MOMENTUM
Integrated Health Resilience

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STRENGTHENING HEALTH RESILIENCE THROUGH MULTISECTORAL POPULATION, HEALTH, AND ENVIRONMENT (PHE) PROGRAMMING IN TANZANIA

Lessons Learned from Implementing an Integrated PHE Program in Three Biodiverse Hotspots in Tanzania

Disclaimer

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BACKGROUND

Tanzania experiences a range of interconnected environmental challenges, including biodiversity loss, poor natural resource management, and climate change. According to the Notre Dame Global Adaptation Initiative (ND-GAIN) index, Tanzania is considered to have high vulnerability and low readiness to cope with and adapt to climate change.[1] Tanzania is already experiencing negative effects from climate change, including an increase in the frequency and severity of droughts and reduced quality and quantity of fresh water. Additionally, temperatures are projected to rise, and wet and dry periods are likely to become more extreme. These interconnected environmental challenges interact with each other and other social and health outcomes in ways that threaten the resilience of communities, highlighting the need for an integrated approach. In the ecosystems in which MOMENTUM Integrated Health Resilience operates in Tanzania—the Greater Mahale Ecosystem, the Northern Tanzania Rangelands, and the Ruaha Rungwa Ecosystem—the impacts of climate change, combined with extreme poverty and remoteness of the locations, significantly threaten the overall health and well-being of both the human population and the environment. To address food insecurity and poverty, families often resort to unsustainable practices such as overfishing, poaching, and illegally harvesting trees, leading to biodiversity loss and habitat degradation. Demand for limited natural resources also leads to increased conflicts between humans and wild animals, as well as increased conflicts regarding the boundaries between villages, national parks, and protected areas. These conflicts have further weakened the health resilience of individuals, households, and communities, making them vulnerable to stresses and potential shocks and adverse health outcomes (Hess and Leisher, 2011).

Population, Health, and Environment

Population, health, and environment (PHE) strategic approaches aim to simultaneously improve access to health services while helping communities manage natural resources in ways that allow them to improve their livelihoods and conserve biodiversity. PHE activities are by definition multisectoral and incorporate a variety of sexual and reproductive health and rights, natural resource management, and biodiversity conservation objectives and actions. MOMENTUM Integrated Health Resilience PHE programming also incorporates maternal, newborn, and child health programming and focuses on strengthening health resilience, including to the impacts of climate change.

Health Resilience is the ability of people, households, communities, systems, and countries to mitigate and adapt to shocks and stresses in a manner that reduces acute and chronic vulnerabilities and facilitates equitable health outcomes.

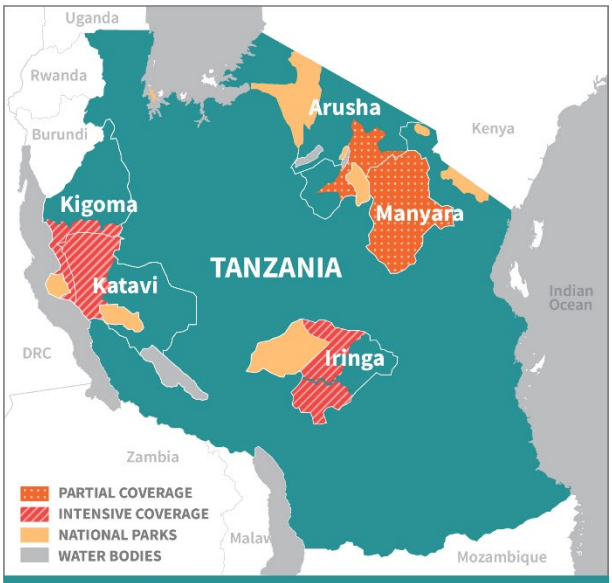
MOMENTUM is implementing an integrated, multisectoral PHE approach to address these complex and interconnected challenges and help strengthen health resilience. Three specific approaches in this PHE model are the Model Household/Boma[2] Initiative, First-Time Parents program, and Community Conservation Microfinance Groups, which are all implemented to holistically address the interaction between health and environment at household and community levels. These include lack of latrine use, unsafe water supply,

[1] The ND-GAIN Country Index summarizes a country's vulnerability to climate change and other global challenges in combination with its readiness to improve resilience. It aims to help governments, businesses, and communities better prioritize investments for a more efficient response to immediate global challenges (University of Notre Dame, 2021).

[2] Households in the Northern Tanzania Rangelands region are often referred to as bomas. A boma is a Maasai cultural family unit where family-level decisions are made, and may include more than two families.

overfishing, and resistance to voluntary family planning (FP)—the latter due to a number of factors, including myths, misconceptions, and gender and social norms that limit women's and girls' access to FP.

OVERVIEW OF POPULATION, HEALTH, AND ENVIRONMENT PROGRAMMING IN TANZANIA



As highlighted in the figure above, MOMENTUM operates in three landscapes within Tanzania: the Greater Mahale Ecosystem of Northern Tanzania, including Kigoma and Katavi regions; the Northern Tanzania Rangelands, including Arusha and Manyara regions; and the Ruaha Rungwa Ecosystem in Southern Tanzania, covering Iringa region. The orange and red highlighted areas indicate the intervention zones of the project, with full implementation in the Greater Mahale Ecosystem and the Ruaha Rungwa Ecosystem and scaled back programming in the Northern Tanzania Rangelands as we transition activities to the government and local actors. These geographic areas border protected national parks, as shown in yellow, and are biodiversity hotspots within the country.

Globally, population, health, and environment has proven to be a successful multisectoral approach to meeting the diverse needs of communities impacted by climate change and environmental fragility, which also impact livelihoods, food security, and health outcomes. Since 2021, MOMENTUM has been implementing a PHE project in Tanzania, building on the successes of other long-standing programming in the country, including USAID's Evidence to Action (E2A) project, and the active engagement of communities themselves.

Specifically, MOMENTUM's community-oriented PHE efforts in Tanzania tap into non-health-related partnerships with conservation nongovernmental organizations for the implementation of an integrated, multisectoral approach that includes maternal, newborn, and child health; sexual and reproductive health and rights (SRHR); conservation; and livelihoods programming. While there is solid existing evidence on the benefits of PHE programming and some initial research demonstrating associations between PHE programming and strengthened resilience, there is still more to be learned about how this type of programming can contribute to strengthened health resilience capacities at individual, household, and community levels (Hardee, et al., 2018). MOMENTUM seeks to build this evidence based on project experiences in the three geographic areas in Tanzania noted above.

MOMENTUM works to generate health resilience through locally led and integrated approaches that enable communities to implement more effective and inclusive solutions. We work with community-based resource persons, such as community health workers (CHWs) and PHE "Champions,"[3] as well as local health facility providers and local government authorities, to jointly plan for and implement project interventions. Since gender affects health, and in many contexts women and girls bear a greater burden of the effects of climate change (Brown, 2022), MOMENTUM places women and girls at the center of and the project's PHE programming to support communities in becoming more equitable, healthy, and sustainable. SRHR is also at

[3] PHE Champions are community members trained on PHE concepts who reach other community members with integrated PHE messages at the household and community levels. Oftentimes, PHE Champions are also CHWs playing a dual role in ensuring the provision of health services and referrals as well as integrated PHE information.

the center of our integrated PHE work. It allows women to thrive in all aspects of life including education and economic advancement. When women and girls have access to the SRHR services they need, they are better able to contribute to their communities. In addition, the project focuses on implementing localized solutions, as noted below, to ensure that adaptations address specific community-defined needs, accelerate progress, and strengthen our impact in supporting resilient communities.

The three specific interventions highlighted in this report were selected to serve as a snapshot of the broader MOMENTUM Integrated Health Resilience PHE program activities in Tanzania that are being implemented in close partnership with The Nature Conservancy, the Southern Tanzania Elephant Programme, the Government of Tanzania, and others. Through these partnerships, the project is able to leverage the expertise and programming experience of health and conservation partners and jointly design and implement a package of interventions that holistically address the needs of communities within the three geographic landscapes where MOMENTUM works. This report describes the role of the three highlighted interventions in strengthening health resilience in remote, hard-to-reach, and environmentally fragile communities.

The first activity, *Model Households/Boma Initiative*, leverages various households that volunteer to educate community members by example to support positive PHE behaviors and promote behavior change. The second, *First-Time Parents*, focuses on advancing SRHR, including FP, maternal and newborn health, and related gender outcomes for young, first-time mothers and their key influencers (specifically their male partners and older female relatives)—a population that is often missed by traditional SRHR programming. The first-time parents program also provides young first-time mothers, and their key influencers with key PHE information—including on natural resource management, conservation, and the linkages between the health of the environment and human health—and makes them aware of some of the key PHE activities available for them within their communities. The third, *Community Conservation Microfinance Groups (CCMGs)*, addresses health and environment issues by establishing sustainable and environmentally friendly savings and income-generating activities, as well as SRHR information and services, for communities living adjacent to national parks.

The following sections detail the theory and motivation behind each activity, how they have contributed to advancements in health outcomes, and how they helped lead to more resilient communities. This information was compiled from a variety of sources, including case studies collected by the project team, routine assessments of model households and CCMGs, baseline and endline questionnaires with first-time parent peer group participants, and other routine project monitoring data.

ACTIVITY 1: MODEL HOUSEHOLDS TO INCREASE HEALTH RESILIENCE

BACKGROUND

This activity involved households that volunteered to be models of positive PHE behaviors, thus serving as an entry point for influencing and promoting behavior change at the household level. Specifically, these households model healthy and sustainable behaviors such as using a handwashing station, installing upgraded latrines, using energy-saving stoves, and locating agricultural plots away from the nearby lake. Model households are measured against PHE assessment criteria;[4] in order to serve as a model household, it

[4] PHE assessment criteria for model households/bomas include: use of latrines, bath shelters, use of homemade taps, clean model household/boma surroundings, use of dish drying racks, boiling/treating drinking water, use of mosquito nets, awareness of and positive attitudes towards FP, utilization of health facilities for the family, positive perception of

is required that the criteria be adopted and practiced. Many of the behaviors associated with the criteria are related to hygiene in the house, but also include wider-ranging behaviors that are influenced by perceptions and attitudes, such as having a positive attitude toward FP, protecting fish breeding areas, sending boys and girls to school, participating in community activities like CCMGs, using legal fishing gear, cultivating a household garden, and practicing "climate-smart" agriculture.[5] MOMENTUM supports these model households through education and information about positive PHE behaviors provided by CHWs and PHE Champions, the involvement of local leaders in providing positive PHE messaging, and encouraging household-to-household information sharing. The model households are assessed periodically to gauge their progress in achieving their criteria and to identify any gaps. As of March 2023, the project supported 25,970 model households across two landscapes—the Northern Tanzania Rangelands and Greater Mahale Ecosystem. As the project progresses, it continues to build on the model household approach by establishing model villages—those in which more than 75 percent of households are enrolled and become model households.

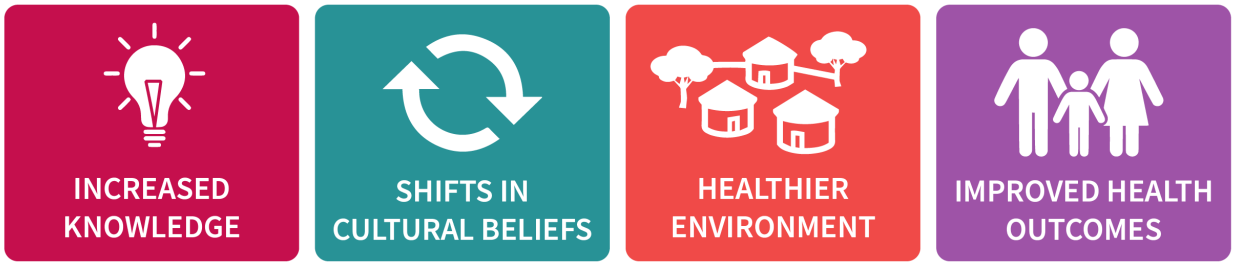
IMPACT AND RESULTS

The model household initiative addresses a range of challenges experienced by communities including high deforestation rates, poverty, early pregnancies, limited knowledge and awareness of PHE and FP, the spread of water-borne diseases such as typhoid and diarrhea, high rates of female school dropouts, unequal decision-making in households and communities, and predator (hyena and lion) attacks on livestock. To learn more about the experience of model household participants and better understand the impact of this programming, MOMENTUM conducted case study interviews with heads of two model households (one in the Greater Mahale Ecosystem and one in the Northern Tanzania Rangelands) and their spouses. In addition, an annual assessment was administered to evaluate the progress and status of the 22 PHE indicators and monitor trends in behavior change over time.

Qualitative data collected from interviews demonstrate positive changes in the model households in four main categories:

environmental protection, respecting and complying with natural resource regulations, existence of trees/house gardens, livestock management efforts, climate-smart agriculture and food security practices, participation in environmentally friendly enterprises, civic participation, positive view towards joint decision-making between men and women, school attendance for children, use of energy-saving stoves, and sustainable fishing practices.

[5] As defined by the United Nations Food and Agriculture Organization (n.d.), "climate-smart agriculture is an approach that helps guide actions to transform agri-food systems toward green and climate-resilient practices. It aims to tackle three main objectives: sustainably increasing agricultural productivity and incomes; adapting and building resilience to climate change; and reducing and/or removing greenhouse gas emissions, where possible."



Most of the model household members interviewed indicated that many of the problems faced in their communities—including those listed above—were largely due to a lack of knowledge and education. To address these challenges, the project provided consistent house-to-house and community education on PHE, supervision of model households by the PHE Champions, support from project staff, and the encouragement of household-to-household learning exchange and information sharing. The model household members interviewed indicated that these activities increased the knowledge and awareness of PHE issues and positive PHE behaviors in their communities.

> *"The project has increased my knowledge and awareness on PHE issues; that being the fact, I see the improved health education and services in my village. Moreover, I have established and inserted the living wall to protect my livestock from the attacks of predators like hyenas and lions, [and] my household's WASH has improved."*
>
> – Model boma participant, Monduli District Council, Arusha Region

In terms of cultural beliefs, certain practices hindered the use of positive PHE behaviors. A cultural belief among the Maasai is that the use of toilets, especially sharing them among household members, is misconduct or misbehavior. FP is also believed to cause infertility, which is why it was prohibited among youth, including first-time mothers. Many communities believe that the use of FP would destroy their lives, and condoms were mostly believed to carry various viruses, including HIV, potentially leading to death. Project activities, such as outreach conducted by CHWs and PHE Champions and the involvement of respected community leaders in the dissemination of PHE messages, have been successful in addressing cultural beliefs that inhibit the adoption of positive behaviors and addressed existing myths and misconceptions in the community around positive PHE behaviors and FP. Respondents mentioned the participation of the traditional community leaders, such as *Laigwanans*, in program activities as being particularly useful in transforming cultural beliefs among community members.

For the environment, the model household initiative has led to the adoption of positive PHE behaviors, resulting in improvements in the surrounding environment. For example, 91 percent of household members confirmed that their villages developed and adhered to bylaws that protect natural resources. The project also has promoted the construction of energy-saving stoves among the model households, with 28 percent in the Greater Mahale Ecosystem and 62 percent in the Northern Tanzania Rangelands now using energy-saving stoves. The use of these improved stoves reduces the amount of firewood or charcoal used for household cooking.

> *"I like the idea of a model household. My understanding and definition of the model household is a household with a desire for change. So I wanted my household to become a model household. I started implementing all the model household criteria introduced by the project team. I have planted fruit trees around my household compound for shade. I clean my compound, and use the tippy tap for handwashing and toilet use."*
>
> – Model household participant, Mwese village, Tanganyika District Council, Katavi Region.

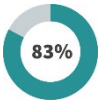
Model household participants mentioned wanting to join the initiative to improve their family's health. By working with model households to improve hygiene and other household practices, and by educating them on SRHR, including FP, MOMENTUM was able to improve health outcomes. Results from the model household assessments in the Greater Mahale Ecosystem show that the use of latrine facilities has increased from 95 percent (baseline survey) to 99 percent (2020 annual model household assessment). Use of improved water sources and treatment of water before use also increased from 75 percent during the baseline survey to 88 percent recorded during the annual assessment. The use of FP methods among heads model households and their spouses/partners also increased from 17 percent at baseline to 52 percent in the most recent survey. Similar results were observed in the model household assessment in the Northern Tanzania Rangelands, in which the use of latrine facilities built around household compounds increased from 9 percent to 82 percent. Significantly, the use of FP methods nearly doubled, from 31 to 61 percent.

Other key results from the model household/boma assessment include:

of model households in the Northern Tanzania Rangelands have access to improved toilet facilities.

of community members were using water from the improved sources such as public taps and piped water into the households.

of community members reported and were confirmed to be using any FP method; 44 percent of these respondents used modern contraceptive methods.



of community members were aware of the human activities that threaten the village natural resources.

of community members perceived that women should be included in all household decision-making processes.

LESSONS LEARNED

Based on the information gathered from the model household members interviewed and the results of the assessment, the model household initiative is a promising approach that can improve individual, household, and community knowledge of PHE behaviors, address long-held cultural beliefs that may negatively impact the adoption of positive PHE behaviors, and ultimately improve the health of people and the environment. The model household members interviewed also commented on how the engagement of local community members—such as the PHE Champions—was particularly appreciated, and in many cases contributed to their decision to participate in the initiative. Implementing project activities with the close involvement of local authorities and community-based resource persons also allows for sustainability of project interventions. By

building the capacity of local authorities and PHE Champions to implement and lead these activities, these efforts empower communities to continue building their PHE knowledge and improving PHE behaviors that can be sustained long term, after project support has ended. Because MOMENTUM has been implementing the model household/boma approach in both the Northern Tanzania Rangelands and Greater Mahale Ecosystem since the beginning of the project, we are also able to compare the results and lessons learned across the two landscapes and use those comparisons to inform programmatic adaptations. Moreover, MOMENTUM is now starting the model household approach in the Ruaha Rungwa Ecosystem, providing the project with the opportunity to further evaluate the approach in new communities and learn and adapt from that experience.

ACTIVITY 2: FIRST-TIME PARENTS PROGRAMMING

BACKGROUND

The first-time parents initiative is implemented in the Greater Mahale Ecosystem. This geographic area faces significant reproductive health challenges, including early sexual initiation, high levels of teenage childbearing, and low use of modern contraception (Tanzania MOH et al., 2016: *Tanzania Demographic and Health Survey and Malaria Indicator Survey 2015–16*). The modern contraceptive prevalence rate is among the lowest in all of Tanzania, and the unmet need for FP among young married women (ages 15-24) remains high. Baseline data collected identified that first-time mothers have a basic understanding of the benefits of healthy timing and spacing of pregnancy but lack accurate information about FP; partners, mothers, and mothers-in-law are key actors in first-time mothers' decision to use FP; and first-time mothers often face challenges in accessing FP services due to provider bias or services that are not friendly to youth (Evidence to Action, n.d.). As a result, the FTP program was launched to address challenges faced by this population—defined as women and girls ages 15-24 years, who are pregnant for the first time or have one child, and their partners. The program includes seven key components, which are highlighted in the figure below.

Peer-led small groups with first-time mothers	Use of activity cards and group discussion to explore information on healthy timing and spacing, FP, contraceptive methods, decision-making, maternal and newborn health, and gender dynamics.
CHW-led small groups with the partners/husbands	Build awareness about contraceptive methods and maternal and newborn health services, and build their support for use of these services by FTPs.
CHW-led information sessions with older female relatives	Build awareness about contraceptive methods and maternal and newborn health services, and build their support for use of these services by FTPs.
Household visits conducted by CHWs	Provide counseling and services tailored to the first-time mothers' stage of pregnancy or early parenthood.
Support and supervision to health facilities, facility-based health providers, and community health workers	Ensure first-time parents have access to high-quality FP and MNCH services at health facilities through ongoing mentorship and supportive supervision to these facilities. Additionally, at FTP program onset, facilities are oriented on the approach and the needs of FTPs and facility-based CHW supervisors are integrated into the management team for the FTP approach and participate in the monthly review meetings.
Integrated PHE activities	Raise the awareness of FTPs about PHE principles and the PHE activities available to them in their communities through two PHE-focused curriculum sessions and access to further information through PHE Champions.
Outreaches and home visits to other young women	Train FTP peer leaders and deputy peer leaders to conduct outreach to other young women, regardless of the number of children they have.

These seven components work as a comprehensive intervention package meant to address the diverse and interconnected needs of young FTPs. This package acknowledges the influence that other family members have on FTPs' health actions; the barriers they face to receiving quality, youth-friendly services; and their other non-health needs experienced during this pivotal life stage.

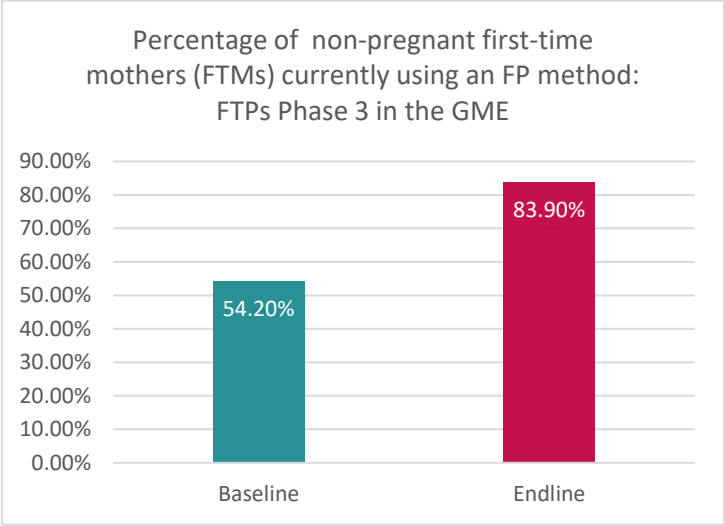
IMPACT AND RESULTS

Throughout the implementation of multiple rounds of FTP programming in the Greater Mahale Ecosystem, MOMENTUM learned about the motivations of FTPs in joining the program, their experiences with participation, and the results achieved through the program. FTPs who participated in the program were selected to provide feedback via focus groups, and the results revealed that FTPs and youth in general were introduced to the project by CHWs. Through regular home visits, CHWs called on specific households with FTPs to recruit them for program interventions. Generally, this approach was found to be successful. In terms of motivation to join the program, most FTPs noted that they were intrigued by the provision of education on reproductive health and FP as well as education on positive household PHE practices, such as making sure that a household has a "tippy tap"[6] for handwashing, proper use of the toilet, and using safe and clean drinking water.

Respondents were also interested in the provision of FP education, counseling, and services at the community level through house-to-house visits, during which condoms and pills were distributed and referrals for other methods were made. Entrepreneurship groups for environmentally friendly, income-generating activities were also established. FTPs and youth in general were not only attracted by the project activities, but also the way in which they were implemented. The project used participatory techniques to

[6] Tippy taps are simple, locally made devices (such as a bottle that can be tipped with a string) that can be used for handwashing with running water (Mbakaya & Kalembo, 2020).

select and train community members (CHWs, PHE Champions, and FTP peer leaders) in collaboration with local government authorities. Those trained were expected to diffuse the knowledge and skills to other members of their communities. The engagement of these trained community members throughout the full implementation period created project ownership and won trust from the community. FTPs also revealed that the project activities helped improve their knowledge of healthy timing and spacing, FP, and positive PHE behaviors, which led to changes in behavior as well as increased FP/RH care seeking.



Across all rounds of FTP programming in the Greater Mahale Ecosystem of Tanzania, the project has seen consistent increases in the voluntary uptake of FP. In the most recent phase of FTP programming in the GME, FP use increased from 54.2 percent at baseline to 83.9 percent at endline, as shown in the bar graph. Baseline and endline surveys also showed improvements in gender and maternal and newborn health indicators. For example, the percentage of first-time mother peer group participants who indicated that both parents are responsible for caring for the children increased from 48 percent at baseline to 80 percent at endline. Correspondingly, the percentage of participants who indicated that mothers alone are responsible for caring for the children decreased from 51 to 19 percent. While already high at baseline, knowledge of exclusive breastfeeding also increased during the course of the intervention from 91 percent of respondents being able to correctly answer that infants should be exclusively breastfeed for 6 months at baseline to 99 percent at endline.

JERALD AND CECILIA: A YOUNG MARRIED COUPLE

MOMENTUM Integrated Health Resilience staff interviewed an FTP couple—Jerald Lazaro Peleleza (age 22) and Cecilia Nicodemus Katambike (age 20)—to learn more about their participation experience. Jerald and Cecilia have one child, a son (age 3), and live in Ikola village in the Katavi Region. Before joining the program, the family faced several challenges, including limited knowledge and understanding of conservation and natural resource management, FP/RH, and maternal and newborn health, including information about child nutrition as well as the relationship between the health of the environment and the health of people. They were influenced by misconceptions around the use of FP methods to the extent that they would not even consider using them. Like many in their community, they believed that having many children means future protection for the parents, assured with laborers/workers and continuation of the family.

The motivation and experience of joining the FTP program differed for Jerald and Cecilia. Cecilia was the first to join the FTP peer group after being approached by a CHW in the village. Jerald joined the program through participation in a male partner group due to his father being a CHW in the village. In terms of motivations, Cecilia reported that she wanted to space out her pregnancies by delaying having a second child and was therefore interested in sexual and reproductive health and FP education. Jerald and Cecilia noted that because of the program, most community members no longer think that FP is only for western cultures or that it can cause infertility. The couple also learned a great deal about the importance of having a household that embraces key PHE model household practices, including the use of toilets, the use of tippy taps for handwashing, and linkages between FP, healthy timing and spacing of births, natural resource management, and conservation. The greatest benefit from their participation in the project was gaining the confidence to apply their new skills and knowledge to their daily lives. Jerald and Cecilia confirmed that they are now confident enough to share their knowledge with the community, especially young people and other married couples.

LESSONS LEARNED

The program results, and stories like that of Jerald and Cecilia, demonstrate that the FTP program is an effective platform for this population to learn about SRHR, gender, maternal and newborn health, and natural resource management and conservation topics; exchange ideas among peers; and jointly address the common challenges they face as youth/FTPs in these communities. While community misconceptions, myths, and cultural beliefs still hinder the use of FP methods, the FTP intervention is able to address these effectively with program participants and increase their confidence in applying the skills and knowledge learned for better results.

FTP programming is also a platform for reaching other young people within the communities with SRHR and PHE information and services. In addition to the primary FTP intervention package, after concluding the initial FTP curriculum, FTP peer leaders and deputy peer leaders are trained to reach other young women in their communities with SRHR information and linkages to services through outreach events and home visits. This diffusion of information into the community contributes positively to the sustainability of the FTP approach and the knowledge and behavior change it generates. Other project activities—such as the training and engagement of CHWs, PHE Champions, and FTP peer leaders, as well as the project's work with facility-based providers and regional- and district-level health authorities—also enable further sustainability of project successes.

ACTIVITY 3: COMMUNITY CONSERVATION MICROFINANCE GROUPS

BACKGROUND

The Community Conservation Microfinance Group (CCMG) is a key aspect of the PHE strategy and is used to address multiple socioeconomic challenges faced by communities. The CCMG approach was adapted from CARE International's Village Savings and Loans Associations (VSLA) model. (CARE International, n.d.). While many features of the VSLA model remain the same, the PHE-CCMG model is mainly implemented in communities adjacent to national parks to support sustainable, environmentally friendly savings and income-generating activities. The savings and loans from the groups support the livelihood and entrepreneurial activities of its members and the community at large. Community members are supported to participate in and/or start enterprises to diversify their income and thus reduce the dependence on natural resources. The income gained through the CCMGs also strengthens individuals' and families' ability to save for anticipated and unanticipated health expenses, contributing to improved health resilience. The CCMG process and group lifecycle is illustrated in the figure on page 14. To further the intervention's impact on health resilience, MOMENTUM works with CCMGs to link them to integrated PHE information and services, including SRHR information and counseling, provision of short-acting FP methods, and referrals to health facilities for long-acting methods and maternal, newborn, and child health services. Group members have been able to access finances to establish various environmentally friendly income-generating activities such as beekeeping, soap-making, buying and selling crops, and animal fattening. These activities have helped the community members provide for the health and well-being of themselves and their families, even during shocks or stresses. CCMGs are also a platform to address social norms that harm women and girls and provide group members with information and counseling on gender-equitable decision making.

As of September 2023, MOMENTUM has established and supports 187 CCMGs. These groups have a total of 4,849 (3,533 female and 1,316 male) members who participate in the groups' activities. These CCMGs work to address common challenges faced by community members—especially women and young girls—such as poverty, male-dominated household and community-level decision-making, patriarchal systems, unequal economic opportunities between men and women, and the denial of inheritance and property ownership rights for women and girls.

LESSONS LEARNED

To learn more about the experience of participating in and supporting CCMGs, the project interviewed members of CCMGs, community leaders, and local government officials. Based on the information gathered from these interviews and from periodic assessments, the CCMG initiative has proven to be a promising

approach that can strengthen and diversify household incomes as well as improve individual, household, and community knowledge and perceptions of women's contributions to households and decision-making structures, while also addressing long-held cultural beliefs that may negatively impact women and girls. Adaptations to incorporate environmental conservation considerations, and engaging local community members to serve as PHE Champions and help implement the program have contributed to its success. Due to their connection to the community and understanding of local dynamics, PHE champions are able to provide key insight into the specific needs and challenges of the community. Additionally, they are trusted members of the community, and are seen as credible sources of information. This is a key factor in helping gain buy-in, as community members are more likely to adopt PHE behaviors that are endorsed by individuals they know and respect. PHR champions are able to lead by example by actively demonstrating positive PHE behaviors and practices in their own lives, becoming living testimonials to the benefits of adopting positive PHE behaviors and practices. Champions open their homes to community members, inviting others to witness firsthand the positive changes in their lives. This approach transforms abstract concepts into tangible, achievable practices, making it easier for community members to envision and embrace the desired changes. By building the capacity of local authorities and PHE Champions to implement and lead these activities, the project empowers communities to continue building their PHE knowledge and improve PHE behaviors for the long term.

KEY TAKEAWAYS

In terms of impact and results across the three activities, MOMENTUM identified three common themes that resulted from implementation, as shown in the figure below.

INCREASED KNOWLEDGE	Participants noted increased knowledge of PHE issues, as well as positive behavior change related to PHE and SRHR.
SHIFTS IN CULTURAL BELIEFS/NORMS	Certain cultural beliefs and norms hinder the practice of positive PHE behaviors. Outreach and education done by community members and specifically targeted at addressing myths and misconceptions around PHE and SRHR led to positive behavior changes among participants.
CHANGE IN BEHAVIOR	There has been an observable change in behavior, including increased uptake in FP among model household and FTP program participants, adhering to bylaws that protect natural resources, use of energy-saving stoves, in addition to increased use of latrines among model household participants.
IMPROVED HEALTH OUTCOMES AND STRENGTHENED RESILIENCE	Leveraging community resource persons and other champions to model positive PHE and SRHR behaviors led to improved health outcomes among participants.

For those interested in implementing integrated PHE activities, three important attributes of MOMENTUM programming that have contributed to its success are highlighted below.

1. Broad involvement of beneficiaries, multisectoral stakeholders, and the government in implementation is vital for achieving the desired outcomes.
2. The integrated PHE design allowed the project to access hard-to-reach communities while also tackling multiple socioeconomic and environmental issues.
3. By working with conservation partners, the project addressed health and environmental concerns to meet the holistic needs of those in the targeted communities.

Additionally, ensuring the growth and sustainability of integrated PHE activities is a priority for MOMENTUM Integrated Health Resilience. It is essential that the communities are able to not only continue but champion integrated PHE efforts to ensure lasting results. Across the three activities described above, specific considerations and approaches were taken to contribute to program growth and sustainability. These include:

- Advocating for local government buy-in and involving local authorities and community-based resource persons from the beginning so that they understand the key elements of the program, are involved in the initial design and contextualization, and are able to take ownership of interventions in the future to ensure sustainability.
- Identifying and involving community champions, including leaders who believe in the project's activities and are able to encourage the involvement of others in the community in order to diffuse PHE information.
- Diffusing information across the community and educating a wide range of individuals by using approaches such as model households/bomas and engaging other community resource persons to ensure greater impact within communities.
- Regularly collecting data and lessons learned that are then used to make program adaptations.

CONCLUSION

Changes in our climate often lead to increased community health risks and environmental exposure, reduced access to health services, and increased food/water insecurity. These can exacerbate inequities by influencing livelihoods and social systems in ways that intensify existing risks while also generating new ones. It is important to understand the climate and other environmental and social risks that impact communities in order to adapt programmatic strategies to create innovative and sustainable interventions.

MOMENTUM Integrated Health Resilience's PHE programming in Tanzania collaborates closely with local communities to jointly design and implement integrated, multisectoral interventions that place individuals, households, and communities at the center of the efforts as change agents. This integrated package of interventions effectively addresses the needs of remote, hard-to-reach populations and strengthens their health resilience, thereby enhancing their ability to adapt and respond to shocks and stresses and improve health outcomes.

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