Officers (5)	NCD screening, BP & glucose testing, triage, counseling	Diploma/Degree in Nursing or Clinical Medicine, registered	500,000
Laboratory Technicians / Technologists (2)	Point-of-care testing, lab quality control, results recording	Diploma/Degree in Medical Laboratory Sciences, registered	200,000
Cancer Awareness Officers (2)	Cancer education, risk identification, referral counseling	Diploma/Degree in Public or Community Health, cancer outreach experience	200,000
Pharmacy / Medication Officer (2)	Medicine dispensing, dosage counseling, stock records	Diploma in Pharmacy, Pharmacy Council registration	200,000
Insurance Enrollment Officers (2)	Insurance education, on-site registration, facility linkage	Diploma/Degree in Business/Insurance, enrollment experience	200,000
Data & M&E Officers (2)	Registration, data capture, reporting support	Diploma/Degree in Statistics, HIM or Public Health	200,000
Community Mobilizers / Volunteers	Community mobilization, queue management, local support	Community Health Worker / local volunteer	500,000

SCALABILITY AND SUSTAINABILITY

The initiative will begin as a pilot in Sengerema District and surrounding islands, with planned expansion across the Lake Zone and replication in other underserved regions. The model leverages existing health infrastructure, local leadership, and public-private partnerships, enhancing long-term sustainability.

LOGISTICS & CONSUMABLES (PER MONTHLY OUTREACH)

Item Category	Description	Purpose	Approx. Cost (TZS)
Transport & Fuel	Vehicle hire, fuel, boat hire (for islands)	Movement of staff, equipment and supplies	2,000,000
Medical Screening Consumables	Glucose strips, lancets, alcohol swabs, gloves, spirometer mouthpieces	Blood glucose & BP screening	3,500,000
Diagnostic Equipment	BP machines, glucometers, pulse oximeter, spirometer	Point-of-care diagnostics	2,000,000
Medicines	Antihypertensives, antidiabetics, respiratory drugs	Immediate treatment & stabilization	1,200,000
Awareness Materials	Posters, brochures, banners, t-shirts	Health education & behavior change	2,000,000
Venue & Community Logistics	Tents, chairs, tables, PA system	Service delivery setup	1,000,000
Data management & Reporting	Laptops, Registers, printing, stationery	Monitoring, evaluation & reporting	1,000,000
Contingency	Unforeseen field expenses	Operational risk mitigation	1,000,000

Estimated Total Cost per Outreach: TZS 17,000,000/=
(Costs may vary depending on distance, island access, and number of beneficiaries. Diagnostic equipment costs reduce over time as assets are reused.)

CONCLUSION

Anza Mwezi na Afya kwa Kuzijua Namba Zako represents a practical, impact-driven, and community-centred response to the growing burden of non-communicable diseases in Tanzania. By integrating prevention, early detection, and health system linkage, the initiative brings healthcare closer to those who need it most—starting every month with health by knowing your Numbers.

 **Starting every month with health by knowing your numbers — bringing care closer to the people.**

