



wezesha

**Towards a health system
that **listens**.**

Annual Report 2025

**Empowering
citizens and
government.**

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A letter from the chair

Wezesha has spent several years focused on one question: Can a government regularly hear from the people who use its health services and act on their feedback? In 2025 Afya Maoni began to look less like a pilot project and more like part of the country's health infrastructure.

Much of the change was technical. Afya Maoni had relied on a single channel, SMS, for collecting feedback since its start. This year, the team transitioned to two new channels: Interactive Voice Response (IVR) and WhatsApp. Clients can now give feedback through Afya Maoni by simply calling the Ministry of Health's 199 line or by sending it on WhatsApp.

Afya Maoni is also now integrated within communication lines and systems under the Ministry of Health and the Prime Minister's Office – Regional Administration and Local Government (PMO–RALG). From the board's perspective, the program's institutionalization within the government is a significant achievement. It paves the way for handing over a sustainable national program.

Outside of our program work, we continued to strengthen our organization's management and governance in 2025. We welcomed Stella Mujaya as a new member of our board of directors. Stella has spent more than twenty years in Tanzanian public health, working at the Ministry of Health's Food and Nutrition Center, at Muhimbili University of Health and Allied Sciences, and now as Country Director for Data.FI Tanzania.

Her leadership work has focused on building data use for decision-making programs, which is the core of what Afya Maoni addresses. I'm glad to welcome her aboard as we enter this phase of scaling Afya Maoni to more regions in Tanzania. *Karibu sana Stella.*

To the funders who have backed this work, thank you! The progress made this year would not have been possible without your support. Your continued commitment to designing, testing, and now scaling this intervention has put us in a unique position to establish a national client feedback program in Tanzania. Such a program could pave the way for exploring how it could be deployed in other countries and sectors. We're grateful to be on this journey with you.

The Board does not directly deliver Wezesha's mission; our staff and partners do. I thank each of them, along with the healthcare workers and council teams across Tanga, who made 2025 what it was.



Alice Musetti
Chairperson, Wezesha Board

Welcome to our 2025 Annual report



Simon DeBere
Wezesha CEO

In 2025, Afya Maoni began operating as part of the health system instead of being managed by Wezesha. Establishing a national client feedback and data use program is a long-term goal, and in 2025, we saw parts of this come together.

Two things stand out for me. First, facilities actively used the data. In the areas we operate, nearly 4 in 5 facilities and councils held monthly quality improvement and supervision meetings to discuss their clients' feedback and noted what changes they would make. Most of these meetings took place without anyone from Wezesha present. Among the facilities that created a plan, 85% completed at least one action from the previous month. This may not sound exciting, but this is what systems change looks like: incremental, dispersed, repeated changes being made to government-level decision-making and capacity.

Second, the government approved the scale-up of Afya Maoni. In December, the Ministry of Health authorized Afya Maoni for use across 12 regions and selected its own Afya Call Center to host the technology behind it. Together with PMO-RALG it established how client feedback should be integrated into the health system from both a technology and delivery perspective.

We also added two new channels for submitting feedback, moving from SMS to voice and WhatsApp. The new channels collected roughly twice the amount of feedback that the same facilities had managed before. This single innovation has transformed the program's potential to reach more people and elevate voices that may typically be excluded from decision-making.

The progress in 2025 shows that a national feedback system is realistic and that the government is prepared to run it. As we look to 2026, our direction is clear: reach more regions, bring the cost down, and keep building a health system that listens to the people who use it.



Tanga City Council District Medical Officer, Dr. Stephen Mwandambo discussing Afya Maoni with Simon in a meeting in April 2025.

Who we are

Wezesha is a Tanzanian NGO and US 501(c)(3) on a mission to empower and connect people and governments to transform public services through digital engagement platforms.

In the Tanzanian healthcare system, we gather client feedback about the care they received through digital platforms. We present this feedback to healthcare workers and officials who can act on it. We also support the government in making this a regular part of health service management. We call this program Afya Maoni.

For most of the people we ask, it's the first time anyone has sought their input. Before Afya Maoni started, three-quarters of the clients we surveyed said they had never given feedback to a health provider during any visit. Similarly, three-quarters of healthcare workers reported that they had never or rarely received feedback from clients.

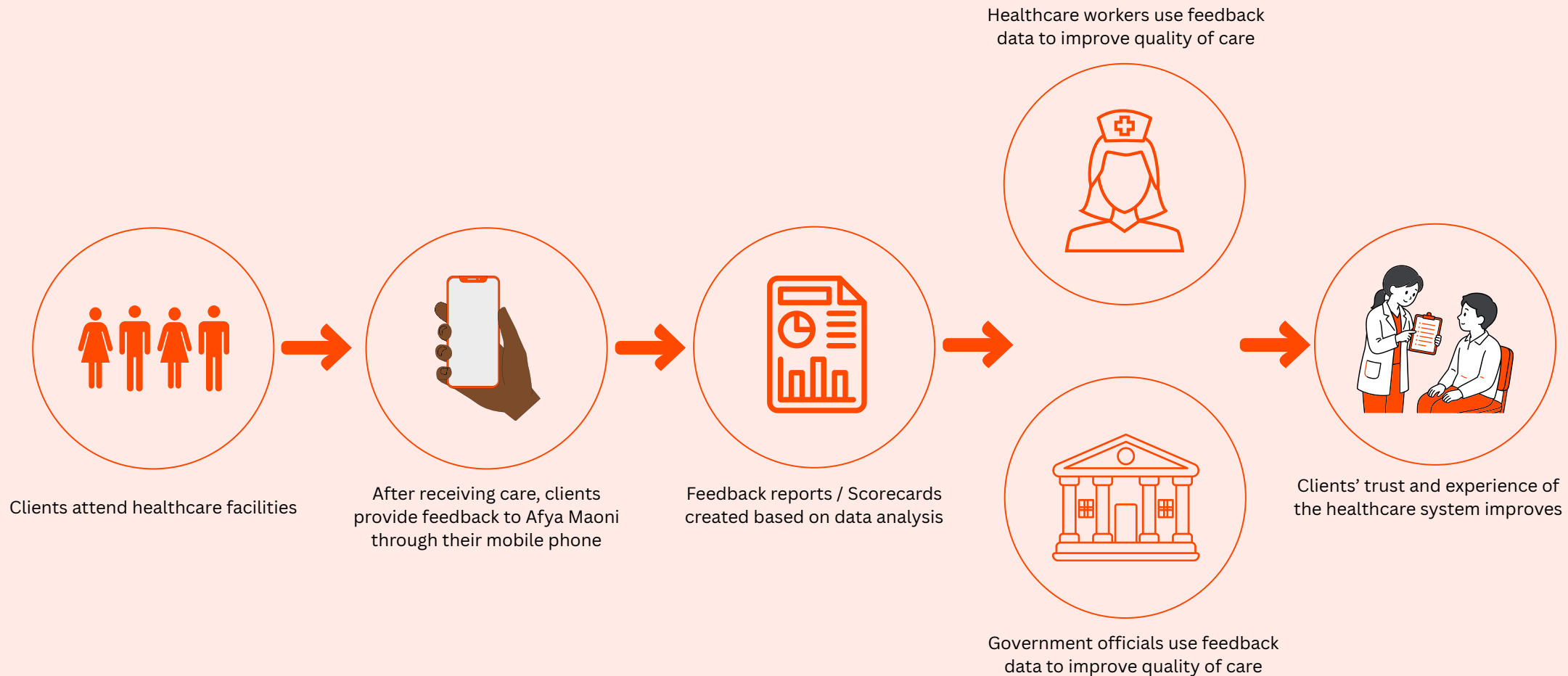
We refer to Afya Maoni as a program rather than a platform because the technology is just one part of the work. An equally important part is the routine that develops around it, including the scorecard, meetings, planning, restocking, and following up with clients to ask for feedback again the following month.

We envision a world where citizens and governments work together to build high quality public services.



Healthcare workers at Tanga Regional Referral Hospital (Bombo) holding an Afya Maoni poster with the hospital's facility code. Clients at the hospital get the facility code from the poster and use it to provide feedback through Afya Maoni after receiving care.

How feedback **becomes** change



The values we uphold

Impact first

Above all, we focus on what we can do to improve citizens' lives.

Lead with humility

We listen to citizens and our partners, acknowledging when they know best.

Build partnerships

We create trusting relationships with our partners to ensure sustainable impact.

Integrity always

We measure our progress and hold ourselves accountable to our promises.

Innovate purposely

We choose to take risks, challenge the status quo, and learn every day.

Scale boldly

We aspire to deliver impact at scale, and our ideas and choices reflect this.

Our beliefs define us

01

We believe that people who use public services have the right to be heard and to participate in decisions about those services.

02

We believe that decisions made with citizen feedback lead to better services than those made without it.

03

We believe that national feedback systems will be sustainable if the government owns and institutionalizes them.



Wezesha staff at Amana Regional Referral Hospital in Dar es Salaam, one of three regional referral hospitals in the program. The team donated maternity gowns for expecting mothers and two oxygen regulators for the children's wards.

2025 in numbers

In 2025, Afya Maoni operated in three councils of the Tanga Region: Tanga City Council, which is urban, and Muheza and Korogwe District Councils, which are rural. Of the 50 primary health care facilities involved, 42 were dispensaries, six were health centers, and two were district hospitals. All of these facilities are managed by local government under PMO-RALG. This is why councils and their health management teams are central to the program's daily operations.

The program also included three regional referral hospitals identified as priorities by the Ministry of Health: Bombo in Tanga, Mt. Meru in Arusha, and Amana in Dar es Salaam. These hospitals report directly to the Ministry rather than through local government, and they are much larger than a dispensary. Operating in both kinds of facilities simultaneously required collaboration with two arms of government, which is essential for a national program.

53

health facilities running Afya Maoni: 50 primary health care facilities across three councils of Tanga Region, and three regional referral hospitals.

9,800

clients signed up to give feedback on the care they'd received

545

people trained to use client feedback (healthcare workers, council and regional teams, and central government champions)

78%

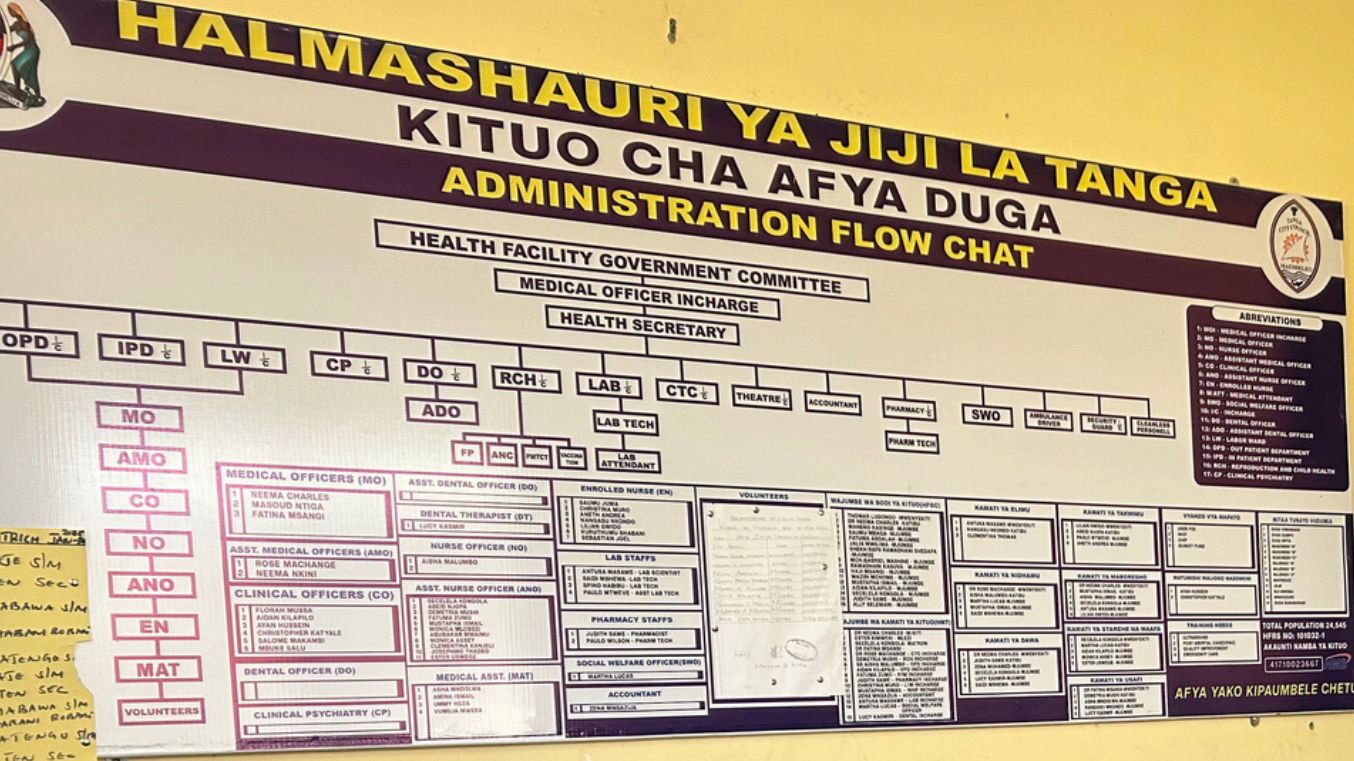
of facilities and councils held monthly quality improvement and supervision meetings to discuss their clients' feedback.

85%

of facilities that developed an action plan finished at least one action from their previous month's plan.

8/10

the average score healthcare workers gave when asked how likely they are to recommend the program



Highlights of 2025

Changes at the facilities

Client feedback changes what people do right across the health system. What we observed in Tanga in 2025 continues to support our own monitoring since the program began.

For clients, their trust in facilities increases. 50x more clients provide feedback through Afya Maoni relative to existing feedback mechanisms. As a result, 90% of people understand better what they are entitled to, 71% of people trust services more and 5% more of them seek care.

For healthcare workers and officials, quality improvement and supervision activities increase. So does the accountability pressure staff feel from the councils and leaders above them, with the number of facility audits and supervisions increasing by 94%.

And across the health system, instances of poor-quality care decline. This includes stockouts, staff absences, long waiting times, and disrespect towards clients. Overall reports of these issues fall by 42%. In Tanga, pregnancy test kits were restocked, more clients had their vital signs taken, consultation rooms were made more private, and sanitation facilities were repaired.

50x

more clients provide feedback through Afya Maoni relative to existing feedback mechanisms

↑ 94%

increase in the number of facility audits conducted

↓ 42%

drop in reports of issues such as stockouts, staff absences, long waiting times, and disrespectful care.

Impact case study: Vital signs for every client

At a dispensary in Korogwe District, vital signs were being checked for pregnant women and for clients who looked seriously unwell. Everyone else was seen without them.

Nobody had written the practice down and nobody had decided on it. The equipment to take a blood pressure or a temperature properly had broken some years earlier and hadn't been replaced, so staff checked the people who looked like they needed it most and got on with the queue.

A community health worker at the dispensary is the person who tells clients about Afya Maoni: that a few hours after their visit they'll get a handful of short questions on their own phone, in Kiswahili, and that it's worth answering them. Enough people did. Their answers came back to the dispensary the following month as a scorecard, a single page in Kiswahili setting out what the clients it had treated said about the care they'd received. Close to half of them reported that their vital signs hadn't been taken.

A blood pressure reading helps a health worker catch pre-eclampsia in a pregnant woman. A temperature reading helps identify a concerning fever in a small child. Neither takes more than a minute, and neither happens if the cuff is broken and nobody has mentioned it.

Staff met for a quality improvement meeting, which the dispensary typically holds monthly. They agreed to check every client rather than only those who looked unwell. They wrote this into an action plan and sent it to their council so the council could see what the dispensary had committed to. The facility in-charge took responsibility for ensuring it was implemented, and the equipment was restored. Now, weight, blood pressure, and temperature are recorded for everyone who comes through the door.

"Initially, vital signs checks were not being done. The equipment had existed a long time ago but later broke down and was never repaired. However, now they have been restored, thanks to Afya Maoni. Today, clients are receiving all basic vital sign checks, weight, blood pressure, and temperature, and they are happy to find these services available."

Community Health Worker.



Afya Maoni program officers share the first scorecards with the Tanga Regional Health Management Team

Impact case study: Tests restocked

At a dispensary in Muheza District, clients were being told that the test they had come for wasn't available.

The urine pregnancy test is one a dispensary at this level is expected to keep in stock. This one had run out because the Request and Report form, used to order essential tests and medicines, wasn't being completed. Nobody had decided to stop ordering. The paperwork had slipped, and nobody had noticed the cost.

Clients noticed. When the scorecard arrived, two-thirds of the people seen at the dispensary said they had not received all the tests they needed. A third of them said they couldn't afford them. The rest said the tests simply weren't there.

A pregnancy test is the start of antenatal care. A woman who can't get one at her own dispensary either travels to another facility or goes home without knowing. In either case, her first antenatal visit comes later than it should.

The facility in-charge, a nurse, a lab assistant, and the community health worker met in a quality improvement meeting and wrote an action plan with four parts. They committed to completing the Request and Report form. They placed orders for every test that was out of stock, with a one-month deadline. They borrowed pregnancy test kits from nearby facilities so that women coming in that week wouldn't be turned away. They also began encouraging clients to enroll in the improved Community Health Fund, so cost would no longer be a reason someone went without a test.

Clients at the dispensary can now get a pregnancy test where they are seen, and healthcare workers at the dispensary report that patients have expressed appreciation for this improvement.





Facility staff at Masunguru Dispensary in Muheza District discussing their scorecard in a quality improvement meeting

Two new ways to be heard

Voice and WhatsApp.

Until 2025, clients who wanted to share their experiences with Afya Maoni did so via SMS.

Text messages worked well enough. They were free for clients to reply to, which encouraged many to participate. A numbered reply is one of the simplest tasks a phone can handle. However, SMS was also complex and costly to manage on a national scale. Therefore, in 2025, Wezesha transitioned Afya Maoni to two new channels.

The first is Interactive Voice Response, which is a phone call. A recorded voice asks the questions in Kiswahili, and clients respond by pressing a number on the keypad. Voice is the channel that Tanzanians are most familiar with, and it costs less to operate than text messages because it leverages the Ministry of Health's existing Afya Call Center infrastructure. This change also addresses a barrier that has kept some people from participating: clients who struggle with reading can still answer a call, broadening access to the program.

The second is WhatsApp. While it requires a smartphone, which limits its reach today, smartphone ownership in Tanzania is increasing each year. WhatsApp is already the primary platform for communication among many smartphone users. It allows for longer and more detailed responses than a simple text message reply, which is why we expect it to become a significant channel in the coming years.

Facilities using these channels saw **double** the number of clients providing feedback compared to SMS. In December the government approved both channels for deployment across 12 regions.

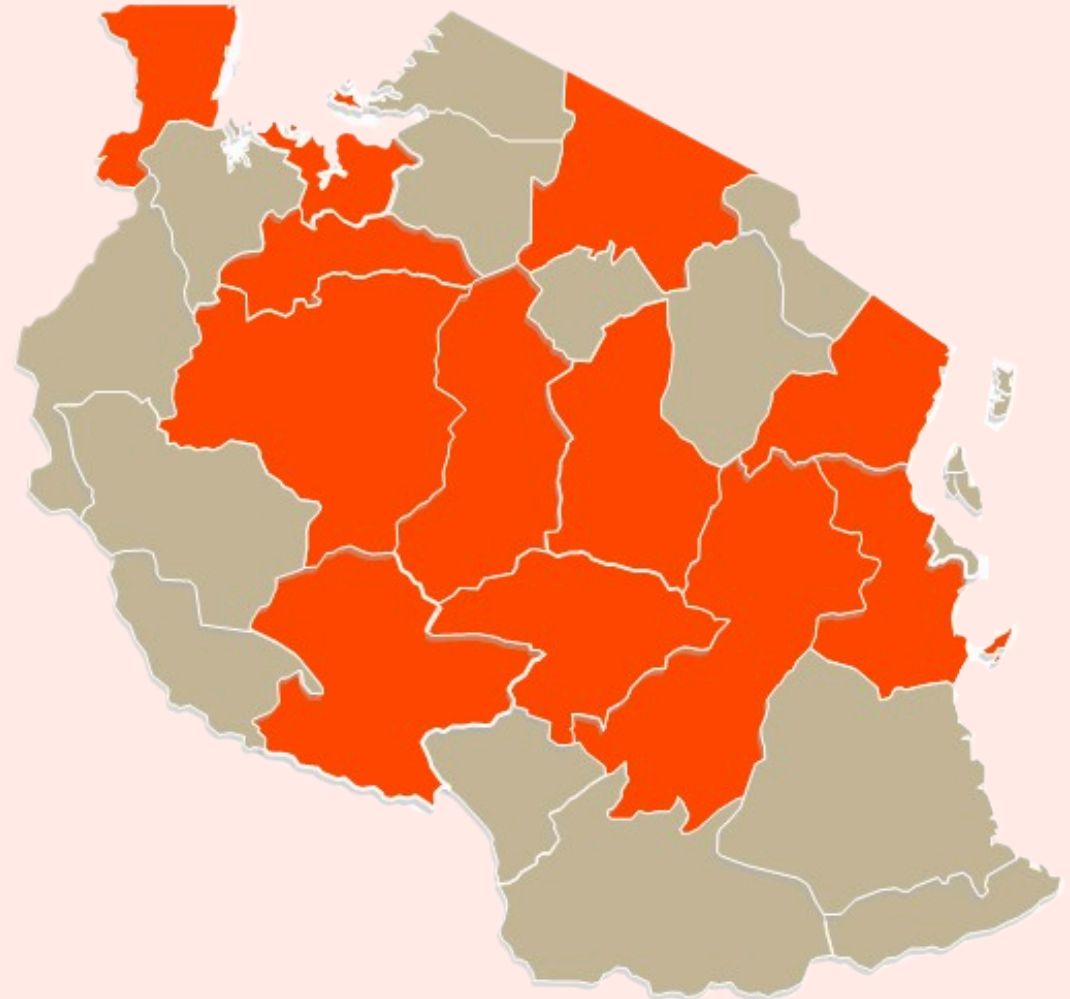


Progress towards **national scale**.

In December 2025 the Government of Tanzania approved Afya Maoni for use in public health facilities across 12 regions: Arusha, Dodoma, Iringa, Kagera, Mbeya, Morogoro, Mwanza, Pwani, Shinyanga, Singida, Tabora and Tanga.

Three additional decisions accompanied this approval. The Ministry of Health selected its own Afya Call Center to host the technology behind the program, placing Afya Maoni on government systems instead of relying on an external partner. PMO-RALG, which oversees the councils managing the facilities, supported the plan for scaling. Officials from the Ministry and PMO-RALG also developed a National Client Feedback Business Process, outlining how client feedback should be integrated into the health system: detailing roles, data flow, and accountability.

Simultaneously, we began building the evidence base needed to show the program's cost-effectiveness and impact on health outcomes. The Economic and Social Research Foundation is now leading data collection for an independent randomized controlled trial of Afya Maoni, collaborating with researchers from Muhimbili University of Health and Allied Sciences, Princeton University, Columbia University, and Lafayette College. This type of trial compares facilities using the program with those that do not, providing a clear way to assess its impact and costs. For the government, this yields more valuable insights than our own reports: independent evidence on whether client feedback improves care and at what cost, before committing to a national rollout.



Lessons learned in 2025

Scorecard design and credibility matter

A scorecard only influences a decision if the reader believes in it.

Throughout 2025, council and regional officials clearly told us what would make the data more credible to them. The most common point was that they needed to know how many clients a facility served to judge how representative the feedback was.

That was a fair challenge, and it has changed the instrument. The 2026 scorecard is being designed based on what its users say they need, rather than what is easiest for us to produce.

The broader lesson is about iteration. A scorecard is not just a document we deliver; it is a tool people use every month in their own meetings. It must be tailored to those meetings and improved as users tell us what is missing. Getting that right is as important to the program as collecting the feedback in the first place.

The program works when it becomes routine

Afya Maoni is effective when it is part of monthly routines because the change it produces is behavioural. Facility staff, council health management teams, and clients all adjust their actions in response to the information they receive regularly and expect to receive again.

Seeing the full effect requires deploying the program consistently over a longer period. Behaviour change among many stakeholders and the gradual adjustment of the incentives they respond to do not happen in a few months. It occurs when clients come to expect to be asked, staff come to expect the scorecard, and council teams come to expect the action plans.

The independent evaluation now underway is designed to measure exactly this over a period long enough for those routines to establish themselves. Its findings will be published as they emerge.

What's next for 2026

500+

Afya Maoni will grow from 50 facilities in one region to over 500 across 12 regions. The goal is to increase the number of clients from a few thousand to a quarter of a million.

Beyond scaling the program, our focus in 2026 will be on three key areas:

1. Finding out what difference it makes

An independent evaluation will take place through 2026. It will assess whether Afya Maoni changes health-seeking behaviour, improves the quality of care clients receive, and what it costs to achieve these outcomes. We expect to publish the results of this evaluation in 2027.

2. Integration with government systems

Client feedback will be integrated into the systems the government already uses to plan and supervise health services. This way, what clients say will be included with other information officials rely on, rather than being presented as a separate report.

3. Automation and efficiency

Automatically signing clients up and generating and sending scorecards will reduce running costs for each facility. Lowering these costs is essential for making a national program feasible.

To our funding partners, **Thank you!**





Team building at Fun City in Kigamboni, Dar es Salaam. Not every day at Wezesha looks like this.

wezesha

www.wezesha.or.tz

mail@wezesha.or.tz

