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Excluding To Be Determined Partners

2007

Tanzania

Country Contacts

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Table 1: Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

☑ Yes ☐ No

Description:

The major development that requires an update to the Tanzania Five-Year Strategy is USG/Tanzania's adoption of a more comprehensive, robust strategic approach to the scale-up of ART. This approach reflects a deeper comprehension of the host country context and a closer alignment with the national vision. The strategy includes three key priorities: 1) implementing "regionalization"; 2) building linkages; and 3) increasing the number of HIV-positive children in care.

In FY 2007, USG/Tanzania implementing partners will transition to the newly adopted regionalization plan designed by Government of Tanzania (GOT). Under this regionalized plan, each USG partner will support the scale-up of ARV services at all levels of treatment facilities within assigned geographic regions. In all designated treatment sites in each region, USG partners will provide some level of support, and will be integrated within the regional and district annual health budget and plans. For the continued success of this approach, beginning in FY 2007, USG/Tanzania will also gradually centralize the procurement of drugs, equipment, commodities, and renovations to allow technical implementing partners to concentrate on the widespread provision of ARV services.

In addition to regionalization, USG/Tanzania will also implement a more defined strategy to build linkages in FY 2007. While the current Five-Year Strategy highlights the need for more integrated services, USG/Tanzania has now adopted a concrete approach to expand access to and increase the utilization of services through functioning referral systems and partnerships. This strategy includes: intentional tracking of patients, expansion of testing opportunities through provider-initiated testing in other parts of inpatient and outpatient clinical settings, the integration of "prevention with positives" approaches into standard ARV care, and the establishment of simple partnerships with local home-based care programs, and testing and adherence programs. There will also be bi-directional linkages established between ART and programs such as stand-alone testing sites, TB clinics, family planning, and PMTCT programs.

Finally, in FY 2007, USG/Tanzania, under the direction of the National AIDS Control Programme (NACP), will lead the design of a multi-dimensional strategic approach to pediatric HIV/AIDS. This approach will include active case finding in clinical settings, pediatric counseling and testing, the creation of a laboratory infant diagnosis framework, formation of a refined pediatric curriculum, development of models to devolve pediatric AIDS services, and the continuous training of health care workers at all levels. While the framework is being developed, USG treatment partners will increase their proportion of children on ART to at least 13% of their total patients. They will accomplish this by instituting some basic technical and operational interventions in their sites, including ensuring that: children born to HIV-positive mothers are followed after delivery (continuum of PMTCT) and are started on cotrimoxazole; caretakers for OVC are sensitized on pediatric HIV; and that there is an algorithm for sick children seen at immunization clinics, outpatient clinics, and pediatric wards that includes HIV testing and treatment.

The adoption of this new strategy for ART scale-up will allow the USG/Tanzania team to better target resources more strategically and efficiently, and have a more uniform approach across implementing partners. Finally, it will help to fill critical gaps, in close coordination with GOT.

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2007

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2007	USG Upstream (Indirect) Target End FY2007	USG Total Target End FY2007
Prevention				
	End of Plan Goal: 490,417			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		13,245	4,320	17,565
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		264,900	90,000	354,900
Care				
	End of Plan Goal: 750,000	238,822	325,000	563,822
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		75,052	75,000	150,052
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		11,616	0	11,616
Number of OVC served by OVC programs		163,770	250,000	413,770
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		592,630	100,000	692,630
Treatment				
	End of Plan Goal: 150,000	83,000	2,000	85,000
Number of individuals receiving antiretroviral therapy at the end of the reporting period		83,000	2,000	85,000

2.2 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
	End of Plan Goal: 490,417			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		23,741	4,320	28,061
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		359,454	90,000	449,454
Care				
	End of Plan Goal: 750,000	301,400	340,000	641,400
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		93,000	90,000	183,000
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		13,939	0	13,939
Number of OVC served by OVC programs		208,400	250,000	458,400
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		677,000	100,000	777,000
Treatment				
	End of Plan Goal: 150,000	117,000	3,000	120,000
Number of individuals receiving antiretroviral therapy at the end of the reporting period		117,000	3,000	120,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Unallocated

Mechanism Type: Unallocated (GHAI)
Mechanism ID: 5445
Planned Funding($): $ 0.00
Agency:
Funding Source: GHAI
Prime Partner:
New Partner:

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4510
Planned Funding($): $ 3,825,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Academy for Educational Development
New Partner: No

Sub-Partner: Africare
Planned Funding: $ 63,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Ministry of Labor, Youth Development, and Sports, Tanzania
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Integrated Communications, Ltd
Planned Funding: $ 59,993.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Marie Stopes Tanzania
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: AIDS Business Coalition
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Kay's Hygiene
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Shely's Pharmaceuticals
Planned Funding: $ 20,230.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: The Word and Peace Organization
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Tanzania Football Federation
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: ZK Advertising
Planned Funding: $ 291,325.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Jiemel Industries, Ltd
Planned Funding: $ 971.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Jamana Printers
Planned Funding: $ 8,244.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Mawingu Studio
Planned Funding: $ 1,800.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Mega Unity Marketing Co., Ltd.
Planned Funding: $ 34,759.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Roots Marketing Comm., Ltd
Planned Funding: $ 12,193.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Sahara Communication & Publishing
Planned Funding: $ 19,800.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: The Corporate Image
Planned Funding: $ 31,450.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Target Marketing
Planned Funding: $ 49,764.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: T-MARC Company
Planned Funding: $ 535,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Tanzania Printers
Planned Funding: $ 3,880.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Twiga Paper Product, Ltd
Planned Funding: $ 4,452.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Mechanism Name: ADRA Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4511
Planned Funding($): $ 749,580.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Adventist Development and Relief Agency
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4513
Planned Funding($): $ 510,919.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: African Medical and Research Foundation
New Partner: No

Mechanism Name: USAID

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4512
Planned Funding($): $ 200,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: African Medical and Research Foundation
New Partner: No

Sub-Partner: Nyakahanga Designated District Hospital
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Evangelical Lutheran Church in Tanzania - South Central Diocese
Planned Funding: $ 14,380.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Anglican Church of Tanzania - Diocese of Mara
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Evangelical Lutheran Church in Tanzania - Southern Diocese
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Roman Catholic Diocese of Rulenge
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Peramiho VCT Centre Songea
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Mwananyamala Youth Centre Site
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Chama cha Uzazi na Malezi Bora Tanzania (UMATI)
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Makongoro Health Centre
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Mnazi Mmoja Referral Hospital
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Magomeni Health Centre
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Uzima Counseling Centre
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Aga Khan Health Centre Mwanza
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Lindi Town Council
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Moravian VCT Centre Tabora
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: African Inland Church Diocese of Shinyanga
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Aga Khan Medical Centre Morogoro
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Songea Municipal Council
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Faraja
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Sokoine Voluntary Counseling & Testing Centre Singida
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Bukoba Rural District Council
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Kigoma Clinic VCT Centre

Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Marangu Hospital
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Machame Hospital
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Upendo Africa Inland Church of Tanzania VCT Site Mwanza
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Sumbawanga Municipal Council
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Uhai Baptist Centre Mbeya
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Bunda Designated District Hospital
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Peramiho Roman Catholic Mission Hospital
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Hope Clinic
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Evangelical Lutheran Church of Tanzania Karagwe Diocese
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Ngara Voluntary Counseling & Testing Site
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Roman Catholic Njombe Diocese
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Nzega District Hospital
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Muhimbili Health Information Centre
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Roman Catholic Diocese of Sumbawanga
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Moravian Mission Hospital in Mbozi
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Biharamulo District Council
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Dareda Hospital
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Evangelical Lutheran Church of Tanzania Konde Diocese
Planned Funding:

Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Anglican Church Central Diocese
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Anglican Church of Tanzania - Diocese of Tanga
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Mennonite Church in Tanzania
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Seventh Day Adventist Makao Mapya VCT Site Arusha
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Evangelical Lutheran Church of Tanzania Southern Diocese
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Evangelical Lutheran Church of Tanzania Central Diocese
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Mara Conference of Seventh Day Adventists, Musoma
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Al Jumaa Mosque Charitable Health Centre
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Uviwana Dispensary (& VCT Centre)
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Mwambani Designated District Hospital
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: St Walburg Hospital
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Evangelical Lutheran Church of Tanzania, Same Diocese
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Tunduma Holy Family Health Centre
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Matumaini VCT Centre Kanisa la Menonite Tanzania
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Magomeni Seventh Day Adventist VCT
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Temeke Seventh Day Adventist VCT
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Bwambo Health Centre
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: St. Benedictine Ndanda Hospital
Planned Funding:
Funding is TO BE DETERMINED: Yes

New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: St. Francis Hospital, Ifakara
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Anglican Church of Tanzania - Diocese of Ngara
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Biharamulo Roman Catholic VCT Centre
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Chumbageni VCT Centre, Tanga
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Iringa Municipal Centre
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Karagwe VCT Site
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Katandala Health Centre VCT Centre
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Kazilankanda Dispensary VCT Centre
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Kilimanjaro Christian Medical Center Mbuyuni VCT Centre Moshi
Planned Funding: $ 0.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Kilimatinde VCT Centre
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Mafinga VCT Centre
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Makambako VCT Site
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Makete VCT Centre
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Mechanism Name: APCA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5413
Planned Funding($): $ 400,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: African Palliative Care Association
New Partner: Yes

Mechanism Name: AC Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4515
Planned Funding($): $ 730,033.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Africare
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4516
Planned Funding($): $ 970,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Africare
New Partner: No

Sub-Partner: Pamoja Tupambane na UKIMWI
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Tanzania Red Cross Society Mpwapwa
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Baraza la Akina Mama wa Kiislamu
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Muzdalifa Orphan Centre
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Faraja Human Development Fund
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Adopt Africa
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Child Parents & Destitute Foundation
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Hekima Women Group Evangelical Lutheran Church of Tanzania.
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Evangelical Assemblies of God
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Shukurani
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Save HIV/AIDS Orphans Tanzania Foundation
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Kongwa Huduma kwa Watoto Yatima, na Malaria
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Service Health & Development for People Living with HIV/AIDS
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Mechanism Name: AABB Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4780
Planned Funding($): $ 400,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: American Association of Blood Banks
New Partner: Yes

Mechanism Name: AIHA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4517
Planned Funding($): $ 2,168,521.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: American International Health Alliance
New Partner: No

Sub-Partner: Muhimbili University College of Health Sciences School of Nursing
Planned Funding:
Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: University of California at San Francisco
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Evangelical Lutheran Church of Tanzania Diocese of Pare
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Southeastern Synod of Lowa Evangelical Lutheran Church in America
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Gonja Hospital
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Jane Addams College of Social Work
Planned Funding: $ 11,420.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Iowa Sister States
Planned Funding: $ 115,900.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: ARC Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4518
Planned Funding($): $ 278,365.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: American Red Cross
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4519
Planned Funding($): $ 385,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: American Society of Clinical Pathology
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4520
Planned Funding($): $ 363,521.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Association of Public Health Laboratories
New Partner: No

Mechanism Name: Balm in Gilead

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4896
Planned Funding($): $ 1,245,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Balm in Gilead
New Partner:

Sub-Partner: Christian Council of Tanzania
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVCT - Counseling and Testing

Sub-Partner: Tanzania Episcopal Conference (TEC)
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVCT - Counseling and Testing

Sub-Partner: National Muslim Council of Tanzania
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVCT - Counseling and Testing

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4521
Planned Funding($): $ 770,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Bugando Medical Centre
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4522
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: CARE International
New Partner: No

Mechanism Name: AIDSRelief Consortium - Central

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4524
Planned Funding($): $ 1,063,792.00
Agency: HHS/Health Resources Services Administration
Funding Source: Central (GHAI)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: CRS Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4523
Planned Funding($): $ 187,000.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: AIDRelief Consortium TZ Budget

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4525
Planned Funding($): $ 9,220,000.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Interchurch Medical Assistance
Planned Funding:

Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: University of Maryland, Institute of Human Virology
Planned Funding: $ 1,446,887.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Constella Futures
Planned Funding: $ 709,141.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Archdiocese of Mwanza
Planned Funding: $ 111,958.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Anglican Church of Tanzania - Diocese of Tanga
Planned Funding: $ 41,436.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Babati Regional Hospital
Planned Funding: $ 90,011.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Bombo Regional Hospital
Planned Funding: $ 266,264.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Bugando Medical Centre
Planned Funding: $ 365,812.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Bukumbi Hospital
Planned Funding: $ 92,544.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Bumbuli Hospital
Planned Funding: $ 81,677.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Bunda Designated District Hospital
Planned Funding: $ 88,651.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Dareda Hospital
Planned Funding: $ 31,586.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Geita District Hospital
Planned Funding: $ 172,343.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Hanang Hospital
Planned Funding: $ 80,292.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Handeni Hospital
Planned Funding: $ 86,242.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Haydom Lutheran Hospital
Planned Funding: $ 175,945.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Hindu Union
Planned Funding: $ 29,402.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Kibara Hospital
Planned Funding: $ 90,394.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Korogwe Hospital
Planned Funding: $ 115,122.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Lushoto District Hospital
Planned Funding: $ 70,623.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Magu Hospital
Planned Funding: $ 76,985.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Mbulu Hospital
Planned Funding: $ 47,914.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Misungwi Hospital
Planned Funding: $ 113,785.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Mkula Hospital
Planned Funding: $ 56,202.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Mugumu/Nyerere
Planned Funding: $ 50,371.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Muheza Designated District Hospital
Planned Funding: $ 377,435.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Musoma Regional Hospital
Planned Funding: $ 201,550.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Ngudu Dist Hospital (Kwimba)
Planned Funding: $ 84,196.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Pangani District Hospital
Planned Funding: $ 81,969.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Sekou Toure Regional Hospital, Mwanza
Planned Funding: $ 245,323.00

Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: IMA World Health
Planned Funding: $ 1,398,474.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Christian Social Services Commission
Planned Funding: $ 53,244.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Evangelical Lutheran Church of Tanzania
Planned Funding: $ 63,725.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Mennonite Mara
Planned Funding: $ 38,880.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Mwananchi Hospital
Planned Funding: $ 41,085.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Sengerema Hospital
Planned Funding: $ 82,502.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Sumve Hospital
Planned Funding: $ 49,188.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Tarime District Hospital
Planned Funding: $ 54,243.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Ukerewe Hospital
Planned Funding: $ 47,263.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Mvumi District Hospital
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Pastoral Activities & Services for People with AIDS
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Selian Lutheran Hospital - Mto wa Mbu Hospital
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Shirati Hospital
Planned Funding: $ 156,936.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: St. Elizabeth Mission Hospital
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5027
Planned Funding($): $ 550,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: Roman Catholic Njombe Diocese
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4527
Planned Funding($): $ 648,440.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Central Contraceptive Procurement
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4528
Planned Funding($): $ 337,602.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Clinical and Laboratory Standards Institute
New Partner: No

Mechanism Name: Central Budget

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4529
Planned Funding($): $ 4,400,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Columbia University
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4530
Planned Funding($): $ 4,810,720.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Columbia University
New Partner: No

Sub-Partner: Tanzania Development and AIDS Prevention Trust
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Deloitte Consulting Limited
Planned Funding: $ 997,084.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Ocean Road Cancer Institute

Planned Funding: $ 180,025.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Medecins du Monde
Planned Funding: $ 699,956.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Bagamoyo District Hospital (MCAP)
Planned Funding: $ 152,357.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Tumbi Regional Hospital
Planned Funding: $ 138,535.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Kisarawe District Council
Planned Funding: $ 76,060.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Mkuranga District Council
Planned Funding: $ 77,342.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Zanzibar AIDS Control Program
Planned Funding: $ 81,933.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Zanzibar NGO Cluster (ZANGOC)
Planned Funding: $ 60,000.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Zanzibar Association of People Living with AIDS
Planned Funding: $ 50,000.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Service, Health, Development and Education for People with HIV/AIDS
Planned Funding: $ 30,000.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Mafia District Council
Planned Funding: $ 77,392.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Rufiji District Council
Planned Funding: $ 71,660.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Mchukwi Hospital
Planned Funding: $ 75,620.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Regional Medical Office Kagera
Planned Funding: $ 20,000.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Regional Medical Office Kigoma
Planned Funding: $ 20,000.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Regional Medical Office Pwani
Planned Funding: $ 20,000.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4532
Planned Funding($): $ 17,350,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Deloitte Touche Tohmatsu
New Partner: No

Sub-Partner: African Inland Church Diocese of Mwanza
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: AFRICARE Zanzibar
Planned Funding:
Funding is TO BE DETERMINED: Yes

New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Afya Women's Group
Planned Funding: $ 60,997.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Consolata sisters Allamano Centre
Planned Funding: $ 100,871.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Archdiocese of Arusha
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Archdiocese of Mwanza, Faraja Community Outreach Program
Planned Funding: $ 141,159.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Centre for Counselling, Health & Nutrition
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Jipeni Moyo Women and Community Organization
Planned Funding: $ 122,616.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Diocese of Central Tanganyika
Planned Funding: $ 103,396.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Evangelical Lutheran Church in Tanzania - South Central Diocese
Planned Funding: $ 141,808.00
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Evangelical Lutheran Church in Tanzania - East of Lake Victoria Diocese
Planned Funding: $ 151,840.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Evangelical Lutheran Church in Tanzania - Northern Diocese, Karatu Lutheran Hospital
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Faraja Orphans and Training Center
Planned Funding: $ 65,909.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Family Health International
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Ikwiriri Mission Clinic and Dispensary
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Kikundi cha Wajane Kondoa
Planned Funding: $ 48,689.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Lugoda Hospital
Planned Funding: $ 62,456.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Mwanza Outreach Group

Planned Funding: $ 55,213.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Pamoja Tupambane na UKIMWI
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Tanzania Red Cross Society
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: The Mosques Council of Tanzania
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Uhakika Kituo cha Ushauri Nasaha
Planned Funding: $ 61,759.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Ukerewe Adventist Community Health Outreach Project
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Umoja wa Majeshi Kibaha, Tanzania
Planned Funding: $ 121,301.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: African Palliative Care Association
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Africare
Planned Funding:
Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Alpha Dancing Group
Planned Funding: $ 51,020.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Catholic Relief Services
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Sub-Partner: Muhimbili University College of Health Sciences
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HTXS - ARV Services

Sub-Partner: Tanzania Women Lawyers Association (TAWLA)
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Tanzania Network of Women Living with HIV/AIDS
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Cultural Practice
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Apex Engineering
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Promotion of Rural Initiatives and Development Enterprises Limited - Pride Tanzania
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Anti-Female Genital Mutilation Network
Planned Funding: $ 37,837.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Iringa Development of Youth Disabled and Children Care
Planned Funding: $ 72,959.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Roman Catholic Diocese of Mahenge
Planned Funding: $ 84,737.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Walio Katika Mapambano Na AIDS Tanzania Pemba Branch
Planned Funding: $ 4,532.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Zanzibar Association of People Living with AIDS
Planned Funding: $ 37,550.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Free Pentecostal Church of Tanzania, Ikwiriri Mission Clinic & Dispensary
Planned Funding: $ 67,465.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Baraza la Misikiti Tanzania
Planned Funding: $ 39,174.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Huruma AIDS Concern and Care
Planned Funding: $ 76,570.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Roman Catholic Church, Diocese of Morogoro
Planned Funding: $ 78,291.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Roman Catholic Church, Mafia Parish
Planned Funding: $ 23,034.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Anglican Diocese of Mpwapwa, St Luke's
Planned Funding: $ 49,812.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Tanzania Home Economics Association
Planned Funding: $ 87,537.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Sub-Partner: Wanaoishi na Virusi vya UKIMWI
Planned Funding: $ 82,420.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC
HTXS - ARV Services

Mechanism Name: Central Budget

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4533
Planned Funding($): $ 5,006,215.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Mechanism Name: Project HEART - Tz Budget

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4534
Planned Funding($): $ 6,000,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Sub-Partner: University of California at San Francisco
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: John Snow, Inc.
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Marangu Hospital
Planned Funding: $ 162,658.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Biocare
Planned Funding: $ 371,339.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Shinyanga Regional Hospital
Planned Funding: $ 201,894.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Meatu (Mwanhuzi) District Hospital
Planned Funding: $ 176,958.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Kahama District Hospital
Planned Funding: $ 139,068.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Bariadi District Hospital
Planned Funding: $ 167,464.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Maswa District Hospital
Planned Funding: $ 124,402.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Bukombe District Hospital
Planned Funding: $ 117,287.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: AICC
Planned Funding: $ 124,531.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Endulem
Planned Funding: $ 288,736.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Ithna Asheri
Planned Funding: $ 96,467.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Hai District Hospital
Planned Funding: $ 201,054.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Mwadui
Planned Funding: $ 145,695.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Mechanism Name: USAID

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4535
Planned Funding($): $ 4,453,310.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5096
Planned Funding($): $ 1,000,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: EngenderHealth
New Partner: No

Mechanism Name: YouthNet

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4536
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Africare
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4537
Planned Funding($): $ 800,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Department of Social Welfare
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HKID - OVC

Mechanism Name: ROADS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4538
Planned Funding($): $ 1,125,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Solidarity Center
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Sub-Partner: Single Women Against AIDS Tanzania-Sumbawanga (SWAAT);
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Sub-Partner: PATH
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Sub-Partner: Howard University/PACE Center
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing

Sub-Partner: AngloCharity Dispensary
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Tunduma Holy Family Health Centre
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Tunduma Health Centre
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Taqwa

Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Makambako Health Centre
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Makambako Women's Development Association
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Academy for Educational Development
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVOP - Condoms and Other Prevention

Mechanism Name: UJANA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4907
Planned Funding($): $ 4,504,847.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Africare
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: African Medical and Research Foundation
Planned Funding: $ 24,800.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Tanzania Gender & Networking Programme
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Instituto Promundo
Planned Funding:

Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Femina TV Talk Show
Planned Funding: $ 183,525.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: TRACE
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Usawa Group
Planned Funding: $ 99,875.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: FLAT
Planned Funding: $ 99,945.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: SUMASESU
Planned Funding: $ 99,986.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: AFNET
Planned Funding: $ 5,616.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Sub-Partner: Daze Studios
Planned Funding: $ 18,952.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Mechanism Name: Central Budget

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4539
Planned Funding($): $ 6,786,072.00
Agency: HHS/Health Resources Services Administration
Funding Source: Central (GHAI)
Prime Partner: Harvard University School of Public Health
New Partner: No

Mechanism Name: Tz Budget

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4540
Planned Funding($): $ 3,985,000.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: Harvard University School of Public Health
New Partner: No

Sub-Partner: Muhimbili University College of Health Sciences
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVTB - Palliative Care: TB/HIV
HTXS - ARV Services

Sub-Partner: Dar es Salaam City Council
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: MTCT - PMTCT

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5258
Planned Funding($): $ 100,000.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: International Broadcasting Bureau, Voice of America
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4542
Planned Funding($): $ 270,000.00
Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Prime Partner: International Rescue Committee
New Partner: No

Mechanism Name: IYF Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4543
Planned Funding($): $ 612,915.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: International Youth Foundation
New Partner: No

Mechanism Name: Global Development Alliance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4544
Planned Funding($): $ 150,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: International Youth Foundation
New Partner: No

Mechanism Name: CAPACITY

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4545
Planned Funding($): $ 2,100,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: IntraHealth International, Inc
New Partner: No

Sub-Partner: National Institute for Medical Research
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: AIDS Business Coalition
Planned Funding: $ 93,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5218
Planned Funding($): $ 1,050,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: IntraHealth International, Inc
New Partner: No

Mechanism Name: TACARE Project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4900
Planned Funding($): $ 100,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Jane Goodall Institute
New Partner:

Sub-Partner: Seventh Day Adventist Church
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: God's Ambassadors Development Organization
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Deeper Christian Life Ministry
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: UMFAA
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Baptist Hospital
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4546
Planned Funding($): $ 675,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: JHPIEGO
New Partner: No

Sub-Partner: John Snow, Inc.
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HMIN - Injection Safety

Mechanism Name: JSI Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4547
Planned Funding($): $ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: STRADCOM

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4585
Planned Funding($): $ 1,940,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Johns Hopkins University
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4549
Planned Funding($): $ 650,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: Kikundi Huduma Majumbani
New Partner: No

Sub-Partner: Anglican Diocese of the Southern Highlands
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Roman Catholic Diocese of Mbeya
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Iringa Residential and Training Foundation
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Serve Tanzania (SETA)
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Service Health & Development for People Living with HIV/AIDS
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Mango Tree
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Igogwe Roman Catholic Mission Hospital
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Evangelical Lutheran Church of Tanzania Konde Diocese
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Anglican Diocese of Western Tanganyika
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Moravian Mission Hospital in Mbozi
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Oak Tree Tanzania;
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Peramiho Roman Catholic Mission Hospital
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Namanyere Roman Catholic Mission Hospital
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Single Women Against AIDS Tanzania-Sumbawanga (SWAAT);
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: SEDECO-Service Development Cooperative
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Umoja Social Support and Counseling Association
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: ABC-Tunduma
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Mbeya Regional Medical Office
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Ruvuma Regional Medical Office
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner:

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: Rukwa Regional Medical Office
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4551
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Kilombero Community Trust
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4553
Planned Funding($): $ 884,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Macro International
New Partner: No

Sub-Partner: National Bureau of Statistics
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVSI - Strategic Information

Mechanism Name: M&L

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4554
Planned Funding($): $ 900,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Management Sciences for Health
New Partner: No

Sub-Partner: Ministry of Health - Zanzibar, Tanzania
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Tanzania Commission for AIDS
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Ministry of Health and Social Welfare, Tanzania
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: RPM+

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4555
Planned Funding($): $ 700,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Management Sciences for Health
New Partner: No

Mechanism Name: Mbeya HIV Network Tanzania

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8625
Planned Funding($): $ 1,336,952.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: Mbeya HIV Network Tanzania
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4556
Planned Funding($): $ 3,305,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: Mbeya Referral Hospital
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4557
Planned Funding($): $ 850,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: Mbeya Regional Medical Office
New Partner: No

Mechanism Name: MEDA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5241
Planned Funding($): $ 1,250,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Mennonite Economic Development Associates
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4559
Planned Funding($): $ 350,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Mildmay International
New Partner: No

Sub-Partner: Kikundi cha Wanawake Kilimanjaro Kupambana na Ukimwi wa Kiwakkuki
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Kilimanjaro Christian Medical Centre
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Regional Medical Office/Ministry of Health
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Rainbow Centre - Moshi
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4560
Planned Funding($): $ 500,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministry of Education and Culture, Tanzania
New Partner: No

Mechanism Name: MOHSW Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4920
Planned Funding($): $ 3,500,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Ministry of Health and Social Welfare, Tanzania
New Partner: Yes

Sub-Partner: Tanzania Red Cross Society
Planned Funding: $ 572,802.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HMBL - Blood Safety

Sub-Partner: Tanzania Peoples Defence Force
Planned Funding: $ 232,540.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HMBL - Blood Safety

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4562
Planned Funding($): $ 2,222,326.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministry of Health and Social Welfare, Tanzania
New Partner: No

Sub-Partner: Muhimbili Health Information Centre
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Mechanism Name: ZACP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4781
Planned Funding($): $ 2,014,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Program
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4565
Planned Funding($): $ 3,309,880.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: National AIDS Control Program Tanzania
New Partner: No

Sub-Partner: Muhimbili University College of Health Sciences
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: ABC-Tunduma
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: University of Dar es Salaam, University Computing Center
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVOP - Condoms and Other Prevention
HVSI - Strategic Information

Sub-Partner: Tanzania Youth Aware Trust Fund (TAYOA)
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: AIDS Business Coalition
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4567
Planned Funding($): $ 1,134,178.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: National Institute for Medical Research
New Partner: No

Sub-Partner: Ministry of Health and Social Welfare, Tanzania
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Christian Michelson Institute
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: IntraHealth International, Inc
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4568
Planned Funding($): $ 1,100,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: National Tuberculosis and Leprosy Control Program
New Partner: No

Mechanism Name: OGHA activities

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5257
Planned Funding($): $ 275,000.00
Agency: HHS/Office of the Secretary
Funding Source: GHAI
Prime Partner: Office of the Secretary
New Partner:

Mechanism Name: Pact Associate Award

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4569
Planned Funding($): $ 4,100,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Pact, Inc.
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 1,500,000.00
Early Funding Request Narrative: This early funding request is to continue the scale-up of activities and prevent the delay of service provision to orphans and vulnerable children (OVC) supported by Pact Tanzania.

Pact Tanzania delivers quality OVC service programs at the local level through sub-grants to local organizations; providing capacity building to sub-grantees to strengthen their ability to respond to the many and varied needs of OVC; strengthening systems (at the national, district, and community levels) to enable communities to take responsibility for addressing the needs of OVC; and monitoring OVC programs.

This early funding will provide resources for accelerated scale up of the Identification Process for Most Vulnerable Children (MVC) in the OVC National Plan of Action. The national identification process is very labor intensive and is proving more costly than anticipated. That fact will expend the FY 2006 resources more quickly, and without additional funding, activities could be stalled at a time when services should be scaling up rapidly. Receiving funding prior to March 31 will enable Pact to expand identification of the OVC to an additional 8 districts that otherwise would have to be deferred until late 2007.

Early Funding Associated Activities:

Program Area:HKID - OVC
Planned Funds: $3,900,000.00
Activity Narrative: This activity relates to all activities in OVC (# 7674, 7675, 7677, 7687, 7689, 7690, 7691, 7700, 77

Sub-Partner: Department of Social Welfare
Planned Funding:
Funding is TO BE DETERMINED: Yes

New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Community Initiative Support Organization
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Comprehensive Community Based Rehabilitation Tanzania
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Evangelical Lutheran Church of Tanzania Karagwe Diocese
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Evangelical Lutheran Church of Tanzania - Diocese of Karagwe
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Family Health International
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Iringa Development of Youth, Disabled, and Children Care
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Jane Goodall Institute
Planned Funding: $ 15,700.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Kagera Development And Credit Revolving Fund
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Karagwe District Education Fund
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Karagwe Youth Development Network
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Rulenge Diocesan Development Office
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Saidia Wazee Tanzania
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Tabora NGOs Cluster
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Tukolene Youth Development Centre
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Youth Advisory and Development Council
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Zanzibar NGO Cluster
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Anglican Church of Tanzania - Diocese of Mara
Planned Funding: $ 150,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Christian Council of Tanzania
Planned Funding: $ 75,121.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Tanzanian Red Cross Society
Planned Funding: $ 7,348.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Walioko katika Mapambano na AIDS Tanzania Pemba Branch (WAMATA)
Planned Funding: $ 6,861.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Umoja Social Support and Counseling Association
Planned Funding: $ 98,876.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Igogwe Roman Catholic Mission Hospital
Planned Funding: $ 88,813.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Kikundi Huduma Majumbani
Planned Funding: $ 157,332.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Masasi District Council
Planned Funding: $ 48,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Tandahimba District Council
Planned Funding: $ 39,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Newala District Council
Planned Funding: $ 39,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Miseny District (Bukomba District Council)
Planned Funding: $ 41,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Kyela District Council

Planned Funding: $ 39,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Mtwara Mikindani Municipal Council
Planned Funding: $ 24,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Bunda District Council
Planned Funding: $ 24,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Jikomboe Integra Development Association
Planned Funding: $ 75,497.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Shangwe Counselling Centre
Planned Funding: $ 73,770.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Rural AIDS Organization Women Group
Planned Funding: $ 75,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Tanzania Promotion of Self-employment
Planned Funding: $ 9,328.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Newala NGOs Network
Planned Funding: $ 6,934.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: African Inland Church--Diocese of Mara and Ukerewe
Planned Funding: $ 8,348.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Action for Development Program Mbozi
Planned Funding: $ 76,155.00
Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: St. Johns Hus Moravian Centre
Planned Funding: $ 102,462.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Youth Advisory and Development Council - Shinyanga
Planned Funding: $ 77,690.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Caritas Development Office, Diocese of Mbeya
Planned Funding: $ 150,914.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Musoma District Council
Planned Funding: $ 39,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Serengeti District Council
Planned Funding: $ 39,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Tarime District Council
Planned Funding: $ 39,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Mbeya City Council
Planned Funding: $ 39,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Mbozi District Council
Planned Funding: $ 39,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Rungwe District Council
Planned Funding: $ 39,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Save the Children of Tarime
Planned Funding: $ 75,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4790
Planned Funding($): $ 24,373,657.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Sub-Partner: Management Sciences for Health
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing
HTXD - ARV Drugs

Sub-Partner: Crown Agents
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing
HTXD - ARV Drugs

Sub-Partner: Voxiva, Inc.
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing
HTXD - ARV Drugs

Sub-Partner: PATH
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4570
Planned Funding($): $ 1,307,346.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Pastoral Activities & Services for People with AIDS
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4571
Planned Funding($): $ 3,395,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Pathfinder International
New Partner: No

Sub-Partner: Interchurch Medical Assistance
Planned Funding: $ 140,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Tanzania Red Cross Society
Planned Funding: $ 241,072.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Tanga Aids Working Group
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4572
Planned Funding($): $ 4,270,600.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: PharmAccess
New Partner: No

Sub-Partner: Henry M. Jackson Foundation Medical Research International, Inc.
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Walter Reed
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: National AIDS Control Program Tanzania
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Joint United Nations Programme on HIV/AIDS
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4573
Planned Funding($): $ 1,444,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Program for Appropriate Technology in Health
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4574
Planned Funding($): $ 6,344,644.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 802,812.00
Early Funding Request Narrative: N/A

Mechanism Name: RODI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8626
Planned Funding($): $ 380,222.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: Resource Oriented Development Initiatives
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4575
Planned Funding($): $ 1,150,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: Rukwa Regional Medical Office
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4576
Planned Funding($): $ 1,150,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: Ruvuma Regional Medical Office
New Partner: No

Mechanism Name: SM Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4577
Planned Funding($): $ 50,098.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Salesian Mission
New Partner: No

Mechanism Name: SA Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4578
Planned Funding($): $ 384,460.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Salvation Army
New Partner: No

Mechanism Name: Non-Track 1

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5240
Planned Funding($): $ 500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Salvation Army
New Partner:

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4580
Planned Funding($): $ 940,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Selian Lutheran Hospital - Mto wa Mbu Hospital
New Partner: No

Mechanism Name: SONGO-NET

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8627
Planned Funding($): $ 327,826.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: SONGONET-HIV Ruvuma
New Partner: No

Mechanism Name: SUNY

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5219
Planned Funding($): $ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: State University of New York
New Partner: Yes

Sub-Partner: Tanzania Gender & Networking Programme
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Tanzania Parliamentarian AIDS Coalition
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Bunge AIDS Committee
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Association of Mayors on HIV/AIDS
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Association of Local Government Authorities in Tanzania
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: Health Policy Initiative (HPI)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4581
Planned Funding($): $ 1,678,686.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: The Futures Group International
New Partner: No

Sub-Partner: Christian Council of Tanzania
Planned Funding: $ 68,302.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Association of Journalists against HIV/AIDS in Tanzania
Planned Funding: $ 71,685.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Legal And Human Rights Centre
Planned Funding: $ 44,878.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Anti-Female Genital Mutilation Network
Planned Funding: $ 82,945.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Africa Alive Tanzania
Planned Funding: $ 85,167.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Tanzania Network of Women Living with HIV/AIDS
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Tanzania Gender & Networking Programme
Planned Funding: $ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: National Muslim Council of Tanzania
Planned Funding: $ 68,302.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Tanzania Parliamentarian AIDS Coalition
Planned Funding: $ 37,751.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Women Legal Aid Centre
Planned Funding: $ 41,885.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Kinondoni District People with HIV/AIDS
Planned Funding: $ 47,348.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: Touch

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5220
Planned Funding($): $ 250,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Touch Foundation
New Partner: Yes

Mechanism Name: FXB Center

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4598
Planned Funding($): $ 638,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: University of Medicine and Dentistry, New Jersey
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4599
Planned Funding($): $ 1,473,736.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: University of North Carolina, Carolina Population Center
New Partner: No

Mechanism Name: I-TECH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4960
Planned Funding($): $ 2,157,500.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: University of Washington
New Partner: Yes

Sub-Partner: IntraHealth International, Inc
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: University of California at San Francisco
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HTXS - ARV Services

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4600
Planned Funding($): $ 1,250,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: University Research Corporation, LLC
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4601
Planned Funding($): $ 4,773,760.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: Base

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4602
Planned Funding($): $ 3,883,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4950
Planned Funding($): $ 4,615,254.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 300,000.00
Early Funding Request Narrative:

Early Funding Associated Activities:

Program Area:HVMS - Management and Staffing
Planned Funds: $285,000.00
Activity Narrative: This activity links to: Activity ID 7830 -CDC Management & Staffing - Base Funds Activity ID 9093 -

Program Area:HVMS - Management and Staffing
Planned Funds: $1,556,917.00
Activity Narrative: This activity relates to ID 9093 -CDC Cost of Doing Business - Base Funds; ID 7830 -CDC Management &

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4604
Planned Funding($): $ 1,758,832.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4605
Planned Funding($): $ 351,000.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: US Department of State
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4606
Planned Funding($): $ 950,000.00
Agency: Peace Corps
Funding Source: GHAI
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4691
Planned Funding($): $ 600,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: World Health Organization
New Partner: No

Mechanism Name: WVI Track 1.0

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4607
Planned Funding($): $ 908,487.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: World Vision International
New Partner: No

Table 3.3.01: Program Planning Overview

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01

Total Planned Funding for Program Area: $ 11,698,030.00

Program Area Context:

With more than 1.4 million births annually and an 8.7% HIV prevalence rate at antenatal clinics (ANC), approximately 122,000 HIV-positive women deliver annually in Tanzania. Assuming a 35% transmission rate without intervention, an estimated 42,000 children will become HIV-infected each year. About 98% of pregnant women attend ANC at least once, which provides an excellent opportunity to prevent pediatric HIV infections and provide care and treatment for HIV-positive women and their families.

Roll-out of services has accelerated significantly in FY 2006. Thus far, USG support aided the Government of Tanzania (GOT) in expanding PMTCT services from five sites in FY04 to 544 sites in FY 2006, of which 392 (72%) are directly supported by USG funding. The number of pregnant women tested last year increased by 244% in the USG supported sites. Moreover, 300,000 pregnant women attending ANC and labor and delivery wards are expected to be reached with counseling and testing (CT) by the end of FY 2006 within the USG-supported sites, which will represent 21% of all women accessing ANC services at national level. Due to large urban-rural differences in adult HIV prevalence (10.9% vs. 5.3%) and a higher rate of accessing these services in urban settings, USG support is focused in urban centers at facilities serving dense populations. Current uptake of CT in ANCs is 75% and is expected to improve as opt-out testing is more widely implemented.

Despite the considerable expansion of PMTCT services, significant challenges remain. For example, only 10% of ANCs provide PMTCT services at national level (though 20% of pregnant women are covered at the national level); CT services at high-volume labor and delivery wards are in need of much improvement; uptake of nevirapine (NVP) is low, postnatal follow-up is inadequate, service provision within the existing sites is substandard, support for optimal infant feeding, provision of basic preventive care to infants and linkages to care and treatment for pregnant women are also minimal at most sites. An additional concern is the low uptake of ART by HIV-positive pregnant women at USG-supported care and treatment centers due to poor referrals. By FY 2006, only 1.5% of pregnant women were reported to be continuing patients and 3.7% as new patients.

To overcome these challenges and align better with the USG Five-Year Strategy, the USG will work with the Ministry of Health and Social Welfare (MOHSW) to develop a comprehensive national PMTCT strategic plan. In addition to increasing service availability, the USG will support partners to expand services from 392 sites to 642 sites by September FY08. EGPAF and the MOHSW will be the primary partners for this expansion. Furthermore, the USG will strive to improve the quality of services at the existing sites by training more health workers. The USG will also work with care and treatment partners to implement a basic package of pre and postnatal interventions that includes: provision of opt-out counseling and testing and ARV prophylaxis for HIV-positive women and HIV-exposed infants, exclusive breastfeeding with early weaning; growth monitoring; cotrimoxazole prophylaxis for HIV-exposed infants; early infant diagnosis by Dry Blood Spot PCR (where available) or other methods; TB screening; and bed-nets for exposed infants and HIV-positive pregnant women, provided through the President's Malaria Initiative. The Partnership for Supply Chain Management will provide technical assistance to build facilities' capacity to ensure availability of essential supplies and commodity for PMTCT, and will procure the cotrimoxazole.

To improve and increase NVP uptake, USG will advocate for the provision of NVP for HIV-positive mothers the same visit at which they receive HIV results. In addition, USG will strengthen referral systems so that HIV-positive mothers will receive comprehensive care and treatment services. ART partners will be striving to strengthen referrals with PMTCT programs at ART sites, and if one does not exist, will at least ensure that pregnant women are tested and have access to therapy during their pregnancy. ART partners will implement both PMTCT and ART services in the regions where they are working as they implement program in the next few years, prioritizing activities at urban, high-volume, high prevalence sites to maximize impact. Traditional Birth Attendants (TBAs) and local communities will be sensitized to support HIV-positive mothers to access PMTCT services and refer them to deliver in health facilities.

To ensure effective PMTCT-ART linkages, quality improvement teams will be formed at sites to develop facility-based referral mechanisms; the team will also work with smaller PMTCT facilities surrounding hospitals to maximize referrals upward to ART centers. In FY 2007, each ART partner will work to track HIV+ pregnant more closely so that at least 6% of new patients on ART will be HIV+ pregnant women. PMTCT sites linked to ART sites are expected to ensure that at least 10% of identified HIV+ women initiate ART during pregnancy.

At national level, the USG and its 13 PMTCT implementing partners have supported the development of a national monitoring system, adaptation of a national PMTCT training curriculum, revision of PMTCT guidelines to support a more effective regimen of AZT plus single-dose NVP, opt-out testing and the development of job aids to support infant feeding counseling. In FY 2007, support will build on these contributions through consistent implementation of the national policy and guidelines on opt-out testing and adding of AZT to the NVP-based regimen; decentralizing supportive supervision to the district level and developing supportive supervision tools, disseminating PMTCT job aids to all service sites, and training and retraining service providers. Quality improvement teams will also be created to provide preceptorships for service providers at facility level.

Several other donors also contribute to PMTCT in Tanzania, including the German Development Cooperation and Medicos del Mundo Spain, primarily for support service provision at facility level. UNICEF and Global Fund work at the national level to strengthen the districts' capacity to establish PMTCT services. To enhance collaboration and influence PMTCT activities at the national level, the USG will support the MOHSW to facilitate quarterly PMTCT stakeholders meetings. In addition, to ensure USG integrated and coordinated PMTCT programs, the USG in country PMTCTC thematic group will initiate quarterly USG PMTCT partner meetings including the MOHSW.

The proposed FY 2007 activities will be achieved through two partners working nationally to inform policy decisions in improving service up take, develop supportive supervision tools and disseminate PMTCT job aids. At the service level, 10 partners will expand and work in a total of 643 sites, which of 234 will be new. At least 336,323 of pregnant women attending ANC and labor and delivery wards at USG-supported sites will receive CT and 21,749 women will be provided with prophylaxis by September 2008. This will achieve a 24% national coverage in CT of all pregnant mothers and a 17.8% national coverage in NVP uptake at USG sites alone. By focusing on high prevalence areas, maximizing linkages to ART and implementing more effective regimens, the impact on national efforts will increase infections averted throughout Tanzania.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national and international standards	906
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	34,591
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	455,130
Number of health workers trained in the provision of PMTCT services according to national and international standards	3,184

Table 3.3.01: Activities by Funding Mechanism

Mechanism: USAID
Prime Partner: African Medical and Research Foundation
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7671
Planned Funds: $ 0.00

Activity Narrative: AMREF's PMTCT activities run under and are linked to the ANGAZA voluntary counseling and testing (VCT) program. In 2005, AMREF integrated PMTCT services in six of the facilities belonging to Faith–Based Organizations (FBOs). The program worked through a combination of strategies: introducing PMTCT services in sites that already had ANGAZA Counseling and Testing services; Providing an "integrated" PMTCT program in antenatal clinics (ANCs) with VCT services; offering an opt-out counseling and testing (C&T) approach in ANCs; providing C&T in labor wards; and enhancing PMTCT outreach activities by engaging lower-level service facilities (Health Centers and Dispensary).

By June 2006, we had counseled, tested, and delivered results to 12,196 women. Out of 976 pregnant women who tested positive for HIV, 778 (79.7%) received a complete course of antiretroviral (ARV) prophylaxis. AMREF trained over 180 PMTCT counselors.

Despite the above successes, AMREF encountered several barriers that affected PMTCT service utilization and Nevirapine prophylaxis (NVP) uptake. Currently, only about 10% of the nation is covered for PMTCT services. Most of the lower-level facilities do not have the capacity to provide those services. In addition, a certain proportion of mothers may still be missed and fail to access PMTCT services. Male involvement in PMTCT is still a challenge. Many women are missed because fewer providers in a facility are trained in PMTCT services, on average two or three, if these trained providers are on holiday, morning shift, other rotations or is transferred then clients do not access PMTCT service. This necessitate for more providers with in a facility to be trained in PMTCT services.

Funding for FY 2006 activities are only now being expended and since AMREF's cooperative agreement comes to an end in December 2006, this entry is a "zero fund." In FY 2007 AMREF will deploy site-specific strategies to address these drawbacks, including: (1) expanding provider-initiated 'opt-out' C&T in ANCs and carry-out counseling and testing in labor wards and during the postpartum period (within 72 hours of delivery); (2) ensuring that all providers in ANCs and labor wards are trained in PMTCT 'whole site training;' (3) improving the environment and quality of antenatal clinics and labor and delivery rooms by carrying out minor renovations (so that more clients access the delivery services and get opportunities to be tested), (4) continuing to create demand for PMTCT services linking to the broader ANGAZA promotion, social marketing, and community mobilization activities. Our demand-creation efforts will target male partners and address issues of stigma and discrimination. The program will use the Community Owned Resource Persons (CORPs) for community mobilization, encouraging male involvement and stigma reduction. We will also hold male discussion platforms at the community level to raise a sense of self-belonging to PMTCT interventions.

AMREF will support follow up for mother-child pairs and supply prophylactic cotrimoxazole syrup for newborns. Other follow-up measures will include integrating PMTCT in under-five, outreach, and family planning clinics; home-based care; and VCT in care and treatment clinics. AMREF will also target counseling and testing to breastfeeding mothers and for mothers delivering at home. AMREF will adopt HIV-testing procedures that have been nationally approved for children less than 18 months of age. AMREF will encourage active follow-up and linkages to outreach and home-based programs in order to support infant feeding choices and to establish infant testing outcomes. AMREF will also link with other programs such as Malaria Control (insecticide-treated nets and Intermittent Presumptive Therapy) to complement HIV interventions.

While the current regimen is still in use, AMREF will continue to access Nevirapine tablets and syrups and determine through the AXIOS PMTCT Donations Program and purchase Capillus through our procurement procedures by applying the Supply Chain Management System (SCMS) used by USG-Tanzania. To support sustainability, AMREF will work with the Ministry of Health and Social Welfare (MOHSW) to ensure eventual availability of test kits and drugs through government channels. AMREF will continue to offer technical support for sites conducting PMTCT services, including provision of PMTCT, job aids for counseling about infant feeding options, and supplies such as cabinets for safer storage of documents and drugs. AMREF will strengthen private-public partnerships by empowering its sub-grantees in their local governments; by supporting the facility technical teams in cascading services to lower facilities; and by supporting community mobilization activities by the CORPs. AMREF will work with its sub-grantees (FBOs) and the respective districts to ensure inclusion of PMTCT in council comprehensive health plans, aiming at ensuring

ownership and long-term sustainability.
Under the National AIDS Control Program, pregnant women and their spouses who attend AMREF-supported facilities will have access to quality PMTCT services and referrals to existing care and treatment, sexually transmitted infections and tuberculosis clinics. AMREF will advocate for provision of short-course ARV prophylaxis, and where eligible, for antiretroviral therapy.
To increase PMTCT access, AMREF will continue supporting the six primaries PMTCT sites. By the end of FY 2007, a total of 6 facilities will be providing PMTCT services and will have trained and re-trained 150 providers. A projected total of 9,755 pregnant women will be counseled, tested, and receive results—either during their visits to ANCs, during labor, or postnatal. Based on the national prevalence of 8.7%, the program will plan to provide prophylactic ARVs to 755 pregnant women.
AMREF will deploy participatory quality assurance (QA) and supportive supervision to ensure sub-grantees take part in revisiting local capacity for performing internal QA for rapid tests and counseling supervision. Testing QA will link up with national plans to strengthen regional and district laboratories. Working with MOHSW, AMREF will introduce clinical audit processes for PMTCT services; we will use facility-based standard operating procedures for PMTCT, which were developed in collaboration with MOHSW.

AMREF will organize basic training on PMTCT data management for selected groups of participants, including medical records staff. AMREF will use the nationally adopted monitoring tools and support sub-grantees to collect PMTCT data and report in a timely way to the district health authorities and the MOHSW. AMREF will routinely submit quarterly, semiannual, and annual reports to USAID as per the guidance.

Continued Associated Activity Information

Activity ID:	3432
USG Agency:	U.S. Agency for International Development
Prime Partner:	African Medical and Research Foundation
Mechanism:	USAID
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	6	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	9,755	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	755	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	150	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Family planning clients
Doctors
Nurses
Pharmacists
Discordant couples
HIV/AIDS-affected families
Infants
National AIDS control program staff
People living with HIV/AIDS
Policy makers
Pregnant women
Program managers
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Doctors
Laboratory workers
Nurses
Pharmacists
Implementing organizations (not listed above)
HIV positive infants (0-4 years)

Coverage Areas

Iringa

Kagera

Mara

Ruvuma

Table 3.3.01: Activities by Funding Mechanism

Mechanism: USAID
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7707
Planned Funds: $ 4,453,310.00

Activity Narrative: Since 2003, EGPAF has established PMTCT services at over 190 new sites where more than 150,000 women have been counseled, tested for HIV and received results and over 5,300 HIV+ mothers have received prophylaxis to prevent HIV transmission to their newborns. Building on three year's experience, EGPAF's goal is to further expand access to quality PMTCT services and to provide care, support and treatment for women, children and their families in Tanzania. Program objectives for FY 2007 are to: increase the number of pregnant women enrolled in PMTCT programs by expanding the number of new sites and strengthening PMTCT services at current sites; increasing the number of women and their family members enrolled in care and treatment programs; and, documenting lessons learned and best practices. In FY 2007 EGPAF plans to establish PMTCT services at 207 new sites, reach 113,564 mothers with counseling and testing, provide a complete course of ARV to 6,343 mothers and train 778 health care providers. EGPAF will continue to support the National PMTCT guidelines, and contribute to Government of Tanzania coordination function; EGPAF will link with Malaria prevention initiatives.

EGPAF will expand PMTCT services at three levels: establishing PMTCT services in Shinyanga Region through new sub-grants with local authorities; expanding services to two new districts in the Arusha Region; supporting Rombo and Same district, formerly under Columbia University in Kilimanjaro Region; and, increasing the number of sites offering services in existing districts. Currently EGPAF supports PMTCT services in 19 districts in seven regions of the country. This expansion is consistent with the priority regions for PMTCT, and regions with high sero-prevalence, identified by the Ministry of Health and Social Welfare (MOHSW) as well as following the regionalization for the Care and Treatment program. An important criterion for expansion is also the proximity to sites that offer Anti Retroviral Therapy (ART). EGPAF will work in synergy with other USG and non-USG programs with complimentary ART and home-based care programs.

EGPAF will focus on expanding and strengthening the quality of HIV counseling and testing. Counseling and testing is provided routinely and provider initiated at antenatal clinics (ANC) and labor and delivery ward. EGPAF will support minor renovations to improve the environment for confidentiality. In Tanzania male partners have great influence in decision making for HIV testing, choice of infant feeding options and in support needed by their spouses. EGPAF will actively invite partners to participate by invitation letters and community discussions. Couple counseling in ANC and in maternity and labor wards will also be strengthened. To strengthen infant feeding counseling, EGPAF will continue to work closely with URC. Quality control of HIV testing is important. EGPAF will focus on the logistical barriers to improve external quality control.

EGPAF aims to increase the percentage of women receiving maternal ARV prophylaxis from 65% to 75%. EGPAF will continue to advocate for changes in the national guidelines to allow service providers to give pregnant women NVP once they are tested HIV positive. A pilot activity is testing this approach in three districts in the Tabora region is underway. EGPAF will also advocate for and support the inclusion and implementation of more efficacious PMTCT regimens in the national guidelines.

ARV prophylaxis among exposed infants is still low (40.7% in FY 2005). EGPAF will strengthen efforts to sensitize traditional birth attendants (TBA) to encourage mothers to deliver at hospital or bring their infant to the hospital within 72 hours of home delivery. The program will strengthen the identification and follow up of exposed children and facilitate access to Co-trimoxazole for OI prophylaxis. Health facilities have introduced a simple format for follow up of HIV exposed infants and to report on important follow-up indicators. Follow up of the HIV exposed infant in community and health institutions will be strengthened through improved counseling, use of peer counselors and support groups, and transfer of the mother's HIV status to the infant card. Counseling and testing for mother and infant will also be offered during immunization and well-baby clinic for those who do not know their status and during postnatal visit to improve the identification of exposed infants.

Infant diagnosis is a priority area for attention in FY 2007. Many sites have a cohort of HIV-exposed children eligible for rapid antibody testing, however few are tested. A pilot program in the Mwanga and Moshi Rural districts will strengthen access to PCR testing at KCMC. The Family Centered Care initiative at KCMC will also assist in the expansion of pediatric HIV/AIDS treatment in both Kilimanjaro and Arusha Region and the PMTCT program will work closely with them. EGPAF will also work with the MOHSW and provide technical leadership during early infant diagnosis policy discussions.

EGPAF facilitates donated Determine test kits and Nevirapine from Axios International. However, the logistics in receiving timely supplies from Medical Stores Department (MSD), (e.g. Capillus test kits) remains challenging. EGPAF will strengthen site capacity to forecast

their needs and work with Supply Chain Management System (SCMS) and MSD to improve this.
EGPAF will continue training new providers in PMTCT and quality ANC services including the SP prophylaxis and bed net vouchers to prevent Malaria in pregnancy and support refresher training for staff at existing service sites. TBA training will reinforce their important role and contribution to PMTCT. EGPAF will support training on HIV staging and basic HIV care for mothers and their family members at selected sites. Information on how to care of the exposed child will be included.
In FY 2007, EGPAF's technical team will provide on-site supportive supervision to the all existing services. Lesson learned will be shared on the spot as well as during the annual review meetings. Efforts will also focus on strengthening the Management Information System.
Coordination and integration of RCH services is a critical component of any PMTCT program. EGPAF will demonstrate the potential for effective RCH service integration and coordination in Masasi, Mwanga and Nzega districts. The program will empower districts supervisors and local management teams to facilitate service integration. EGPAF plans to share the process and experiences with the MOHSW. The expected outcome of the pilot is increased number of clients for all RCH and sustainability of PMTCT services.
EGPAF is working closely with sub grantees to ensure that costs for the PMTCT services are integrated into the Comprehensive Counsel Health Plans and that alternative funding is being explored. After a maximum of four years district will need to be able to fund all ongoing PMTCT activities.
With plus up funding, EGPAF will work with the MOHSW in expanding PMTCT services to 2 additional districts through a combination of sub-grants and site support so that more sites have their capacity built to provide PMTCT services and subsequently more pregnant women access the services. Services will include scaling up opt-out counseling and testing of HIV, including testing in labour ward and delivery, offering a combination of single dose NVP and more efficacious regimen based on facility capacity and providing nutritional counseling and support to infants and the lactating moms and the follow-up of HIV exposed infants. Additional interventions will include providing special orientation to midwives handling both HIV+ mothers and HIV exposed children so as to improve their skills and attitudes towards pregnant HIV + and – women. EGPAF will work with local governments and districts to support 3 additional new districts and expand activities in one existing district.

Continued Associated Activity Information

Activity ID:	3415
USG Agency:	U.S. Agency for International Development
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
Mechanism:	USAID
Funding Source:	GHAI
Planned Funds:	$ 3,300,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	465	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	134,104	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	8,260	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	1,078	☐

Target Populations:

Community leaders
Country coordinating mechanisms
Faith-based organizations
Family planning clients
Doctors
Nurses
Pharmacists
Traditional birth attendants
Discordant couples
HIV/AIDS-affected families
Infants
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Pregnant women
Program managers
USG in-country staff
HIV positive pregnant women
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Doctors
Laboratory workers
Nurses
HIV positive infants (0-4 years)

Coverage Areas

Arusha

Dodoma

Kilimanjaro

Mtwara

Singida

Tabora

Tanga

Shinyanga

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	Tz Budget
Prime Partner:	Harvard University School of Public Health
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	7720
Planned Funds:	$ 1,065,000.00

Activity Narrative: MDH has built on its experience with antenatal clinics (ANCs) and PMTCT in Dar Es Salaam (DSM) which has been developed and strengthened over the past 13 years. Harvard is presently providing PMTCT services in six large ANCs in all three districts of DSM since 2006 using PEPFAR funds. The prevalence of HIV among pregnant women at these clinics varies between 8-10%.

To ensure efficient and effective PMTCT service provision at these model sites, site readiness assessment visits were conducted, management and planning meetings were held with stake holders all aspects of PMTCT at the site and district levels were discussed and site specific work-plans were developed; service providers were trained in accordance with national training manuals and PMTCT services were established. In addition, to ensure comprehensive care provision for HIV positive pregnant mothers and to ensure exposed infant follow up, Harvard is currently in the process of strengthening existing referral systems.

Since the national coverage of PMTCT services is about 10%, Harvard School of Public Health intends to expand PMTCT services in Dar Es Salaam and work with the MOHSW to exand PMTCT services and operationalize PMTCT regionalization in Dar region. HSPH is working closely with Muhimbili University College of Health Sciences (MUCHS), Dar es Salaam City Council. With FY 07 funding HSPH worked in 8 health care facilities to provide PMTCT services. The plus up funds will be used to continue supporting the high quality PMTCT services in existing 8 Reproductive and Child Health (RCH) sites and extending support to 6 additional health facilities in the Dar es Salaam (DSM) region and provide PMTCT services to an additional 25,500 pregnant women. The 6 additional health facilities in DSM, are Magomeni and Mburahati Dispensaries (Kinondoni District), Vingunguti and Tabata dispensaries (Illala District) and Kigamboni Health Center and Tambukareli Dispensary (Temeke District). Assessments at these 6 new facilities will be carried out to determine the level of support needed. HSPH plans to ensure that the PMTCT program is well integrated into HIV care for infants and Pediatric AIDS. Activities that will be carried out include intensive training, both didactic and clinic-based for the different cadres of health care personnel working with pregnant women and children and in accordance with national guidelines/training manuals. HSPH will also ensure enhanced supportive supervision to all the sites it supports through two PMTCT coordinators at each RCH facility (labor ward and antenatal clinic). HSPH will ensure the following service are provided: opt out counseling and testing of HIV to all pregnant women, offering a combination of single dose NVP and more efficacious regimen based on facility capacity, post natal follow-up, nutritional counseling and support to infants and lactating mothers. Since the uptake of NVP is related to facility based delivery, selected facilities will receive additional support to improve obstetric, labor and postnatal wards infrastructure, equipment, commodities and services to encourage more women to deliver at these facilities and for those HIV positive, to access NVP. At each of the sites there will be a comprehensive 'system strengthening approach' through involvement of all stakeholders. Sensitization and orientation, participatory assessments to determine needs, followed by capacity building, supportive supervision, and renovations where required with service delivery enhancement will all be part of the implementation process. HSPH will strengthen Initiatives for the mother, partner and the child to increase access to comprehensive HIV care and treatment for pregnant women and children in DSM employing a nurse counselor to work at each of the existing 8 facilities and the additional 6 health facilities to enroll HIV positive women and their infants in MDH. HIV positive pregnant mothers will be enrolled at the antenatal clinic and receive comprehensive care and treatment through the postpartum period. Enrollment of the infant, infant diagnosis, and follow-up care and treatment for the mother and infant will be strengthened and referral mechanisms will be supported. HSPH Home Based Care system which covers the three municipalities in DSM will be used to help increase patient adherence and minimize loss to follow up of patients and it will be used to facilitate infant diagnosis and the initiation on infants on ARVs. This will ensure that all HIV positive individuals identified through PMTCT receive good quality continuum of care. Renovations, if appropriate, will be done to ensure efficient utilization of physical resources.

Continued Associated Activity Information

Activity ID: 3414
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Harvard University School of Public Health
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 500,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	15	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	35,738	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	2,938	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	280	☐

Target Populations:

Adults
Community-based organizations
Family planning clients
Doctors
Nurses
Pharmacists
Discordant couples
HIV/AIDS-affected families
Infants
National AIDS control program staff
People living with HIV/AIDS
Policy makers
Pregnant women
Program managers
USG in-country staff
HIV positive pregnant women
Host country government workers
Laboratory workers
Traditional birth attendants
HIV positive infants (0-4 years)

Key Legislative Issues

Gender

Coverage Areas

Dar es Salaam

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Rescue Committee
USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7725
Planned Funds: $ 150,000.00

Activity Narrative: IRC's international programs have three main aims that are articulated in its Program Framework. Saving Lives: IRC works with persons affected by conflict to sustain their survival with dignity and safety, this refers not only to preventing mortality, but also to ensuring people's basic rights. Strengthening Institutions: IRC supports transparent, inclusive, accountable and participatory institutions that are the foundation for a well-functioning society. Promoting Social Cohesion: IRC strives to enhance the mutual bonds of social cohesion that promote tolerance, pluralism and inclusion in communities.

IRC's programming is guided by key principles that are outlined in the following ways. Protecting and Promoting Rights as entitled by international law, participation of community members and government authorities among the populations IRC serve, capacity building in order to empower individuals, communities and organizations with the tools to identify and act upon their priorities, having partnership with beneficiaries and other stakeholders to ensure ownership and by holistic programming whereby IRC incorporates into its planning the different variables that exist in a setting and integrates multiple sectors in any given setting.

IRC provides health services, serving sixty eight thousand four hundered and sixteen people the in four refugee camps of Mtendeli, Kanembwa, Nduta and Mkugwa. Basic health services in each camp include inpatient and outpatient care for common diseases as well as reproductive health care and community health promotion. HIV services, in addition to VCT are provision of anti-retroviral prophylaxis to prevent mother-to-child transmission of HIV, post exposure prophylaxis for survivors of sexual violence, co-trimoxazole prophylaxis for all HIV positive persons and home based care and support.

IRC's HIV Programs aim towards three primary objectives. Contributing to the documentation and monitoring of the scale and characteristics of the HIV epidemic; preventing and reducing HIV-related morbidity and mortality and contributing to the development of best practices through a program of collaborative operations research and dissemination of lessons learned.

IRC has been running the PMTCT program in the four Kibondo camps since 2003. In order to reduce the incidence of HIV transmission in Kibondo District, amongst other issues, it is necessary to strengthen the PMTCT services available within these refugee camps.

The activities that have been implemented under PMTCT this year include community sensitization, counseling and testing (CT), and provision of antiretroviral prophlexis to positive mothers and their newborns. From January to June this year, 1,565 women made their first antenatal visit for a current pregnancy and all of them accepted to be tested for HIV as did 1,120 of their spouses (71.6%). Of the mothers in ANC who took part in CT and were found to be HIV positive (a total of twelve), 100% opted to participate in the PMTCT program. Twenty five HIV positive mothers enrolled in the PMTCT program from April to September 2005 delivered during the first six months of this year; all were normal spontaneous vertex deliveries. All twenty five mothers and their babies received nevirapine as per protocol.An average HIV prevalence of 1.9% was found among the antenatal mothers during the first six months of 2006.

The three goals for this PEPFAR-funded project will be: continue to have four sites providing PMTCT services, one in each of the camps, 3,500 women (total from all camps) receiving CT services through the PMTCT program over the course of the year. This target is based on the average number first visits at antenatal clinic, and fifty women estimated to receive ARV for PMTCT, based on the seroprevelence rate amongst pregnant mothers from our statistics.

Four service outlet sites providing the minimum package of PMTCT services according to national standards at each of the four MCH clinics, one per camp. These four sites will be having a CT site specifically targeting the pregnant women and their spouses under the PMTCT Program.

Through this PEPFAR-funded project IRC will maintain eight PMTCT-specific HIV counselors and will provide refresher training to updrade their counseling capacity.

IRC also will strengthen community outreach activities to raise awareness of HIV

transmission and the availablity of PMTCT services for reducing vertical transmission of HIV from mothers to their babies. In these campaigns male involvement will be emphasized so as to fight stigma and enhance partner support for testing and in caring for the newborn babies delivered by HIV positive mothers.

Through this program, IRC will improve other supplies for the PMTCT program including procurement of ARVs (Nevirapine tablets for HIV+ mothers and syrup for newborn babies of these mothers), syringes, safety boxes, sterile gloves, antiseptics and other essential supplies.

IRC will also improve the supply of the drugs for opportunistic infections, which will also benefit HIV positive mothers and their newborn babies. These will also include prophylactic drugs (Cotrimoxazole and INH) for potential opportunistic infections.

IRC will maintain the same number of CT sites one for each of the four camps, at each MCH Clinic for the PMTCT program.

UNICEF supplies rapid CT testing kits for the PMTCT program however, sometimes due to unreliable supplies for all CT sites, the needs grossly outnumber the supplies, thus leading to stock outs. With this funding, IRC will ensure constant supply of rapid test kits for HVCT under the PMTCT program.

IRC recognizes the need to design, monitor and evaluate its HIV programs in a way that is consistent with international and national guidelines. The monitoring and evaluation will follow its internal monitoring system which is consistent with PEPFAR requirements and will provide reports according to the schedule agreed in the donor contract. IRC will maintain monitoring and evaluation staff in each facility in the four camps.

Continued Associated Activity Information

Activity ID:	4904
USG Agency:	Department of State / Population, Refugees, and Migration
Prime Partner:	International Rescue Committee
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 150,000.00

Emphasis Areas	**% Of Effort**
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	4	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	3,500	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	50	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	12	☐

Target Populations:

Community leaders
Doctors
Nurses
Infants
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Pregnant women
Volunteers
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Religious leaders

Coverage Areas

Kigoma

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	ZACP
Prime Partner:	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Progra
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	7756
Planned Funds:	$ 572,720.00

Activity Narrative: Zanzibar has a population of one million persons with an estimated 1% HIV prevalence. Approximately 40,000 women deliver annually, 98% of whom register at ANC. To provide health services to its population, Zanzibar has a separate Ministry of Health from the mainland,. There are nine main hospitals and over 120 primary health care units in Zanzibar, which all offer reproductive child health service (RCHS). The Ministry of Health and Social Welfare's plan is to establish PMTCT services within all RCHS clinics by 2010 and provide HIV counseling and testing services to 80% of pregnant women attending ANC.

Through USG/PEPFAR support, the Zanzibar Aids Control Program (ZACP) has established a National Coordination Unit and appointed a National Coordinator and two Zonal Coordinators. The role of these coordinators is to ensure effective program implementation and monitoring. In addition, ZACP has developed national PMTCT guidelines and training manuals with an emphasis on PMTCT opt-out testing policy; it also developed and disseminated Information Education and Communication materials in order to standardize national PMTCT services provision and demand creation. Furthermore, ZACP has established seven PMTCT service sites and trained and deployed 120 PMTCT service providers; over 90% of new antenatal attendees in these sites accepted HIV testing and over 95% of the identified HIV positive pregnant women received Nevirapine (NVP) prophylaxis and were referred to Care and Treatment Clinics (CTC).

To reach over 80% of pregnant women within the ten districts of the Islands, ZACP's FY 2007 plan is to strengthen the quality of existing PMTCT services and increase service uptake particularly in labour and delivery wards. ZACP will train additional health workers within the RCHS to ensure service availability at ANC and labour and delivery. In order to identify and refer HIV exposed infants for appropriate services including care and treatment, ZACP will train health care workers at pediatric wards on diagnostic counseling and testing. Furthermore, to establish effective mechanisms for testing and care of HIV-exposed infants, ZACP in collaboration with the Expanded Program of Immunization (EPI), Integrated Management of Childhood Illnesses (IMCI) and Nutrition Program established Technical Work Group. The purpose of this work group is to institute an integrated infant follow-up mechanisms in order to ensure HIV exposed infants are identified and receive appropriate clinical services within RCHS. The Work Group, in collaboration with Health Management Information System team (HMIS), is currently also working on the development of an integrated PMTCT and RCHS monitoring system and supportive supervision mechanisms. To ensure quality service provision, ZACP will continue providing quarterly supportive site supervision and train the District Reproductive Child Health Coordinators to plan and conduct supportive supervision.

The National Health Sector HIV/AIDS strategic plan is to increase access and utilization of PMTCT and PMTCT-Plus services by 50% by 2009. Currently only 11.7 % of pregnant women in Zanzibar access PMTCT services through ANC and labour and delivery. To achieve the national goal, ZACP will develop a national three-year expansion plan. In addition, to increase PMTCT service availability and accessibility within the ten district in the island, ZACP will establish ten additional PMTCT sites in FY 2007.

The proposed activities in FY07 include site assessment visits to determine site readiness, renovation of counseling and testing rooms, training and deployment of service providers, procurement and distribution to all sites of supplies including test kits and delivery kits, sensitizion of health workers, community leaders and religious leaders by creating information, education and communication materials and radio spot activities to tackle stigma and discrimination associate with the disease. Traditional birth attendants within the ten districts will also be sensitized to refer pregnant women to deliver in health facilities and advocate for PMTCT services.

To ensure effective national program coordination, three PMTCT staff were recruited and deployed within the PMTCT unit in ZACP and FY 2007 funds will support these positions. The role of the coordination unit is to plan PMTCT national expansion activities and implementation, monitor and provide technical assistance for the zonal and districts service implementors. Furthermore, the staff will conduct quarterly meetings to ensure partner coordination at the national level and plan quarterly supportive supervision visits.

With FY 2007 funds the ZACP will reach 18,000 pregnant women which will account for

45% of new ANC attendees in the implementing sites and will provide a minimum package of PMTCT to these clients and 360 mother-child-pairs will receive nevirapine (NVP) prophylaxis and will be referred to care and treatment as approriate.

Continued Associated Activity Information

Activity ID:	3503
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health - Zanzibar, Tanzania
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 550,000.00

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	10	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	18,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	360	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	120	☐

Target Populations:

Community leaders
Community-based organizations
Country coordinating mechanisms
Family planning clients
Doctors
Nurses
Pharmacists
Discordant couples
Infants
International counterpart organizations
National AIDS control program staff
Policy makers
Pregnant women
Program managers
USG in-country staff
Men (including men of reproductive age)
HIV positive pregnant women
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Traditional birth attendants
HIV positive infants (0-4 years)

Coverage Areas

Kusini Pemba (Pemba South)

Kaskazini Pemba (Pemba North)

Kaskazini Unguja (Unguja North)

Kusini Unguja (Unguja South)

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	ZACP
Prime Partner:	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Progra
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	7760
Planned Funds:	$ 396,280.00

Activity Narrative: The Prevention of Mother to Child Transmission of HIV (PMTCT) unit is under the National AIDS Control program (NACP) of the Ministry of Health and Social Welfare (MOHSW). The unit receives technical and financial support from the Government of Tanzania's development partners and multilateral organization to support PMTCT services in the country. CDC is one of the partners supporting expansion and strengthening the PMTCT services by providing technical and financial support. The support provided by CDC enables the unit to coordinate activities conducted by different partners in PMTCT by ensuring adherence to guidelines and standards.

Expansion of PMTCT services started in April 2003. The main objective then was to increase access of the services to cover all the regions and districts by June 2006. The PMTCT unit coordinated all implementing partners at the national level including German Development Cooperation (GTZ), MDM- Spain, Axios, EGPAF, and Refugees Camps to scale up services at the national level. Presently there are 544 sites providing PMTCT services countrywide (including 130 hospitals, 187 health centers and 227 dispensaries) in 20 out of 21 regions and 119 districts out of 124. This is only 10.1% of 5379 health facilities existing in the country. CDC directly supports the implementation of PMTCT services in 165 sites, covering 70 districts in 18 regions.

At the national level, an estimated 1,383,164 pregnant women attend ANC annually. with an HIV prevalence of 8.7%, approximately 120,335 of these are estimated to be HIV positive,. However, only 15,284 HIV positive pregnant mothers were reached through the existing PMTCT services in 2005. This is only 12.7% of the estimated HIV positive mothers who attend ANC. Therefore, in order to increase the number of pregnant women accessing PMTCT services, the MOHSW has set the priority to expand PMTCT services to more sites while strengthening the existing sites by training 358 Health Care Workers (HCWs) from the existing sites and 110 from 37 new sites. In addition, the MoHSW is in the process of developing a five-year Health Sector Strategy on HIV and AIDS and one of its priorities is to increase coverage of PMTCT services to 50% of health facilities by 2010.

At the 165 CDC supported sites, between June 2005 and May 2006, 98,977 pregnant women were received as new ANC clients out of that 90132 pregnant women were counseled and tested and 7497 were identified to be HIV positive, out of which 4760 women received Nevirapine (NVP).

In FY 2007, NACP will strengthen PMTCT services by operationalizing new guidelines, with an emphasis on opt-out approach and ensure that new ANC attendees and pregnant women delivering at health facilities receive this service. In addition, opt-out CT will be extended to postnatal clinics to provide NVP to HIV exposed infants within 72 hours of birth, infant-feeding counseling and provide care and supportive for the HIV positive mother including referral to ART clinics.

To ensure linkages to support care for HIV positive eligible women from antenatal and post delivery points, the HCWs will be trained on when and how to link these women to ART services for continuum of care. The PMTCT unit will work closely with the ART program to ensure proper coordination between the two at facility and central level. Furthermore, the revised PMTCT registers will accommodate the referral recordings and track follow up and reporting. The unit will work with the NACP logistics unit and Medical Store Department (MSD) by recruiting a logistician who will ensure that there is a constant supply of test kits, drugs and other supplies at site level. At facility level, the technician, in charge of the laboratory will handle quality assurance for tests performed atANC, labour and delivery wards as well as provide technical assistance in re-testing of discordant results.

PMTCT program monitoring activities are performed by the NACP; the PMTCT unit will work closely with Health Management Information Systems team (HMIS) and other technical assistance providers on the ground to ensure data accuracy, completeness and timely flow from the implementation sites to the central level. The program intends to decentralize supervision activities from the zonal level to the regional and district levels in order to increase efficiency and promote ownership of the program by the Council Health Management team (CHMT).

In order to increase male involvement in the program, innovative approaches shall be

tested including providing invitation letters to men to attend RCHS with their partners. This intervention has been effective in some PMTCT implementing areas. Another method is to give priority to couples who show up for the clinics. Involvement of influential people like community leaders, religious leaders, Members of Parliament in advocating for PMTCT service utilization and male participation is crucial. Therefore, the program will focus on community sensitization activities after finalizing the PMTCT communication strategy.

To strengthen HIV-exposed infant follow up, infant follow-up forms have been developed and will soon be introduced to facilities providing PMTCT services. These forms will be placed at ANC and the staff at ANC will be responsible for filling and submitting the forms through the PMTCT monthly reporting system. The forms address issues of cotrimoxazole prophylaxis, and timing of infant diagnostic tesing for the exposed child. In addition, the program will strengthen infant feeding counseling and support to HIV exposed children by building capacity of HCWs in this area. This will be done in collaboration with institutions that work on infant and young child Nutrition. Furthermore, the program, in collaboration with RCHS, has developed identification codes for mothers and infants on ANC and child cards, which are to be rolled out soon.

On addressing other special needs (psychosocial, legal, material support) for HIV positive women, the program will link with the respective NGOs, CBOs and FBOs in the community working in areas of HIV supportive care. Lastly, the program will maintain the PMTCT coordinating unit (equipment and staff), In addition, it will conduct needs assessment 37 new sites set for expansion in FY 2007.

Continued Associated Activity Information

Activity ID:	3501
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health and Social Welfare, Tanzania
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 840,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	202	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	167,510	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	12,814	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	468	☐

Target Populations:

Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Family planning clients
Doctors
Pharmacists
Discordant couples
HIV/AIDS-affected families
Infants
National AIDS control program staff
Policy makers
Pregnant women
Program managers
USG in-country staff
Women (including women of reproductive age)
HIV positive pregnant women
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Traditional birth attendants
HIV positive infants (0-4 years)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: PharmAccess
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7788
Planned Funds: $ 150,000.00

Activity Narrative: This activity is linked to PharmAccess submissions in TB/HIV and ART.

The Tanzanian Peoples Defense Forces (TPDF) has a network of eight military hospitals through out the country, supporting a total of over 40,000 enlisted personnel and an estimated 90,000 dependents. The services at these hospitals are not limited to the military or their dependents with 80% of their patient load attributable to the civilian populations surrounding the facilities. Of these eight hospitals, seven offer district level services with the largest hospital, Lugalo, located in Dar es Salaam serving the role of a national referral center for military medical services. Strengthening of HIV/AIDS prevention and care and treatment programs with the TPDF and at military health facilities not only targets the high-risk, uniformed population but also their dependents and other civilians from the surrounding communities.

The TPDF and PharmAccess, a large not-for-profit organization based out of the Netherlands, have developed a strong working relationship over the past five years in the area of health service provision. PharmAccess is experienced in providing management services, products and technical assistance supporting HIV/AIDS care and treatment in resource poor settings in collaboration with governments, donor organizations, NGOs, and corporations through out Africa. In Tanzania, PharmAccess has been working directly with the MOHSW in implementing MTCT programs in several referral hospitals since 1998. In May 2004, PharmAccess became the official implementing partner of the Tanzanian National AIDS Control Programme (NACP), overseeing site evaluation and readiness for national ART roll out.

In FY 2004 the TPDF started offering PMTCT services at Lugalo Hospital. With Emergency Plan FY 2005 and FY 2006 funds, the TPDF and PharmAccess introduced these services in eight regional military hospitals (Mbalizi, Mwanza, Mzinga, Monduli, Ruvuma, Mirambo, Bububu) and one satellite clinic of Lugalo Hospital (Mwenge). All sites were chosen to assure that TPDF was contributing to national expansion of PMTCT and Care and Treatment services. These activities are only now beginning due to the late arrival of FY 2006 funds.

Under this submission, PharmAccess will work with the TPDF to strengthen and expand PMTCT services at the military treatment facilities mentioned above, plus three satellite sites (in Mbeya, Mwanza and Tabora). Services will include routine, opt-out pre-test counseling (group and individual) in both ANC and as an integral part of labor and delivery. Those testing negative will be given primary prevention counseling. HIV positive mothers will receive posttest "prevention for positives" counseling and information on care and treatment services. These women will be encouraged to bring in family members (especially partners) for counseling and testing (CT) at either the ANC or the hospital's VCT center.

All TPDF hospitals and satellite sites mentioned will be included in FY 2007 plans for CT, PMTCT, TB and ART services thereby ensuring a comprehensive approach to clinical HIV prevention, care and treatment. All HIV-infected women will be referred for further evaluation and qualification for TB treatment and ART within each facility. Those not qualifying for ART will be provided NVP for mother and infant and encouraged to return to the hospital for delivery. Implementation of services will mirror changes in guidance and policy by the MOH both for ART eligibility and regimen. Mother and infant will then be referred for care, including pediatric follow up care with cotrimoxazole and serologic diagnosis. HIV positive mothers will be provided with infant feeding counseling options and for those choosing breastfeeding, will be counseled to exclusively breast feed with early weaning.

The introduction of opt-out CT in January 2005 has proven very effective at Mwenge Maternal Child Health Centre, the ANC serving as a satellite site of Lugalo Hospital. This strategy has led to a very high (95%) uptake of PMTCT services at this site. This strategy is currently being introduced at the other seven military hospitals and in FY 2007 will be introduced at the military satellite sites in Mbeya, Mwanza and Tabora, providing HIV services. In FY 2007, it is anticipated that a total of 6,000 pregnant women will be counseled and tested at the eleven sites combined, 420 (7%) of which are expected to test positive and receive full prenatal and delivery PMTCT services (including their children) over a twelve-month period by September 2008.

This funding will fully develop PMTCT services in the network of eight military hospitals and four satellite military health centers. Funding will support the introduction and improvement of PMTCT services which will include initial (or refresher) training of three health care workers per site, renovation or refurbishing of counseling and delivery rooms at three new satellite sites, procurement of test materials and protective safety gear, and community education efforts promoting increased access to services and partner testing. NVP will be procured through the Boehringer donation program.

Expansion of PMTCT activities in FY 2007 will ensure a close linkage of military implementation to national strategies and programs supporting MOH goals of providing this service to 80% of the projected HIV positive mothers by September 2008. Funding for the TPDF through PharmAccess will provide much needed technical support, management assistance and M&E for all TPDF activities in this COP. Lugalo, the military referral hospital in Dar es Salaam, will serve as the coordinating body for services and over see quality assurance following national standards. Additional support for military facilities in Mbeya and Ruvuma will be provided by the US Department of Defense field office overseeing civilian based activities in these regions.

Continued Associated Activity Information

Activity ID:	3393
USG Agency:	Department of Defense
Prime Partner:	PharmAccess
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 150,000.00

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	10	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	5,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	350	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	30	☐

Target Populations:

Community leaders
Community-based organizations
Family planning clients
Doctors
Nurses
Pharmacists
Infants
International counterpart organizations
Military personnel
National AIDS control program staff
Pregnant women
USG in-country staff
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Rukwa Regional Medical Office
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7796
Planned Funds: $ 300,000.00

Activity Narrative: This activity also relates to activities in treatment (Rukwa).

Rukwa is one of four regions in the Southern Highlands which also includes Iringa, Mbeya and Ruvuma and is served by the Mbeya Referral Hospital for all its advanced care and supervisory needs. This referral hospital works in concert with but not over the regional medical offices. The Rukwa Regional Medical Office (Rukwa RMO) supports the implementation of prevention, care and treatment programs throughout its region, providing funding and supervision to the regional hospital and district level facilities. This includes supporting direct care services, providing quality counseling and testing (C&T) and PMTCT services, and strengthening referrals between facilities and services. As part of the network of care in the Southern Highlands, activities in this submission will build upon a comprehensive program throughout Mbeya, Ruvuma and Rukwa under the supervision and support of the Mbeya Referral Hospital and the US Department of Defense (DoD).

Over the past year, the MOHSW began expansion of PMTCT programs into the Rukwa Region. This region, in part due to its geographic isolation in the far southwest of the country, still has nascent PMTCT services as part of its public care provision. A national rate of 8.6% will be used in determining approximate number of HIV+ women who will qualify and be served with full PMTCT services.

In support of PMCTC expansion, FY 2007 funding will continue to be provided to the Rukwa RMO for modifications to ANC infrastructure at the Nkasi District Hospital. This will include the support for the training of six counselors at the ANC at each facility and integration of PMTCT services as part of regular antenatal care. Continued funding in FY 2007 EP directly to the Rukwa Regional Medical Office supporting point of service provision will complement both MOHSW and USG efforts at the national level.

Community education and mobilization initiated in FY 2005 and FY 2006 will continue to be undertaken in FY2007 as part of provision of this service in the region. Uptake targets include 3,000 pregnant women for counseling and testing with approximately 150 women participating in full PMTCT services from these three sites in a twelve month period by September 2007. Assessment for further expansion of this service in Rukwa will be conducted as part of comprehensive HIV clinical services roll out and in support of national PMTCT expansion plans.

Services include opt-out counseling, those testing negative are given education on protective measures and practices for avoiding infection. Mothers found to be HIV positive are provided with post-test counseling, provided "prevention for positives" information and education on the benefits of NVP prophylaxis. These women are encouraged to bring in family members for counseling and testing at either the ANC or the hospital's VCT center. HIV positive mothers will also be provided with infant feeding counseling options and for those choosing to breastfeed, counseled to exclusively breastfeed with early weaning.

As part of the continuum of care, HIV positive women identified at these centers are referred for evaluation for full ART at the respective HIV Care and Treatment Centre (CTC) at the facility, with support for these services and strengthening of the referral system as part of the activities undertaken under treatment activities. Their infants are followed for the first 18 months for monitoring, cotrimoxazole treatment and serologic diagnosis. Those not qualifying for ART receive NVP prophylaxis upon onset of labor and their infants PEP within 48 hours of delivery from the PMTCT centers. Direct technical assistance and oversight is provided by the Mbeya Regional Medical Office and Mbeya Referral Hospital and through collaboration with the DoD. Both of these Mbeya facilities are very experienced and successful in implementing nationally sanctioned PMTCT programs. This program will be integrated into the national effort over the course of FY 2007.

Funds in this submission will support national MOHSW contributions to expanding PMTCT in this region for commodity procurement for services including reagents for confirmatory diagnostics and safety kits for delivery, technical assistance, referral mechanisms, community mobilization efforts, and contribute to national M&E. NVP will be provided through the MOHSW and Boehringer donation.
With plus up funding, DOD will expand PMTCT services in Rukwa region by scaling up PMTCT services to lower level facilities. In all facilities opt-out counseling and testing will be promoted and scaled up in both ANC setting, labor ward and delivery. ARV regimens

based on the new revised guidelines will be promoted.
A particular area of focus will be in considering HIV positive women in third trimester of pregnancy on lifetime triple antiretroviral therapy for HIV (if they fulfill the national criteria and are properly selected for adherence). Since the use of more efficacious PMTCT regimen gives the best prevention of ante-natal transmission of HIV, and provides the best protection during limited time of exclusive breast feeding, it will be strongly promoted. The more efficacious regimens (triple therapy) is also known to be more cost effective in averting HIV infection. All effort will be made to ensure the infant and the entire family unit is provided with a comprehensive set of HIV services. In all health facilities efforts will be made to link PMTCT services/sites with CTCs to support the delivery of comprehensive HIV services that are linked across a continuum of care. DoD will develop linkages through direct service support and referrals to larger HIV treatment facility. Providers from smaller facilities such as health centers, dispensaries or remote District hospitals will receive training on the new PMTCT guidelines including the use of more efficacious regimens. Depending on capacity, the use of more efficacious regimen will be promoted and scaled up. Infant diagnosis and follow-up services to the child, and her parents will be supported. Infant feeding and nutritional interventions during lactation period will be promoted.

Continued Associated Activity Information

Activity ID: 3398
USG Agency: Department of Defense
Prime Partner: Rukwa Regional Medical Office
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 50,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	13	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	13,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,150	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	30	☐

Target Populations:

Community leaders
Community-based organizations
Doctors
Nurses
Pharmacists
Discordant couples
HIV/AIDS-affected families
Infants
National AIDS control program staff
Pregnant women
USG in-country staff
Women (including women of reproductive age)
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Traditional birth attendants
Implementing organizations (not listed above)
HIV positive infants (0-4 years)

Coverage Areas

Rukwa

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Ruvuma Regional Medical Office
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7799
Planned Funds: $ 300,000.00

Activity Narrative: This activity also relates to activities in treatment (Ruvuma).

Ruvuma is the second of the four regions in the Southern Highlands, which includes Iringa, Mbeya and Rukwa, operating as a prime partner for PMTCT under the US Department of Defense. As with Rukwa, the Mbeya Referral Hospital supports Ruvuma for all its advanced care and supervisory needs, working in concert with but not over the regional medical office with the later supporting direct implementation of prevention, care and treatment programs throughout its region. Situations surrounding HIV services in Ruvuma are very similar to Rukwa and development of PMTCT services mirrors that of Rukwa. Both are geographically isolated areas of the Southern Highlands and lacking support for basic, let alone more complex, services. Programs in all three regions (Mbeya, Rukwa and Ruvuma) supported through the US Department of Defense (DoD) are implemented in a coordinated and almost parallel fashion, directly supporting the MOHSW's desire for donor agencies to undertake a more regional focus in developing networks of care.

As with the Rukwa Region, the Ruvuma Region still has only nascent PMTCT services as part of its public care services. In FY 2006, direct Emergency Plan funding to the Ruvuma Regional Medical Office will augmented MOHSW support of PMTCT at the Ruvuma Regional Hospital in Songea and the Tunduru District Hospital. This program is integrated and reflected in the current national program and is not a stand alone, isolated effort.

Funding in FY 2006 will continue to support renovation of the ANC, training, community education/mobilization efforts and commodities procurement for the Regional Hospital. In FY 2006 clinic infrastructure at Tunduru was modified to allow integration of this service into regular antenatal care. Three counselors per site, for a total of six, have been trained in basic PMTCT services following national guidelines. Community education and mobilization under FY 2005 funding will be supported into FY 2007 as part of necessary implementation of this service in the region to encourage uptake. With similar numbers accessing ANC services at the regional hospital and demand for PMTCT as high as in Rukwa, it is estimated that this program will also be able to target 3,000 pregnant women for counseling and testing with approximately 120 to 150 women participating in full PMTCT services from these three sites by September 2007.

Services include opt-out counseling, those testing negative are given education on protective measures and practices for avoiding infection. Mothers found to be HIV positive are provided with post test counseling, provided "prevention for positives" information and education on the benefits of NVP prophylaxis. These women are encouraged to bring in family members for counseling and testing at either the ANC or the hospital's VCT center. HIV positive mothers are provided with infant feeding counseling options and for those choosing to breastfeed, counseled to exclusively breastfeed with early weaning.

Again, as with Rukwa, HIV positive women are evaluated for full ART at the regional hospital with support for these services and strengthening of the referral system as part of treatment activities. Those not qualifying for ART receive NVP prophylaxis upon onset of labor and their infants PEP within 48 hours of delivery from the PMTCT centers. Infants will are referred for pediatric follow up care with cotrimoxazole and serologic diagnosis.

Introduction of PMTCT at a time that ART is introduced at the regional hospital is critical in ensuring a continuum of care and a means of identifying potential patients. As part of implementation of the network model, with higher level or better equipped facilities providing technical oversight, the Mbeya Regional Medical Office, Mbeya Referral Hospital and the US Department of Defense supported efforts in care and treatment in the Southern Highlands will continue to provide direct assistance to Ruvuma in the implementation of this and other aspects of prevention, care and treatment as they are introduced and expanded in the region.

Funds in this submission will support national MOHS contributions to expanding PMTCT in this region for commodity procurement for services including reagents for confirmatory diagnostics and safety kits for delivery, technical assistance, referral mechanisms, community mobilization efforts, and contribute to national M&E. NVP will be provided through the MOHSW and Boehringer donation.

The Goal of the national PMTCT programme is to expand PMTCT services in order to reduce the risk of transmission of HIV infection from infected mothers to their babies during pregnancy, child birth and during breastfeeding through integration of PMTCT services in routine reproductive and Child health services in all 21 regions.
Since the national PMTCT program inception in 2000, PMTCT services roll-out has accelerated significantly. Currently 544 sites (10%) out of 5,379 in all districts are providing the core elements of PMTCT services including testing and counseling (TC), antiretroviral prophylaxis, and infant feeding counseling integrated in reproductive and child health services. This 10% coverage is low and as a result, by the end of 2005 only 11,435 (9%) of the estimated 122,000 HIV positive pregnant women were receiving Nevirapine prophylaxis.
The USG funds several partners who provide PMTCT services in several sites to meet these challenges. In accordance with the current policy of PMTCT regionalization, USG partners are assigned specific regions (rather than choosing individual sites) within which they support the provision of PMTCT services to selected facilities within that region, by working with regional and district government authorities.
DoD is the Partner for HIV Care and Treatment activities in Mbeya, Ruvuma, and Rukwa regions and has been asked to be the MTCT partner in these regions based on the PMTCT regionalization efforts. In Ruvuma, DoD supports these regions with a comprehensive program that covers both HIV care and treatment services, VCT services and PMTCT services. At the community level, DoD supports Home Based Care and Orphans and Vulnerable Children services, behavior change and condom promotion.

Continued Associated Activity Information

Activity ID: 3402
USG Agency: Department of Defense
Prime Partner: Ruvuma Regional Medical Office
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 50,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	13	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	13,000	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,150	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	40	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Discordant couples
HIV/AIDS-affected families
Infants
National AIDS control program staff
Pregnant women
USG in-country staff
Women (including women of reproductive age)
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Traditional birth attendants
Implementing organizations (not listed above)
HIV positive infants (0-4 years)

Coverage Areas

Ruvuma

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	FXB Center
Prime Partner:	University of Medicine and Dentistry, New Jersey
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	7825
Planned Funds:	$ 638,000.00

Activity Narrative: François-Xavier Bagnoud (FXB) Center's proposed workplan for FY 2007 builds on accomplishments and multiphase work started in FY 2005 and FY 2006, in support of the scale-up, standardization, and facilitation of an effective and sustainable national prevention of mother-to-child transmission of HIV (PMTCT) program for multidisciplinary teams of healthcare workers (HCWs).

In FY 2005, the USG invited FXB Center to provide technical assistance (TA) for the Tanzanian government's efforts to expand delivery of PMTCT services nationwide. Among the FXB Center's first activities was to work with the PMTCT Zanzibar Technical Working Group (TWG) to develop its PMTCT curriculum, which is based on the generic training package (GTP) created by the World Health Organization and Health and Human Services-CDC (WHO/HHS-CDC). The FXB Center also conducted an in-depth analysis of the national PMTCT guidelines and provided extensive recommendations for critical additions and updates. The FXB Center will finalize these guidelines in September 2006.

In FY 2006, FXB's goal is to collaborate with USG and MOHSW-mainland Tanzania to provide TA and continued support to develop national systems and standardization of PMTCT services that will promote long-term sustainability. FY 2006 funding supports development of the national PMTCT curriculum, which will be pilot-tested in October 2006. That funding also supports a midterm PMTCT program review of USG PMTCT sites to assess coverage, identify strengths and challenges, and develop systems for monitoring PMTCT training.

In FY 2006, FXB designed a preceptorship program for HCWs in Zanzibar based on needs, experiences, and outcomes of the PMTCT training. The preceptorship program is a vital follow-up component of PMTCT training, and is designed to provide onsite, supervised practical training to HCWs who have participated in the PMTCT training.

A key objective is to integrate PMTCT training into the pre-service curriculum, which will achieve and ensure sustainability of the efforts of the nascent PMTCT program. FXB Center is facilitating this process by assessing existing curricula. FXB will follow up by developing a plan to integrate PMTCT content into the curricula, and will complete the preceptorship and pre-service curriculum activities in October 2006 and March 2007 respectively.

For FY 2007, FXB proposes to build on these accomplishments to support the priorities of the national multisectoral strategic framework on HIV/AIDS. The goal of the FY 2007 workplan is to collaborate closely with MOHSW and USG to provide TA to facilitate program sustainability, enhance uniformity and standardization of PMTCT service delivery, and ensure continued monitoring of PMTCT training efforts and initiatives.

FXB proposes the following activities:

Facilitate linkage of PMTCT training efforts and capacity building for supervisors: The MOHSW has requested TA to support PMTCT supervisors at the regional, district, and facility levels to mentor and monitor HCWs following PMTCT training. FXB Center will develop a supervisor's guide to enhance the performance of HCWs, so that PMTCT service delivery reflects the standards communicated in the PMTCT training. This guide will provide mechanisms for: easy documentation of the skills and competencies expected from HCWs to have after training; identification of barriers to quality service delivery; and problem-solving strategies. The guide will be disseminated to the approximately 544 government-supported PMTCT sites.

Enhance uniformity and comprehensiveness of current site supervision: To help standardize the services provided at PMTCT sites, the FXB Center will develop and help to implement quarterly supportive supervision tools for supervisors at the 123 district offices. The tools will be based on national PMTCT indicators, will be designed for use at the facility level, and will include checklists and process improvement plans that will facilitate follow-up on unmet needs at facilities (e.g., supplies, human resource shortages, and service incapacities).

Support implementation of core elements of the PMTCT program and guidelines: Based on assessments and indicated needs by MOHSW, FXB Center will develop HCW support

tools including algorithms, wall charts, and other job aids related to district needs. According to the Health Sector HIV/AIDS Strategy paper, key intervention areas under training include the development of simple, easy-to-understand graphics for health professionals, as well as sensitizing HCWs to national guidelines and treatment algorithms. These tools will provide accessible reinforcement of the "take-away" messages from the national PMTCT guidelines and training curriculum, developed and implemented in FY 2005/2006. The staff at the 544 government-supported PMTCT sites is the initial target audience for these job aids.

Support the implementation and systematic, periodic revision of Tanzania's PMTCT guidelines and training materials, and facilitate refresher training for service providers: With the PMTCT TWG, the FXB Center will establish a system to periodically revise the national PMTCT guidelines and training materials. FXB will also design a comprehensive PMTCT national training plan and a system for the MOHSW to implement the plan at PMTCT sites nationwide.

Develop and support human capacity development for PMTCT: FXB Center will develop materials and conduct training for PMTCT managerial staff on the following topics: planning and project management; staff management, development and team-building. This is in harmony with the national strategy to introduce comprehensive management skills and empower HCWs to plan and implement HIV/AIDS programs in a continuum. This activity targets managers at the national and regional offices and will include facilitation of a twinning relationship between MOHSW counterparts in Tanzania and Botswana, which will enable them to share experiences and support development of management skills.

Address service provider resource issues: HCW retention has been identified as a priority by the MOHSW. With the support of the FXB Center in-country staff person, FXB will develop a comprehensive multisystem, multiphase, retention plan for HCWs, in collaboration with the MOHSW and the PMTCT TWG, both of which will determine coverage and target personnel. This builds on the work started by FXB to monitor PMTCT training. This activity will draw from a comprehensive HCW retention strategy developed by the FXB Center for the Botswana MOH. The strategy includes detailed guidance and supportive tools for MOH staff to facilitate implementation of each phase.

Continued Associated Activity Information

Activity ID:	4906
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	University of Medicine and Dentistry, New Jersey
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 500,000.00

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Target Populations:

Country coordinating mechanisms
Doctors
Nurses
Pharmacists
Infants
Pregnant women
Program managers
USG in-country staff
HIV positive pregnant women
Host country government workers
Laboratory workers
Other Health Care Worker
Doctors
Nurses
HIV positive infants (0-4 years)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University Research Corporation, LLC
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7827
Planned Funds: $ 650,000.00

Activity Narrative: URC through the Quality Assurance and Workforce Development Project (QAP) is working closely at national and district level to improve the quality of health services and outcomes in the national prevention, care and treatment of HIV/AIDS program by focusing on human capacity development. URC use systems strengthening strategies and Quality Improvement methods including Collaborative, mentoring and coaching activities to ensure provider compliance with national guidelines and standards of care.

In the program area of prevention of mother to child transmission, in FY 2005 and FY 2006, URC, working with Tanzania Food Nutrition Center (TFNC), COUNSENUTH and other stakeholders, focused on efforts to strengthen infant feeding counseling as an integral part of PMTCT programs. Evaluations of PMTCT programs in Tanzania show that infant feeding counseling is a weak component of PMTCT service delivery. In collaboration with national partners and USG funded organizations and other donors, URC has strengthened infant feeding counseling in PMTCT service delivery by contributing to formation of national PMTCT policy guidelines; developing a whole facility training curricula, and training more than 600 health workers in over 300 sites who are now able to counsel HIV positive mothers in optimal infant feeding practices. URC also developed job aids on infant feeding in the context of HIV which have now been taken up by MOHSW to become national materials. These materials and effort contribute to the improved health and well being of mothers and infants by reducing pediatric AIDS from HIV transmission through breast feeding by increasing the proportion of women who practice safer feeding: exclusive breast feeding, reduction in mixed feeding and use of appropriate complementary foods.

In FY 2007 URC will engage and work directly with MOHSW, USG PMTCT partners and other partners on overall quality improvement activities to enhance the efficiency and effectiveness of PMTCT service delivery. As PMTCT services become widely accessible throughout Tanzania, it has been noted that the quality of service provision varies considerably.

PMTCT program managers have noted three challenges to achieving program delivery targets. Firstly, the uptake of counseling and testing at labor and delivery wards is very low; this also indicates that there are a high number of pregnant women with unknown HIV status who are not being reached with PMTCT services in the prenatal period. Secondly, the uptake of NVP by HIV positive pregnant women has been extremely low ranging from 25 to 40% in some sites, due a variety of reasons including prenatal visit patterns, delivery patterns, and use of the drug. Documentation of case management and in-facility data are largely unavailable for these key aspects of service delivery. Thirdly, the follow up care of mothers and their HIV exposed children needs improvement - linking mothers to care and treatment programs; infant care - NVP dose, Cotrimoxazole prophylaxis, infant feeding counseling, testing at 15 months and palliative care for positive children. If these challenges were addressed by effective strategies for continuous quality improvement, this would lead to significant quality of service changes and enhanced ability to meet PEPFAR targets.

URC aims to increase the uptake of PMTCT services at existing sites, particularly uptake and use of ARV prophylaxis, prophylaxis and improve the quality of PMTCT services overall. To fulfill these goals and address the challenges, URC will develop a quality improvement model that would be beneficial to a large number of sites in a short time. This model would be easy, manageable at facility level and have potential for scale up to entire health system. URC will work with the MOHSW, partners and facilities to adopt and improve systems and procedures that health workers can use to undertake regular quality audits and assessment to identify service gaps, related to PMTCT. The tools would be simple job aids and algorithms and form part of the MOHSW supervision tools. URC/QAP will use experience gained from South Africa, Rwanda and Uganda with PEPFAR support to support the MOHSW and USG partners to improve the supervision and Quality Improvement system for PMTCT. URC will adapt the quality of care model and tools for Tanzania. URC work in these other settings has shown that the approach of monthly self-monitoring of key indicators has lead to enhanced internal management and developed greater consciousness among health workers of impact of daily activities.

The specific activities would be identifying and prioritizing quality gaps, organizing improvement teams, developing and implementing improvement plans, training staff in QI methods specific to PMTCT, chart audits with onsite data analysis to ensure accuracy and

completeness of PMTCT records, and mentoring and support of staff.

URC/QAP would meet with facility team on a monthly basis so that systemic quality issues are identified and appropriate interventions developed to close the gaps. We would train the facility staff to conduct health card audits and patient surveys to see if the newly introduced changes are producing desired outcomes. As a facility improves its quality, the intensity of mentoring visits becomes less and QA staff would move on to other facilities within the district.

Initially we propose to work on developing the improvement model in direct collaboration with EGPAF supported sites in Kilimanjaro and Mtwara Regions with the aim of rapidly moving the model to other USG partner sites. In this role, URC would supplement technical expertise in quality of care for USG partners engaged in pMTCT service delivery.

In FY 2007, URC will also scale up capacity building in infant feeding counseling in PMTCT services to several new regions in direct collaboration with MOHSW, EGPAF and Columbia in these areas: Arusha, Mtwara, Tabora, Singida, Dodoma, Zanzibar, Mwanza and Coast. The scale up strategy URC has been using in the regions is centered on the district health referral system. Scaling up to these 8 regions through training roll-out by USG partners would result in an additional 320 service outlets providing the required package of PMTCT services and close to 3,000 more health workers trained in infant feeding counseling.

For infant feeding, URC will place a facility-driven monitoring and evaluation plan that will be two-fold to 1) develop a recurrent monitoring system to empower local managers to collect, use and analyze data to manage their own program and 2) provide information on quality and coverage of program at different levels including: health worker perceptions of the training program; health worker competencies: knowledge and skills; health worker performance and quality of counseling. URC will also assist client outcomes: mother's knowledge and practice; health systems improvements; and facility - community linkages.

Continued Associated Activity Information

Activity ID:	3510
USG Agency:	U.S. Agency for International Development
Prime Partner:	University Research Corporation, LLC
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 575,000.00

Emphasis Areas	**% Of Effort**
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Target Populations:

Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Family planning clients
Doctors
Nurses
Infants
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Pregnant women
USG in-country staff
HIV positive pregnant women
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Doctors
Nurses
HIV positive infants (0-4 years)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 7832
Planned Funds: $ 276,365.00
Activity Narrative: In FY 2007 HHS/CDC will continue close collaboration with the Government of Tanzania, Ministry of Health and Social Welfare (MOHSW), and other key partners to further strengthen technical and program capacity to ensure appropriate Emergency Plan implementation. This will include the establishment and expansion of quality-assured national systems in prevention of mother to child transmission (PMTCT).

In FY 2007, this funding will support the PMTCT in-country program staff to provide technical assistance and support for PMTCT implementing partners. This will ensure that all PMTCT services are in line with the USG technical strategy and national guidelines. PMTCT staff will provide technical assistance for the Ministry of Health and Social Welfare (MOHSW) to finalize and operationalize the recently revised national guidelines, policies and training manuals.

The in-country staff will work with implementing partners to expand PMTCT services to high prevalence regions and districts in order to serve the targeted population. In addition, the HHS/CDC in-country team will work with implementing partners to develop annual work plans, conduct training and ensure the overall program monitoring. Furthermore, the in-country staff will provide technical assistance for the MOHSW to develop national supportive supervision systems. The systems include tools to ensure quality service provision at facility level and they will collaboratively train national and regional supervisors to operationalize supportive supervision activities. In FY07 the in-country team will also support the MOHSW to develop a national five-year PMTCT implementation plan. The team will conduct site visits quarterly to monitor program implementation and progress in line with the cooperative agreement. They will also ensure that all HHS/CDC programs adhere to the national and USG PMTCT strategies and protocols.

Continued Associated Activity Information

Activity ID: 3518
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: Country staffing and TA
Funding Source: GHAI
Planned Funds: $ 257,850.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8219
Planned Funds: $ 800,720.00

Activity Narrative: With the addition of requested Supplemental funds to our current allocation of COP07 funding, total funding will support: partnerships with 18 district health authorities to strengthen their capacity for pMTCT initiation and supervision among 80 facilities; 50,000 pregnant women to receive counseling and test results; 1800 pregnant women to receive a completed course of ARV prophylaxis; and 200 health workers trained in pMTCT services.

Goals and Objectives
Goal: To support the pMTCT program of the Tanzania MOHSW to reduce mother-to-child transmission of HIV among HIV-positive pregnant and post-partum women and their infants.
Objective 1: To provide an additional 31,600 pregnant women with comprehensive pMTCT services and 1025 HIV-positive pregnant women with complete ARV prophylaxis
Objective 2: To increase capacity of district health management teams to design, implement and monitor pMTCT services in an additional 56 health facilities
Objective 3: To create support systems for the retention of HIV-positive mothers and children in HIV care services
Objective 4: To support the national-level implementation of the revised pMTCT guidelines
Key Approaches
• Use of 'District Network Model'to dramatically increase pMTCT access: ICAP Tanzania will partner with council health management teams (CHMTs) to implement and strengthen pMTCT services. ICAP Tanzania and CHMTs will develop district pMTCT plans which will include identification of key staff in facilities, training of health care workers on the national pMTCT curriculum, procurement of pMTCT supplies, and supportive supervision of services by CHMT members.
• pMTCT Rapid Start-up Teams for accelerated service expansion: ICAP-Tanzania staff will provide technical assistance to CHMTs on design and implementation of pMTCT rapid start-up teams that will initiate pMTCT services at new health centres and dispensaries within districts. Activities will focus on counseling and testing, uptake of antiretroviral prophylaxis regimens, providing HIV-exposed infants (HEIs) with cotrimoxazole prophylaxis, and engaging HIV-infected mothers, their HIV-infected infants, and other family members in care and treatment. Follow-up supportive supervision visits will be conducted jointly by ICAP-Tanzania and CHMTs. As facilities and CHMTs become more proficient in pMTCT service delivery, ICAP-Tanzania will phase out its level of technical assistance in order for health authorities and facilities to complete ownership of programs and to allow for initiation of services in new districts and facilities.
• Enhanced pMTCT prophylaxis and infant feeding counseling to markedly reduce HIV transmission: As per the revised national pMTCT guidelines, program emphasis will also focus on uptake of the more efficacious WHO recommended regimens. Activities will focus on provision of pMTCT refresher trainings, design of site-level continuing education sessions, and creation of job aids and patient education materials to increase awareness among health workers and clients. Since post-partum transmission accounts for nearly 40% of MTCT of HIV, enhanced technical assistance on infant feeding counseling is critical. Activities will include provision of infant feeding training, continuing medical education sessions on infant feeding counseling techniques, as well as interventions designed for use via client support groups and expert patient programs.
• Expedited initiation of ART among eligible pregnant women to curtail HIV-transmission and promote the health of mothers: HIV-positive mothers will receive immediate CD4 screening to determine ART eligibility, as well as clinical staging for HIV disease. Program systems will be designed so that mothers who are ART-eligible will receive expedited initiation onto ARV therapy. Services will include transport of blood samples to district labs for CD4 testing as well as patient referral and tracking for enrollment into care and treatment clinics.
• Family support groups to keep families in care and adherent to ARVs: Family support groups for HIV positive mothers and their families will be established. This will provide a forum for follow up and retention of the family in pMTCT services, improving uptake of antiretroviral prophyaxis, ensuring adherence and discussing issues like infant feeding options. The group will also assist in tracing of mothers and infants who are lost-to-follow-up.
• Partner invitation letters to increase male involvement in PMTCT services: All pregnant mothers will be provided letters inviting partners to attend an ANC appointment to learn how to better support the well-being of the expectant baby. Upon arrival at the ANC, the male partner and the pregnant mother will participate in couples counseling on the needed

care for newborns, including HIV counseling and testing.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	79	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	46,203	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,720	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	200	☐

Target Populations:

Adults
Community leaders
Country coordinating mechanisms
Family planning clients
Doctors
Nurses
Pharmacists
Discordant couples
HIV/AIDS-affected families
Infants
National AIDS control program staff
Policy makers
Pregnant women
USG in-country staff
HIV positive pregnant women
Host country government workers
Laboratory workers
Traditional birth attendants
HIV positive infants (0-4 years)

Coverage Areas

Kagera

Pwani

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Selian Lutheran Hospital - Mto wa Mbu Hospital
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8220
Planned Funds: $ 60,000.00
Activity Narrative: Selian Lutheran Hospital AIDS Control Program (ACP) is comprehensive, integrated program of services providing a full continuum of care to those affected by HIV/AIDS. Selian hospital has been running a Prevention of Mother to Child Transmission (PMTCT) program since 2001.

The PMTCT effort began as a Selian funded effort and was later funded by PEPFAR through a sub-grant from EGPAF/Engender Health. This relationship allowed Selian to move from offering only single antiretroviral prevention using Nevirapine (NVP) to using Highly Active Antiretroviral Therapy (HAART) for selected women attending the main hospital. PMTCT is currently provided through four sites: the Selian Hospital, the Arusha Town Clinic, the Kirurumo Clinic in the rural community of Mto wa Mbu, and the Bangata Clinic. These sites are collectively providing services to over 1,000 women, counseling and testing over 90% women and treat 50 – 80 newborns annually. The services are integrated into the Maternal and Child Health Clinics where all pregnant women reporting for antenatal care are educated, counseled and offered HIV testing. Over 90% of women are agreeing to be tested. HIV+ women are referred to the CTC for evaluation.

At the rural sites, the standard National AIDS Control Program intervention with NVP for mother and child at time of delivery is practiced. Women enrolled in the Care and Treatment Center (CTC) are assessed for their need to initiate HAART and followed jointly by the CTC team. PMTCT services will continue at the existing sites and expand into two additional rural dispensaries during FY 2007. In keeping with the approach of all USG partners, Selian Lutheran Hospital will implement a standardized approach at its sites using opt-out testing, rapid tests with same day results. Testing and NVP will be provided in both labour and delivery wards; the national PMTCT monitoring system, supportive supervision tools, infant feeding counseling job aids, and the national PMTCT training curriculum will be adopted. Commodities for PMTCT, including NVP, test kits, AZT, and will be supplied and delivered to sites through SCMS. Follow-up of positive infant and mothers will be carried out in addition to provision of Cotrimoxazole. This will result in an estimated increase in the number of women served to over 1,000. An even higher rate of utilization of the services is expected as the program continues to sensitize and mobilize the communities served. To accomplish this additional staff will be recruited and trained to serve the new and existing sites.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	6	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	1,040	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	65	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	8	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Family planning clients
Nurses
Discordant couples
HIV/AIDS-affected families
Infants
National AIDS control program staff
People living with HIV/AIDS
Pregnant women
USG in-country staff
Women (including women of reproductive age)
HIV positive pregnant women
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Doctors
Laboratory workers
Other Health Care Workers
HIV positive infants (0-4 years)

Coverage Areas

Arusha

Manyara

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8861
Planned Funds: $ 12,000.00
Activity Narrative: The MOHSW, in collaboration with and receiving support from different stakeholders, has increased access to PMTCT services. Expansion of these services has increased from five regions in FY 2004 to 21 regions in FY 2006. Currently over 500 PMTCT service sites are in operation within 21 regions and 84 districts. Thus far, over 200,000 pregnant women have received basic PMTCT services including counseling and testing. Over 6,000 HIV positive pregnant women have received ARV prophylaxis. The USG in-country team, in close collaboration with USG headquarters team, played an instrumental role in supporting the MOHSW to establish national systems that accelerated these services to reach health facility level. These systems include PMTCT monitoring systems.

Despite the overall program success including the availability of PMTCT services at national level, program linkages, provision of comprehensive care services for HIV positive pregnant women, exposed infant follow up, low antiretroviral prophylaxis uptake and partner involvement remains a challenge.

There is a fundamental need for continues technical assistance. The changes are ongoing and will have a significant impact on programs, include shifting from opt-in counseling and testing to opt-out counseling and testing, provision of PMTCT at labor and delivery, and early infant diagnostics. The Tanzania PMTCT thematic group requests on going technical assistance from the PMTCT Technical Working Group (OGAC) in order to identify strategies to mange these challenges and ensure effective implementation of these key policy changes.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9433
Planned Funds: $ 37,635.00
Activity Narrative: In FY 2007 HHS/CDC will continue close collaboration with the Government of Tanzania, Ministry of Health and Social Welfare (MOHSW), and other key partners to further strengthen technical and program capacity to ensure appropriate Emergency Plan implementation. This will include the establishment and expansion of quality-assured national systems in prevention of mother to child transmission (PMTCT)

In FY 2007, this funding will support the PMTCT in-country program staff to provide technical assistance and support for PMTCT implementing partners. This will ensure that all PMTCT services are in line with the USG technical strategy and national guidelines. PMTCT staff will provide technical assistance for the Ministry of Health and Social Welfare (MOHSW) to finalize and operationalize the recently revised national guidelines, policies and training manuals.

The in-country staff will work with implementing partners to expand PMTCT services to high prevalence regions and districts in order to serve the targeted population. In addition, the HHS/CDC in-country team will work with implementing partners to develop annual work plans, conduct training and ensure the overall program monitoring. Furthermore, the in-country staff will provide technical assistance for the MOHSW to develop national supportive supervision systems. The systems include tools to ensure quality service provision at facility level and they will collaboratively train national and regional supervisors to operationalize supportive supervision activities. In FY 2007 the in-country team will also support the MOHSW to develop a national five-year PMTCT implementation plan. The team will conduct site visits quarterly to monitor program implementation and progress in line with the cooperative agreement. They will also ensure that all HHS/CDC programs adhere to the national and USG PMTCT strategies and protocols.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9437
Planned Funds: $ 12,000.00
Activity Narrative: The MOHSW, in collaboration with and receiving support from different stakeholders, has increased access to PMTCT services. Expansion of these services has increased from five regions in FY 2004 to 21 regions in FY 2006. Currently over 500 PMTCT service sites are in operation within 21 regions and 84 districts. Thus far, over 200,000 pregnant women have received basic PMTCT services including counseling and testing. Over 6,000 HIV positive pregnant women have received ARV prophylaxis. The USG in-country team, in close collaboration with USG headquarters team, played an instrumental role in supporting the MOHSW to establish national systems that accelerated these services to reach health facility level. These systems include PMTCT monitoring systems.

Despite the overall program success including the availability of PMTCT services at national level, program linkages, provision of comprehensive care services for HIV positive pregnant women, exposed infant follow up, low antiretroviral prophylaxis uptake and partner involvement remains a challenge.

There is a fundamental need for continues technical assistance. The changes are ongoing and will have a significant impact on programs, include shifting from opt-in counseling and testing to opt-out counseling and testing, provision of PMTCT at labor and delivery, and early infant diagnostics. The Tanzania PMTCT thematic group requests on going technical assistance from the PMTCT Technical Working Group (OGAC) in order to identify strategies to mange these challenges and ensure effective implementation of these key policy changes.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9440
Planned Funds: $ 24,000.00
Activity Narrative: The USG supports the Ministry of Health and Social Welfare (MOHSW) in scaling up and increasing access to PMTCT services. Currently over 500 public and private including Faith Based Organizations sites are providing PMTCT service and over 200,000 pregnant women are receiving basic PMTCT services including counseling and testing. So far, over 6,000 HIV positive pregnant women have received ARV prophylaxis.

The USG has played an instrumental role in supporting the MOHSW to establish national systems, engaged partners and rolled-out these services to cover most regional and district level facilities. The challenge that the program is currently facing includes: Scaling up services to lower level facilities and improving the uptake of PMTCT services. Other challenges include ensuring that follow-up and linkages for infants takes place and that the quality of PMTCT services, is of desired standards.

With the adoption of the improved PMTCT guidelines that includes the introduction of a more efficacious PMTCT regimen, plans to scale downwards and strengthen the quality of PMTCT services, the Tanzania PMTCT thematic group sees the need for two technical assistant visits to support the MOHSW and USG partners to proceed with these new directions/challenges.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	AIDRelief Consortium TZ Budget
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	12379
Planned Funds:	$ 800,000.00

Activity Narrative: At present, there are 52 existing PMTCT sites in Mara, Mwanza, Manyara, and Tanga regions.

Data from sentinel surveillance sites in Tanzania indicate that the overall HIV prevalence among pregnant women attending antenatal clinics is 8.7%. Without intervention, 25 – 40% of HIV infected pregnant women will transmit the virus to their newborn during pregnancy, delivery or through breast-feeding. The assumption is that 90% of pregnant women attending ANC agree to test for HIV after counseling. With AIDSRelief support, pregnant women attending antenatal care in selected health facilities in the 4 regions will know their HIV status and prevent HIV infection in their newborn infants. PMTCT clients and their infants will also gain access to comprehensive HIV care and treatment services.

Major Activities of PMTCT Program
a) Capacity Building: During the supplemental period, AIDSRelief plans to strengthen the capacity of PMTCT partners through three approaches: staff salary support, central trainings, and on-site preceptorship.

In each of the proposed PMTCT centers, AIDSRelief will provide funding for one full-time nurse dedicated to only PMTCT activities. This will allow the partners to either finance an existing position which was previously funded by another USG partner or MoH, or it will enable the partner to hire an additional PMTCT nurse. In addition to the nurse position, funds will support one community worker per site whose efforts will be to strengthen the essential link between communities and the health facility, which must underpin successful PMTCT programs. The community worker will also be essential to tracking pregnant women and HIV exposed infants. The community worker will facilitate referrals to TB and ART programs and ensure that HIV exposed infants receive prophylaxis.

All proposed PMTCT partners will receive centralized training and on-site supportive supervision. AIDSRelief technical teams will work with PMTCT partners to reinforce the application of MoH policies and guidelines in the provision of PMTCT services. In coordination with NACP, AIDSRelief will train 4 health workers per partner in the clinical delivery of PMTCT services and strategic information. Clinical training will focus on provider initiated counseling and testing, referral systems between PMTCT and ART programs, ARV prophylaxis regimens, post-partum follow-up for mothers and HIV-exposed infants, infant diagnosis, safer delivery options, and safer feeding options. The strategic information training will introduce partners to new government PMTCT data collection tools.

During the supplemental funding period, all PMTCT partners will benefit from at least one on-site preceptorship visit. Emphasis will be given to building referral linkages between PMTCT and ART services. Attention will also be given to provider initiated testing programs, ensuring all pregnant women attending ANC receive opt-out testing. In addition, the technical teams will help the PMTCT community workers strengthen the linkages and outreach into the community for improved follow up of PMTCT patients. The proposed program will concentrate on ways to get more women to deliver in health facilities and ensuring that HIV+ mothers and their babies receive the full package of essential PMTCT and ART services with on-going follow-up.

AIDSRelief will promote HAART regimens for those mothers who qualify for tx and dual prophylactic regimens in line with National and international recommendations for those mothers requiring prophylaxis for prevention of maternal to child transmission. Trainings will promote the national guidelines for PMTCT prophylaxis in hopes of reducing risk of nevirapine resistance and in utero transmission of HIV.

b) Procurement of Supplies:
While many existing PMTCT programs receive supplies through government distribution mechanisms, quantities are often insufficient to meet the needs. AIDSRelief will supplement these as per the national PMTCT package. All PMTCT partners will receive a minimum package including HIV test kits, and delivery kits for use in the hospital. In order to ensure that HIV positive mothers are assessed, AIDSRelief will also provide advice and funding to ensure that CD4 tests are carried out on all HIV-positive pregnant women at the time they receive their HIV result. Links and necessary supplies for infant diagnosis will be provided for five health facilities near Mwanza in conjunction with the PCR testing at

Bugando Medical Center.

In addition to these supplies, all proposed PMTCT partners will receive training in forecasting of ARVs for prophylaxis for pregnant women and their infants in accordance with the national guidelines. AIDSRelief will pilot a family-centred approach at Makongoro Health Centre in Mwanza where ART will be provided in the ANC. In line with recommended national guidelines, women will receive triple therapy through the CTC. Women who do not have access to triple therapy at 3 sites without ART programs will use prophylaxis of single dose nevirapine followed by a tail of Zidovudine and Lamivudine for 7 days to minimize developing resistance to nevirapine. Infants will receive single-dose nevirapine after birth and AZT twice for 7 days.
c) Continuum of care for HIV-exposed infants
As part of its family-centered model of care, AIDSRelief emphasizes the provision of HIV services for children. This includes early infant diagnosis and the close follow up of HIV-exposed infants. To ensure HIV-exposed infants are identified and monitored, AIDSRelief will support the following activities.

5 health facilities will be linked into laboratory services available at Bugando Medical Center for early infant diagnosis. This will require training in taking the correct infant blood sample as well as establishing linkages for transporting the samples to Bugando and receiving the results. At present, the NACP's Pediatric Working Group, in which AIDSRelief technical staff is actively participating, is finalizing the national guidelines for early infant diagnosis.

All 29 sites will put in place infant follow-up mechanisms to ensure that HIV-exposed and HIV-infected infants receive appropriate services and interventions. Linkages between AIDSRelief's PMTCT and ART programs will ensure that both mother and child are enrolled in care and treatment services. At ANC, AIDSRelief will use registers to track HIV-exposed infants and encourage their mothers to utilize the available services. The identified HIV-exposed infants will be followed up periodically and will be eligible for cotrimoxazole prophylaxis from 6 weeks after birth until proved to be HIV-negative. Those who are HIV-positive will be staged using WHO criteria and managed accordingly.
d) Linkages with other services:
AIDSRelief's comprehensive care and treatment approach provides an excellent platform to strengthen PMTCT programs. Key to this is linkages within the health facility and links into communities. By integrating PMTCT into antenatal care, AIDSRelief hopes to link with the CTC in order to identify women who will benefit from HAART earlier in the pregnancy and will then return for delivery at a health facility. HIV-positive women from PMTCT will be referred to the CTC using a special form with space for feedback to PMTCT staff. There will also be a register at the CTC noting which programs have referred patients to the CTC. AIDSRelief will also support community mobilization for both increased HIV testing in pregnant women as well as increasing awareness of communities to the benefits of deliveries in health institutions and the appropriate follow-up of their infants. We will use lessons learned from couples testing at Makongoro Health Center to scale-up this activity during COP'08.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	29	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	13,300	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	3,383	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	838	☐

Coverage Areas

Manyara

Mara

Mwanza

Tanga

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Deloitte Touche Tohmatsu
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 12380
Planned Funds: $ 450,000.00

Activity Narrative: The Goal of the national PMTCT programme is to expand PMTCT services in order to reduce the risk of transmission of HIV infection from infected mothers to their babies during pregnancy, child birth and during breastfeeding through integration of PMTCT services in routine reproductive and Child health services in all 21 regions.
Since the national PMTCT program inception in 2000, PMTCT services roll-out has accelerated significantly. Currently 544 sites (10%) out of 5,379 in all districts are providing the core elements of PMTCT services including testing and counselling (TC), antiretroviral prophylaxis, and infant feeding counselling integrated in reproductive and child health services. This 10% coverage is low and as a result, by the end of 2005 only 11,435 (9%) of the estimated 122,000 HIV positive pregnant women were receiving Nevirapine prophylaxis.
The USG funds several partners who provide PMTCT services in several sites to meet these challenges. In accordance with the current policy of PMTCT regionalization, USG partners are assigned specific regions (rather than choosing individual sites) within which they support the provision of PMTCT services to selected facilities within that region, by working with regional and district government authorities.
Deloitte/FHI is the Partner for HIV Care and Treatment activities in Morogoro, Singida and Iringa and has been asked to be the MTCT partner in these regions. In these regions, FHI/Deloitte supports sites with HIV care and treatment services and as well communities with HBC and OVC services. Deloitte/FHI will use the plus up funds to add PMTCT services to the program and this will support the delivery of comprehensive HIV services that are linked across a continuum of care.
Deloitte/FHI will work with the MOHSW and Local Governments in expanding PMTCT services to all 17 districts in the three regions, through a combination of sub-grants and site support to district councils and their respective facilities, so that more pregnant women access the services. Similarly, support will be provided to relevant community organizations involved in care and reproductive health. The approach will be a comprehensive system strengthening approach through involvement of local authorities and stakeholders. Implementation will include: sensitization and orientation, participatory assessments to determine needs, followed by capacity building. supportive supervision, renovations where required and service delivery improvement. Services provided will include opt out counselling and testing of HIV to all pregnant women, offering a combination of single dose NVP and more efficacious regimen based on facility capacity, post natal follow-up and providing nutritional counselling and support to infants and the lactating mothers.
Since the uptake of NVP is very much dependent on facility based delivery, selected facilities will receive additional support to set up maternal homes, improve obstetric, labour and postnatal wards infrastructure, equipment, commodities and services to entice more women to give birth in these facilities and for those HIV+, access NVP.
Special/additional orientation training to midwives handling both HIV+ and HIV exposed (mother/child pair) will be made to improve providers' attitudes and perinatal caring skills towards clients. TBAs will be engaged to work from the community side as their health promotion role is respected and significant. TBAs will be supported to promote early access of Antenatal Care service including HIV testing, facility delivery, convince pregnant women to get tested and access NVP and other anti-retroviral drugs and services.
Appropriate infant feeding and nutritional support will be promoted based on MOHSW guidelines. In general PMTCT will be integrated into HIV care for infants and Paediatric AIDS.

The targets set by Deloitte/FHI will follow those of the MoHSW: is to scale up PMTCT by opening at least 5 new sites in every district by end of 2007. Therefore in the three regions, it is expected that in all the 17 districts, (Iringa 8, Morogoro 6, Singida 3) 85 new sites will be opened. Prioritization will be given to those sites which are transitioning over from a partner to Deloitte/FHI.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	62	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	10,560	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	996	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	460	☐

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 12381
Planned Funds: $ 300,000.00
Activity Narrative: The HIV infection affects nutrition through increases in energy and nutrients requirements. The effect of HIV on nutrition begins early in the disease. Asymptomatic HIV-positive individuals require 10% more energy, and symptomatic HIV-positive individuals require 20 - 30% more energy than HIV-negative individuals. Consequently, with additional insults such as infection and cancers, weight loss and wasting are common in AIDS patients. In addition, micronutrient deficiencies may contribute to the disease progression. In the case of pregnant women, the risk of anemia is particularly high, also contributing to adverse birth outcomes.
Daily micronutrient supplementation improves body weight and body cell mass, improves CD4 cell counts, reduces HIV RNA levels, and reduces the incidence of opportunistic infections. At the same time, anti-retroviral therapy improves nutritional status, but also may have side effects and metabolic complications.

PEPFAR-funded implementing partners are stepping up their efforts to integrate PMTCT services with Care and Treatment programs. Based on nutritional assessments, pregnant women requiring nutritional support will be identified.

The requested Plus Up funding will be used for a procurement of micronutrient supplementation or nutritional support that will assist with the therapeutic feeding for moderately and severely malnourished HIV-positive pregnant women. This nutritional support will be distributed through the PEPFAR-funded implementing partners.

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 12382
Planned Funds: $ 250,000.00

Activity Narrative: The Goal of the national PMTCT programme is to expand PMTCT services in order to reduce the risk of transmission of HIV infection from infected mothers to their babies during pregnancy, child birth and during breastfeeding through integration of PMTCT services in routine reproductive and Child health services in all 21 regions.
Since the national PMTCT program inception in 2000, PMTCT services roll-out has accelerated significantly. Currently 544 sites (10%) out of 5,379 in all districts are providing the core elements of PMTCT services including testing and counselling (TC), antiretroviral prophylaxis, and infant feeding counselling integrated in reproductive and child health services. This 10% coverage is low and as a result, by the end of 2005 only 11,435 (9%) of the estimated 122,000 HIV positive pregnant women were receiving Nevirapine prophylaxis.
The MOHSW and USG have been concerned on the low uptake of antiretrovial (ARV) prophylaxis and are instituting several measures to improve this situation. Some of the key measures includes changing the PMTCT policy and allowing pregnant women to take home
NVP the day they are diagnosed to be HIV positive, testing for HIV in both laboor and delivery wards and provision of ARV and supporting the impelemntation of more efficaciuos ARV regimen for HIV positive women in third trimester. Since facility delivery (which is low) may also influence ARV uptake, USG would like to pilot out how improved facility delivery interventions can improve ARV uptake in a district such as Njombe in Irnga.
In spite of high attendance of at least one ante-natal care (ANC) of about 92%, only 47% of pregnant women currently deliver in health facilities (DHS 2004/05). As a result, there are many missed opportunities to identify HIV positive women since the labor ward is the place to capture women who missed HIV testing during ANC or delivery. The loss of these patients for testing of PMTCT translates directly into higher potential for transmission of HIV to the infant. Reportedly, many women do not want to come to the hospital for delivery because the quality of services and the actual facility are not satisfactory. This request for Plus Up funding is to address those issues, so as to improve 'the environment in which delivery takes place'; ergo, increasing the possibility of sustain antenatal care visits and ensuring that women come to facilities for safe delivery. Specifically, low facility delivery is thought to be a result of several factors, including poor quality of services, poor state of equipment and commodities, poor hygienic conditions during delivery, insufficient staff skills in handling expectant mothers, a lack of a supportive attitude, to mention but a few.
This Plus Up funding would be used to pilot a project that demonstrates how improved ante-natal services, increased facility-based delivery, and strengthened linkages between maternal and child health services with HIV/AIDS care, support and treatment services improves PMTCT services uptake. The main goal of this project is to stimulate and increase facility-based deliveries in Njombe district and provide timely integrated PMTCT, care, support and treatment services to HIV infected women delivering at facilities. The activity will take place in three Ministry of Health and Social Welfare (MOHSW) facilities in Njombe district in Iringa region. EngenderHealth will work in close collaboration with the MOHSW, regional and district authorities and USG Department of Defense (DoD). It builds on an activity from the FY2007 COP to develop PMTCT Plus services at the Iringa regional hospital. Arrangements have already been made with the US Department of Defense to construct a new maternity wing and a related maternity dormitory for women and their children who live far from the facility. This investment will be leveraged with training of staff for appropriate counseling and testing of pregnant women, providing for more infection prevention and safe delivery conditions, equipment, appropriate drugs, commodities and consumables. In addition, providers will have their skills in managing expectant mother improved (from the ante-natal stage to the delivery and post-natal stage). Efforts will be made to improve not only their clinical skills, but attitudes as well. PMTCT, care and treatment interventions will be provided by EngenderHealth working with the Treatment partner at the facilities (Deloitte/FHI). Other interventions will include: integration of Prevention of Mother-to-Child Transmission (PMTCT) of HIV into Reproductive and Child Health services, labor wards and maternity waiting homes in those three facilities; integrating VCT into family planning and under five clinics to reach more women at risk; Inter-facility referral for staging and screening for HAART eligibility, Peripartum ARVs for those not eligible to ARVs, safer obstetric practices, safer infant feeding counseling, availability of nutritional support for malnourished women, prevention and treatment of malaria in pregnancy including distribution of ITNs and follow up of HIV positive mothers and their exposed infants both at the facility and community level.

Anticipated project outputs will include (i) increased number of women delivering at the three MOHSW facilities by 30%; (ii) increased number of pregnant women identified HIV positive by 30% and (ii) increased number of pregnant women accessing ARV prophylaxis by 30%.By combining all these interventions, the project will build strong linkages between maternal and child health services and care and treatment services so as to develop an integrated comprehensive approach to HIV/AIDS services through maximizing uptake of PMTCT services, reduced missed opportunities, improved facility deliveries for HIV positive women, strengthen referral and linkages to CTC, following up exposed infants and linking them to CTC.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	4	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	8,840	☐
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,150	☐
Number of health workers trained in the provision of PMTCT services according to national and international standards	200	☐

Table 3.3.02: Program Planning Overview

Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02

Total Planned Funding for Program Area: $ 12,353,695.00

Program Area Context:

USG supports Abstinence and Be Faithful programming in Tanzania through technical assistance for standardization of messaging at both the mass media and community-based outreach levels, as well as appropriate training to support these efforts. USG works with a wide variety of implementing partners spanning the public and private sectors. In FY 2007, the USG program will build upon the success of its existing AB prevention activities with youth, and will significantly strengthen programming for B messaging with the adult male population, thus supporting Tanzania's documented epidemiological profile.

Results from the 2003-2004 Tanzania HIV/AIDS Indicator Survey indicates a 7% national prevalence rate, although there are wide regional variations. While progress is being made in key prevention indicators, as evidenced by an increase in age at first sexual intercourse (from almost 17 in 1999 to just under 18 in 2003), recent data presented at the Annual PEPFAR Conference in Durban on the spread of HIV through sexual networks illustrates the potential vulnerability to such gains. The data in Tanzania support the need for faithfulness interventions targeted at adult males. Infection rates increase steadily with age from 2.1% positive under the age of 19, to 5.2% positive between 20 – 24, to 8.3% positive between 25- 29, and to over 10% positive between the ages of 30 – 44. When coupled with the fact that 50% of women have had sex by the age of 18 and more than 9% of women aged 15-19 have had non-marital sex with a partner at least ten years older in the last 12 months the risk to younger woman to be infected by older men in clear. In addition, multiple partnering and trans-generational sex are common and socially accepted norms, making partner reduction, particularly among adult male population, a key prevention intervention for Tanzania.

USG is currently implementing an AB portfolio that operates on multiple levels: supporting GOT to improve the national-level coordination of behavior change activities and messages; supporting behavior change through media campaigns and community- level interventions with NGOs and FBOs; and weaving prevention messages and skill-building throughout the prevention to care continuum. The FY 2006 Semi-Annual Report states that from October 2005 through March 2006, 1.65 million individuals were reached, and 8,634 individuals were trained to provide HIV/AIDS education on AB prevention. When framed against their annual targets, these key results indicate that AB implementing partners are on track to achieve their annual projections.

In FY 2007, USG will continue to expand its AB portfolio to fill programmatic gaps which were identified in the FY 2006 and FY 2007 planning processes, and will expand activities to proactively address challenges. USG efforts complement the existing efforts of NACP, TACAIDS, UNAIDS, and other donor partners including the Global Fund, to assure that prevention is a strong component. Examples of this collaboration are the finalization of the National HIV AIDS Communications and Advocacy Strategy, and USG's participation in Tanzania's "Acceleration of HIV Prevention Efforts" which is part of UNAIDS call to intensify prevention action for the Africa region in 2006. Our youth-focused programs are providing increased national coverage, but there is a continuing need to assure documentation and utilization of best practices and an overall coordination of interventions to avoid duplication of effort. Continuing engagement of the broad variety of stakeholders at all levels will be a necessary component in addressing this potential pitfall. A number of important social norms, such as partner reduction and faithfulness among adult males, need further emphasis. USG/T will identify a new implementing partner to spearhead appropriate interventions and to act as a technical resource for male involvement issues as appropriate.

A number of strategic activities have been identified to build on USG program's successes while addressing barriers and gaps. Coordinating and maximizing the contribution of all USG efforts, including the growing number of local sub-grantees and the large number of central awardees, remains a challenge. In FY 2007, this will be addressed by continuing to use an existing USG youth program to promote coordination among partners. A Coordinating Committee for Youth Programs (CCYP) has been established to minimize implementing partners' efforts, and ensure that all partners have the capacity to implement and evaluate

effective behavior change and communication programs. CCYP serves as a forum to share and disseminate ideas, research, and best practices. These efforts are embraced by partners and government but have been sporadically implemented, and will be addressed more systematically. There has been a growing realization that among the large, and growing, number of local sub-grantees, several are working with a number of different prime partners. USG and prime partners are in discussion to address this issue, and ensure that activities avoid duplication.

For AB in FY 2007, USG Tanzania is striving to build a broad portfolio of implementing partners to strategically achieve our targets: Two GOT partners will work at regional and district levels to expand behavioral interventions through school and local government; eight NGOs of varying sizes will continue to work with geographically-concentrated behavior change interventions at the community level; two NGOs will continue to work at a national level to assure coordination, promote policy-level dialogue and appropriate change, and to conduct community-level behavior change through sub-grants; two partners will work specifically with faithfulness messaging and activities with the adult male population to identify factors that influence multiple partnering in Tanzania to engage men in promoting fidelity among their peers, and to address social norms to discourage multiple partnering and cross-generational sexual practices; and a new implementing partner (TBD) will provide support to all implementing partners to increase and improve knowledge through radio messaging. In addition, Peace Corps will continue to place volunteers throughout Tanzania to work with HIV/AIDS prevention activities.

Implementing partners will employ a range of approaches to reach out with AB messages. To assure broad messaging is achieved, strategies such as the HIV helpline will be expanded, and a variety of "edutainment" methods such as soap operas, PSAs, and call in shows will be used. This broad messaging will be reinforced through specific community outreach efforts utilizing peer educators and the engagement of gatekeepers (parents, teachers, community, political and religious leaders) to share information effectively, create motivation, build skills, make service referrals to help bring about sustained behavior change, provide age-appropriate advice to in-school youth to build life skills, and foster gender equity and changing social norms related to gender and sexual behavior through the incorporation of the innovative Program H, a project that fosters gender equity and promotes changing social norms related to gender and sexual behavior. Specific methods may employ folk media, drama, song, dance and youth groups to work with both in- and out-of-school youth.

Lastly, the Prevention Working Group in Tanzania recognizes the vital importance of promoting prevention throughout the prevention to care continuum. The USG/T Prevention Working Group and implementing partners will reach out to all implementing partners within the Country Operating Plan to discuss and influence the ongoing integration of prevention messages and activities into all HIV and AIDS services.

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1,640,140
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	7,384,850
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	36,189

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7668
Planned Funds: $ 425,000.00

Activity Narrative: This activity is specifically linked with activity #9425, #8686 in AB, and with #7667, #9645 (Prog Eval) in Other Prevention.

The Academy for Educational Development (AED) implements The Tanzanian Marketing and Communications Project (T-MARC) to improve the health status of Tanzanians through affordable socially marketed products and health communications; HIV/AIDS products and services specifically target vulnerable groups nationwide. In addition to activities described under 'Other Prevention', AED/T-MARC is focused on behavior change communications that promote abstinence and be faithful (AB) messages.

A reduction of partners can have a dramatic impact on prevalence rates. This has been demonstrated in both Uganda and Thailand with similar data now emerging from Zambia, Kenya and Ethiopia. The 2005 Tanzania HIV/AIDS Indicator Survey identifies that 5% of married women and 25% of married men had more than 1 partner in the 12 months before the survey; among never-married women and men aged 15-24, that percentage is 10% for women and 32% for men. There is much work to be done if the epidemic is to be curbed and programs must increase safer sexual behavior in Tanzania in order to create change.

Building on FY06 efforts, AED will scale up prevention efforts on neglected "B" interventions with adult males and females. AED/T-MARC's strategic involvement in B will focus on a campaign initative called Sikia Kengele (Listen to the Bell), an effort to reach adult (18 to 49 years-old) men and women with multiple sexual partners in communities in and around the main transportation corridors, mines and plantations. The bell is a symbol of tremendous significance in Tanzania as a call for change and reflection. Sikia Kengele is being launched in 8 TBD large to mid-size towns in which local communities have interactions with highly mobile populations with FY07 funding. It is anticipated that communities in Morogoro, Iringa, Mbeya, Tabora, Shinyanga and Mwanza will form the backbone of this initiative. Sikia Kengele calls for communities and individuals to evaluate their behaviors and "wake up" to the reality of HIV and the easy steps they can take to reduce their risks – with a strong emphasis on partner reduction and monogamy. Sikia Kengele will 1) address perceived social norms supporting multi-partner behavior and 2) challenge these risky social norms via interpersonal communication, community mobilization and the use of selected media. A strong link to locally available counseling and testing services will also be promoted through Sikia Kengele. Audiences will be encouraged to know their HIV status and their partner's HIV status so that appropriate protective actions can be implemented if necessary.

Through an NGO/FBO/CBO grants program implemented by Africare a request for proposals will be issued for organizations working in the project area to participate in the implementation of Sikia Kengele. In addition, it is anticipated that some local implementing partners will be solicited directly. Via these partners, AED/T-MARC will mobilize "bell ringers," 200+ peer educators, outreach workers, and community leaders charged with igniting discussions around partner reduction. Bell ringers will work in the community one-on-one and in small groups to educate and motivate people to change. They will use a variety of communication approaches based on the strengths of the implementing partner with print materials provided by AED/T-MARC (The result of previous B working group meetings).

The "Big Bell" – literally a big travelling bell with an interactive roadshow – will mobilize larger community events. The use of limited mass media (particularly community radio) will help create an environment in which communities reflect on their values and identify and commit to ways to increase the number of individuals using "B" as a primary method of HIV prevention. Communities will gather at least twice a year to ring the "Big Bell" and participate in entertaining, experiential and educative activities. Implementing partners in the community will promote the big bell and mobilize individuals at risk to participate.

FY07 funding will also be used to expand "Sikia Kengele" community efforts nationwide. The World and Peace Organization (WAPO) will be contracted to expand their ongoing "B" efforts, reaching many thousands of Christians – particularly churchgoers - under the Sikia Kengele umbrella. Pastors will be trained to talk constructively about effectiveness and benefits of faithfulness during their sermons and provide spiritual counseling to couples on faithfulness and the importance of knowing one's HIV status before engaging in a long

term sexual relationship. WAPO will hold faithfulness "crusades" to rally communities around monogamy. Opportunities to conduct similar work with a Muslim FBO will also be explored. AED/T-MARC will also work in close collaboration with other Emergency Plan implementing partners who are working with "B" behaviors in the adult population.

Additional interventions designed to encourage "B" behaviors will be implemented at the national level. For example, AED/T-MARC will continue to work with the organizers of the Uhuru Torch (an annual activity of great national pride that reaches every district in Tanzania) and Nane Nane (an annual series of national agricultural fairs) to ensure that "B" messages are incorporated into their community events. AED/T-MARC will also deliver "B" messages via sports events – such as selected matches in the Tanzanian Premiere Football League. Other important events in the Tanzanian calendar, such as World AIDS Day, Parents Day, and National Workers Day will be leveraged as opportunities for AED to incorporate "B" messages into existing activities. Additionally, AED will capitalize on opportunities provided during their "C" outreach – such as the Dume Roadshows – to incorporate "B" messages.

Sikia Kengele activities are complimenting T-MARC's other prevention activities. Kengele will help to surround and support the general population in communities where higher risk sexual behavior is taking place. Other prevention activities will target individuals living in those communities who practicing unprotected sex with non regular partners.

AED will continue to develop and share print materials (job aids for peer educators and outreach workers, brochures, posters, etc.) that support "B" behaviors with other USAID implementing partners (in accordance with the National HIV AIDS Communications Strategy). AED/T-MARC will continue to mobilize a "B" Working Group formed of USAID CAs, FBOs, NGOs, GOT and others that AED/T-MARC initiated during FY06.

AED/T-MARC will aggressively pursue funds from the private sector to supplement Emergency Plan supported activities – particularly the Sikia Kengele initiative. AED/T-MARC's efforts in AB will reach 592,000 individuals with FY 2007 funding.

With this additional plus-up money, T-MARC will expand the Kengele community mobilization and outreach to include the lake regions of Kagera, Mwanza, Mara and Shinyanga, as well as print the necessary materials required to cover these regions. These activities will reach an additional 125,000 people.

Continued Associated Activity Information

Activity ID:	3425
USG Agency:	U.S. Agency for International Development
Prime Partner:	Academy for Educational Development
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	717,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	250	☐

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
Traditional healers
Most at risk populations
Mobile populations
Non-governmental organizations/private voluntary organizations
Program managers
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders
Traditional healers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: IYF Track 1.0
Prime Partner: International Youth Foundation
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7727
Planned Funds: $ 612,915.00

Activity Narrative: Under the Empowering Africa's Young People Initiative (EAYPI), International Youth Foundation's (IYF) AB program in Tanzania continues to be implemented by six local partners as direct sub-grantees: Tanzania Red Cross Society (TRCS), Tanzania Scouts Association (TSA), Tanzania Girl Guide Association (TGGA), Kuleana Centre for Children's Rights, Young Men's Christian Association (YMCA)and the Young Women's Christian Association (YWCA). To date, these partners have trained 283 persons to deliver HIV AB messages and reached an additional 265 young people. In FY 2006, the implementing partners trained 5000 and reach an additional 50,000 young persons. These partners will continue to work in the 26 identified districts of Coast (Rufiji, Bagamoyo), Dar es Salaam (Ilala, Kinondoni, and Temeke), Mbeya, Dodoma, Kilimanjaro (Mwanga, Rombo, Hai, Moshi), Arusha, Tabora, Pemba (Chake Chake), Singida, Mtwara, Iringa, Kagera (Bukoba), Ruvuma (Songea), Mwanza (Ukerewe, Geita, Sengerema, Nyamangana, and Kwimba), Mara and Shinyanga.

The project goal is to prevent the spread of HIV among youth aged 10-24. This is divided into four strategic objectives: 1) Scale up skills-based HIV prevention education; 2) Stimulate community discourse on health norms and risky behavior; 3) Reinforce role of parents and key influencers; and 4) Reduce the incidence of sexual coercion and exploitation.

Under the first objective, the six partners will continue to conduct knowledge, attitude and skills-based training at national and district levels using harmonized training materials. Specific targets include boys and girls and both in-school and out-of-school youth. Five thousand young people will be targeted for training as peer educators whereas 50,000 more will be reached through one-to-one and group interactions as well as by outreach. Functional drama groups will continue to be re-oriented and trained on AB approaches. Consequently 15 music, dance and drama outreach events are planned as well as 18 video shows, all designed to deliver BCC messages, incorporate audience feedback and provide opportunity for discussion. The dissemination of age and culturally appropriate BCC materials will be done in conjunction with the outreach activities.

Objective two involves stimulating broad-based commmunity discourse on healthy norms and risk behaviors. The partners will continue to participate in national, district and community level coordination committees and meetings. Key influential leaders including faith leaders, political leaders and community resource persons will continue to be targeted for sensitization, mobilization and advocacy on HIV prevention.

Objective three is the reinforcement of the role of parents and other influential adults; all six implementing partners will select and train adults and young people on parent/adult-to-child/youth communication. This component will reach 4,800 adults through 240 newly-trained facilitors.

Objective four aims to reduce the incidence of sexual coercion and exploitation of young people, and to address the key legislative issues relating to gender, stigma and discrimination. The sub-partners will continue working with the community to identify and act on the identified risk areas, risk behaviors and prevalent vulnerabilities among young people, including intergenerational and transgenerational sex, in the targeted districts. They will also maintain linkages with previously identified and available referral interventions, including youth-friendly VCT centers for young people, and advertise these through peer-peer approaches, outreach and meetings with key influential leaders and community members.

In all these components, the empowering African Young Peoples Initiative will seek to focus especially on younger youth, girls and young women, and young people in especially difficult and vulnerable circumstances. IYF will not only sub-grant, but will continue to provide the needed capacity building for the local sub-partners to effectively achieve the stated goals.

Continued Associated Activity Information

Activity ID: 4860
USG Agency: U.S. Agency for International Development
Prime Partner: International Youth Foundation

Mechanism: N/A
Funding Source: N/A
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	30,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	75,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	10,000	☐

Target Populations:

Adults
Community leaders
Street youth
Mobile populations
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Religious leaders

Key Legislative Issues

Gender

Coverage Areas

Arusha

Dar es Salaam

Dodoma

Iringa

Kagera

Kilimanjaro

Mbeya

Mtwara

Mwanza

Pwani (prior to 2008)

Ruvuma

Shinyanga

Singida

Tabora

Kaskazini Unguja (Unguja North)

Bagamoyo

Mara

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kikundi Huduma Majumbani
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7734
Planned Funds: $ 120,000.00

Activity Narrative: This activity is specifically linked with activity #8688 and #7849 in AB, with #8723 and #7847 in Other Prevention, with #7723 and #7735 in Palliative Care, with #7724 and #7783 in OVC, with #8658 and #8660 in CT, and with #7747 and #7749 in ARV services.

Kikundi Huduma Majumbani (KIHUMBE) has worked closely with the Mbeya Regional AIDS Control Program (MRACP) since 1991, augmenting MOH prevention efforts throughout the Mbeya Region. KIHUMBE continues to be a leader in prevention education efforts in the region and have won national awards annually from the Tanzanian Art Council and Kilimanjaro Music Awards for their dramas since 2000. Messaging is developed and up dated using the National AIDS Control Programme's (NACP) web site and pamphlets. Coordination with local medical providers and the MRACP ensures consistency of messages across services in the region. With FY 2006 funding, they began supporting other organizations through training and supervision in providing accurate AB HIV/AIDS prevention messages and contributed to development a local coordinated prevention campaign known as "Know the Facts". The geographical focus for KIHUMBE's activities is Mbeya City. In addition in FY 2006 KIHUMBE expanded its programming to Mbalizi and Tukuyu towns, both within Mbeya Region.

In FY 2007, KIHUMBE proposes to continue to expand on previous AB prevention education programs by training 120 KIHUMBE program volunteers to present dramas, songs and the use of other communication methods (such as traditional poems and folk stories) to inform individuals about HIV. Eighty education programs that range from drama and music presentations to audience dialogues and personal testimonies will be presented. These productions will focus on AB prevention messages and reach approximately 100,000 individuals within their communities. This includes the OCV cared for by KIHUMBE which receive prevention education as part of their care package. In addition to prevention messages, the presentations will address the importance of knowing one's sero-status and the benefits and availability of HIV care and ART. This includes providing information about local counseling and testing services, home based care organizations and hospitals providing ART. Their prevention program therefore not only provides information on behavior modification but also serves as a link across the continuum of care encouraging service seeking behavior at both private/not-for-profit and public health facilities in Mbeya.

To reinforce messages provided as a part of community programming, KIHUMBE will also undertake at least 40 targeted educational presentations at primary and secondary schools and at the Center for HIV Prevention for Youth which is headquartered in Mbeya City. KIHUMBE anticipates this approach will provide a complement to their community focused programs and allow the program to reach the same youth in several venues for reinforcement of AB messages. This will provide an additional tool for school counselors and teachers to use to supplement HIV education and prevention efforts in their classrooms.

Currently, Students Partnership Worldwide, SPW, has had its college bound volunteers working in many of the primary and secondary schools in Mbeya providing fact-based education about HIV/AIDS and AB. As these students head for colleges and universities, these primary and secondary schools will have no specific HIV/AIDS educational programs between September and January. KIHUMBE will build upon the excellent work of the SPW student volunteers to bridge this gap at these schools as new volunteers are brought on.

Funding for the above prevention activities will support the transportation of drama group members and education personnel to communities and schools for events, the cost of conducting the events, the distribution of educational materials, and costs associated with advertising and development of new materials on improved AB messaging.

KIHUMBE will also take advantage of the Dala Dala World AIDS Day 2007 Campaign. This campaign was initiated by a Network of 10 NGOs and FBOs, of which KIHUMBE is a member, in Mbeya in 2005 to complement other World AIDS Day activities in the region. Working with the Network, KIHUMBE assisted in the preparation of audio-cassettes in four local languages providing AB behavior messages and information on HIV services and distribution of those cassettes to approximately 100 public commuter buses (Dala Dalas). These cassettes were played in the dala dalas through out the day and an additional 100 cassettes were distributed to their customers upon request. These tapes were well received and were used by the drivers for an additional period of three months, continuing

to reinforce AB messaging and the promotion of the "Know the Facts" campaign. Funding in FY 20007 will cover KIHUMBE's participation in support of this activity to include the actual production of the audiotapes and the cost of their involvement in distribution and community mobilization.

Another annual activity for KIHUMBE and other members of the Network is participation in the Southern Highland's Nanenane. Nanenane is a farmers' show and exposition covering the four regions in the Southern Highlands which include Mbeya, Iringa, Ruvuma and Rukwa. This Nanenane takes place between August 1-8 every year in Mbeya and is the equivalent to US State Fairs, drawing an audience of 1,000,000 to 4,000,000 people over the course of the seven days. In 2005, the Network as a group sponsored and staffed a booth and stage to present dramas focusing on AB messaging, distribute prevention materials and provide voluntary counseling and testing services. The Network counted a total audience of over 300,000 for their dramas and of those individuals who visited their booth, 700 were counseled and tested for HIV. In 2006, they again had an audience of around 300,000 for dramas and presentations, recorded 50,000 visitors to their booth, counseling and testing 755 of those individuals. It is estimated that this campaign in 2007 will reach a similar number of people with prevention messages. These targets are included in the AB submission for TBD (#8688) which covers funding for the Network and their activities. Funding in this submission will support KIHUMBE's involvement in this campaign for 2007 and will include their transport, materials, and their portion of the booth construction, space rental and equipment.

KIHUMBE will continue provide support to members of the Network, including new members in Rukwa and Ruvuma, for their various educational events and instruct them on how to tailor each program to suit a given audience. KIHUMBE will conduct two trainings for the members of the various groups to reinforce their skills and creativity in presenting AB messages to youth and young adults. Fifty-five members of NGOs and FBOs in Rukwa and Ruvuma Regions will be trained by KIHUMBE in effective implementation of AB programs. Funding will cover transportation of personnel, trainers' stipends and training materials. Combined, these trainees will undertake 60 presentations by September 2008 with an average audience of 500 or a total target of 30,000.

Continued Associated Activity Information

Activity ID:	3374
USG Agency:	Department of Defense
Prime Partner:	Kikundi Huduma Majumbani
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	25	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Teachers
Volunteers
Children and youth (non-OVC)
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Mbeya

Rukwa

Ruvuma

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Ministry of Education and Culture, Tanzania
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7754
Planned Funds:	$ 500,000.00

Activity Narrative: This activity is specifically linked with #8687, #9390, #8691, #8682, #7774, #7810, #9060, #9063, #9061, #7727, and #7852 in AB.

The Tanzanian Ministry of Education and Culture (MOEC) has a total of 14,700 primary schools with almost 8 million pupils between the ages of 10 and 19. Of all the primary schools, approximately 1,000 implement the Life Planning Skills (LPS) program, a comprehensive HIVAIDS prevention curriculum focusing on behavioral change for students. The curriculum supports the MOEC HIV/AIDS Strategic Plan for 2003-2007 and the MOEC guidelines on implementation of HIV/AIDS interventions in schools. These documents reflect the MOEC's ongoing response and commitment to combat HIV/AIDS.

Risk among youth in Tanzania is difficult to assess, but available data indicates that youth behaviors place them at increased risk for HIV infection. The Tanzania HIV/AIDS (THIS) indicator survey found that the sexual debut of 50% of adolescents was at age15 or less, while 33% of women and almost 40% of men in the same age group had sex with multiple partners. Girls are more vulnerable than boys because they engage in early sexual activities and may be forced to sleep with older men in exchange for money or gifts, making them seven times more likely to contract HIV than boys of the same age. Inadequate and inaccurate information on sexual and reproductive health among pupils and teachers increases this vulnerability. Evidence of unsafe sex in the project's target regions (Ruvuma and Mtwara) is indicated by the high rates of pregnancies and abortions in schools.

MOEC's mission is to provide LPS education to empower learners, teachers and MOEC employees to address HIV/AIDS issues in primary schools. The institution's focus on prevention, care and support, and impact mitigation takes into account prevailing gender relations and levels of vulnerability. In the past 10 years, MOEC has collaborated with UNFPA, UNICEF, GTZ, TANESA and "MEMA KWA VIJANA" to support both primary and secondary HIV/AIDS education in selected schools and districts.

Through USG support in FY06, MOEC conducted more than 5 consultative meetings with key officials to discuss program implementation and work plans. During the meetings the group selected 32 schools in Mtwara and Ruvuma regions and developed modalities to partner with the Tanzania Institute of Education (TIE) to manage the LPS education program. The LPS education program is being conducted as a phased implementation program focusing on comprehensive behavioral change.

FY 2007 activities are as follows:

Activity 1: MOEC will implement LPS education in four new primary schools in each region of intervention, making a total coverage of 40 schools in both regions. Implementation will be facilitated through a multi-sector approach involving different educational stakeholders for program sustainability. Forty (40) new teachers will be oriented through this multi-sectoral approach. MOEC will sustain the program through training of trainers (TOTs) teams implementing LPS in schools. Prior to implementation in the schools, the existing LPS curriculum for primary schools (developed in 2002) will be reviewed and adapted to add components of AB messaging to assure that comprehensive AIDS education is appropriately communicated to appropriate age groups. The curriculum will be adult controlled to avoid diverse teaching methods and misinformation to the targeted population in school, and it will encourage the use of peer educators.

Activity 2: Schools will establish peer-led health clubs for students to promote behavior change and to address issues such as transgenerational sex and gender roles. Additional topics and issues for the health clubs will be identified based on findings from the rapid assessment. Working with the Tanzania Youth Aware Trust Fund (TAYOA), the health clubs will organize 10 AB drama debates and 15 inter-school essay compositions for the promotion of AB. The best essays will be then be used as the basis of BCC materials in a variety of formats such as role model stories, testimonies, and illustrative pictures tailored for different age groups.

Activity 3: MOEC will establish linkages and collaboration with faith based organizations (FBOs) programming in AB, these include Balm In Gilead, National Muslim Council of Tanzani (BAKWATA), Christian Council of Tanzania (CCT) & Tanzania Episcopal

Conference (TEC) to create new forums for addressing adolescent risk factors using existing AB messages. MOEC will also work to strengthen linkages with other USG-supported in and out of school youth interventions in the regions. Parent-child, teacher-parent and student-teacher interactive communication networks will be encouraged to reach the target 500,000 youths by 2008.

Activity 4: MOEC will collaborate with Ministry of Health and Social Welfare (MOHSW) to facilitate operational linkages between schools and nearby health facilities. These linkages are needed to address health and medical needs of youths, while monitoring the health and nutritional status of pupils and teachers, especially those living with HIV and AIDS.

Activity 5: Advocacy and sensitization campaigns will be conducted to foster a common understanding of the needs of youth and propose approaches to promote LPS education in schools. It is anticipated that participating partners would include the AIDS Steering Committees (ASC), Technical AIDS Committee (TAC), CMACs, District Education Authorities, school boards/committees and Local Government Authorities (LGAs). Involving these various partners is also expected to enhance sustainability.

Activity 6: MOEC will conduct monitoring and evaluation project working with teachers to collect data and information on students' behavioral change. Existing tools developed by the Ministry will be used to assess inter-school performance. TIE, the school inspectorate and CDC will conduct regular field monitoring visits to schools and evaluate project impact.

Continued Associated Activity Information

Activity ID:	4863
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Education and Culture, Tanzania
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	100,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	500,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	640	☐

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Volunteers
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Mtwara

Ruvuma

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National AIDS Control Program Tanzania
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7774
Planned Funds:	$ 350,000.00

Activity Narrative: This activity is specifically linked with activity #8682, #8691, #7754, and #7810 in AB, and with #7770, #7667 and #8722.

Despite intensive HIV/AIDS prevention campaigns and an extremely high level of HIV/AIDS awareness in Tanzania, youth risk perception remains low and there is only modest evidence of sexual behavior change. Youth between the ages of 10-24 comprise 30% of general population but account for 60% of new infections. Young women are vulnerable to contracting HIV than men in the same age group. The average age of sexual debut has increased to 18 years for women and 19 years for men. However, almost 11% of young women and 8% of young men report having had sex before the age of 15 years. (THIS, 2004).

Through a sub-grant from the National AIDS Control Program, the Tanzania Youth Aware Trust Fund (TAYOA) received support from USG/CDC in both FY 2005 and FY 2006 to address HIV/AIDS education through the implementation of an anonymous and toll-free helpline. The helpline has encouraged youth to access HIV/AIDS information using inter-personal communication, empowering them with knowledge on risk behaviors contributing to the spread of HIV/AIDS. Based on an analysis of more than 17,000 frequent asked questions (FAQs) that were captured, 6,400 (38%) questions were related to abstinence and being faithful. From FAQs, audio-visual information kits were produced and disseminated for sensitization purposes to youth aged 8-14 years attending primary schools, Madrasa (Muslim youth religious classes) and church networks.

TAYOA facilitates community-based intervention through youth balozi (ambassadors) to represent concerns on HIV/AIDS at community forums. More than 2,000 youth balozi have been trained to promote abstinence and being faithful messages in five-day seminars that use a using Life Planning Skills manual developed by the Program for Appropriate Technology in Health (PATH). After training, youth balozi conduct AB outreach activities using drama, theatre, debate and sport. In FY 2006, these activities reached 543,170 youth in Dar es Salaam, Coast Region and Zanzibar.

Through entertainment-education activities, TAYOA has established 40 helpline clubs and partnered with the HIV/AIDS Faith based Initiatives (HAFI) to perform 25 recreational and educational activities. Examples of activities include composing songs on AB messages that promote delaying sex, partner reduction and fidelity and denounce cross-generational and transactional sex and incest. In collaboration with the National Muslim Council of Tanzania (BAKWATA), TAYOA has also produced Muslim religious songs or "kaswida." The songs have been disseminated in Dar es Salaam (100 copies), Coast region (68 copies) and Zanzibar's primary schools and madras (100 copies).

With FY 2007 funding, TAYOA will conduct refresher courses with 2,000 youth balozis and train an additional 3,470 youth balozi as peer educators or helpline club members. The training will emphasize skill building in AB and adopt evidenced prevention strategies that help individuals personalize their risk behaviors using principles of modeling and reinforcement of AB messages at the community level. Additionally, 200 traditional dance troupes, community opinion leaders, imams and priests will be oriented to the Emergency Plan's guidance on how to produce ABC educational messages that endorse positive social and community norms.

TAYOA plans to conduct joint AB activities with the Ministry of Education and Culture and the Ministry of Information, Department of Culture. Together these partners will organize 10 AB drama debates and 15 inter-school essay compositions for the promotion of AB. The best essays will be then be used as the basis of BCC materials in a variety of formats such as testimonies, feature articles for low literacy audiences, booklets and illustrative pictures tailored for different age groups. TAYOA will link up with the HIV/AIDS Business Coalition in Tanzania (ABCT) to work with groups that will publicize the best essays in local newspapers. The award ceremony events organized between ABCT and TAYOA will be an entry point for promoting parent-child communication initiatives in addressing AB issues from family level.

TAYOA plans to conduct AB activities with 22 higher learning Institutions in Dar es Salaam and Zanzibar. The rationale guiding this activity is that: (1) higher learning institutions students have strong leadership networks that can be used in AB activities and are willing to work with TAYOA; (2) social norms among students promote sexual networks and words such as "msomeshaji-seducer" are commonly used in the student communities; and (3) TAYOA has experience working with and engaging students from higher learning institutions. The aim is to promote positive behavior changes that address fidelity in marriage, reduction of sexual partners among sexually-active youth in Dar es Salaam and Zanzibar at higher learning institutions. This activity will also address common

misperceptions about gender roles and address HIV stigma among student populations. The target is to reach over 5,000 university students, 300 lecturers and over 74,000 youths in neighboring communities through youth forums, workshops and recreational activities. In FY 2007, TAYOA will launch its AB program intervention in higher learning institutions during the annual national youth week celebrations, where higher learning student organization leaders will be involved in the planning process.
TAYOA will utilize the existing institution's structures, resources and leadership to advocate for strong be faithful messages that will include gender and male involvement as stipulated in the 5 year HIV/AIDS government strategies. While in Morogoro, TAYOA will also collaborate with the district HIV/AIDS Faith-Based Initiatives (HAFI) structures under Balm in Gilead, support Peace Corps in and out of school programs, and support Youth Net's ABY interventions to facilitate synergy between complimentary USG and government of Tanzania support on ABY activities.
TAYOA will hire three additional staff, a technical advisor, and a field supervisor to coordinate, implement and monitor the proposed activities on AB programming. Monitoring and evaluation will be conducted throughout and indicators on the performance of the program will include the number of youths attending VCT services in the 3 regions, number of youths reporting to have learned a positive lesson from the media strategies on ABY, number of outreach activities in schools, and number of trained youths and peer educators on ABY.
For sustainability purposes, TAYOA plans to link up and synchronize their activities with the Council Multisectoral AIDS Committees (CMACs) planning cycle in the areas of capacity building, using ABY guidelines that have been standardized and a life planning skills education approach in school youth programs.

Continued Associated Activity Information

Activity ID: 3381
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National AIDS Control Program Tanzania
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 100,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	400,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	670,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	5,470	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Program managers
Volunteers
Children and youth (non-OVC)
Boys
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders
Implementing organizations (not listed above)
HIV positive children (5 - 14 years)

Key Legislative Issues

Volunteers

Stigma and discrimination

Coverage Areas

Dar es Salaam

Pwani

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	STRADCOM
Prime Partner:	Johns Hopkins University
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7810
Planned Funds:	$ 960,000.00

Activity Narrative: This activity narrative is specifically linked with activity #7711 in CT, #7812 in ARV services, and #8709 in Palliative Care. Additional activities in AB include activity #7668, #8687, #8691, #8686, #7754, #7774, #8681, #9060, #9063, #9061, #7727, and #7852. In addition, this project will seek to support and collaborate with all radio communications interventions of any USG PEPFAR funded partner.

Following the termination of the BBC World Service Trust radio project in December 2005, USG/Tanzania decided to pursue a competitive procurement process to replace the implementing partner. A Request for Application (RFA) Program Description (PD) has been written, reviewed by O/GAC and released for response from applicants. It is anticipated that this procurement will be awarded in November 2006 for immediate implementation.

The Strategic Radio Communications for Development (STRADCOM) project is intended to deliver demonstrable improvements in knowledge and attitudes relating to a wide variety of HIV/AIDS issues throughout the continuum of care. The project will also support and contribute to behavior change efforts and activities of other implementing partners. The project is designed to serve as a "center of excellence" for radio production that will concentrate on radio expertise to create appropriate and entertaining radio formats and to leverage maximum impact at the community level by working in collaboration with other implementing partners.

The project will use entertainment to promote messages about reducing people's risk of infection, increasing the number of Tanzanians seeking treatment, and reducing stigma and discrimination. The project is designed to run for 3 years and will draw on a variety of radio formats that have broad appeal but are also flexible. An illustrative list of these formats includes PSA type radio spots, mini dramas, call-in shows, radio dramas, and discussion programs. The project is intended to create radio programming that rapidly adapts messages to incorporate emerging issues in HIV and AIDS, as well as issues that concern specific groups of people. These messages clearly target youth and other appropriate populations; it is also anticipated that this project will serve as a major component of the USG portfolio that reaches out to men with a strong message about being faithful.

Specific AB messages will promote fidelity within marriage and serious relationships, partner reduction, abstinence, and delay in sexual debut. Particular emphasis will also be placed on developing a campaign to reaching adult males with messages regarding trans-generational sex.

The main focus of the project will be to create the messages necessary to convey appropriate information to the Tanzanian population about a variety of issues throughout the continuum of care. In addition, some training will take place to create a pool of radio producers and writers who will be able to continue these efforts when project funding has ended. Given the high cost of prime media time in Tanzania, it is anticipated that the project will pursue sponsorships and leverage corporate social responsibility interests in an effort to offset these costs over the course of the three years. All messaging will need to be developed in close collaboration with the National AIDS Control Program, as well as support messaging outlined in the National HIV/AIDS Communications Strategy.

AB focused broadcasts will be delivered in Kiswahili under the guidance of the NACP and TACAIDS; and will be complemented by community level activities in AB that are conducted by other partners conducting community outreach activities including, but not limited to AED, FHI, TAYOA, the Ministry of Education, Balm in Gilead, Track 1 AB partners, and the TBD Male Involvement activity. Focus will be on national coverage at both urban and rural levels.

For the majority of Tanzanians, radio is the main source of news and entertainment and it is the most popular media outlet. For 35 years, they have been listening to the government-owned Radio Tanzania. There are now four stations with a national reach: Radio Tanzania, privately owned Radio One and Radio Free Africa, and Radio Uhuru as well as two major Christian religious radio stations – Radio Tumaini and Radio Sauti ya Injili . Radio Free Africa and Clouds FM are music stations. In a 2002 survey, 81% of respondents claimed to have listened to radio within the past day. Thus, the popularity of

radio will enable the STRADCOM project to reach out to millions of Tanzanians with important messages regarding comprehensive services across the prevention-to-care continuum. On their own, these messages will convey necessary information to influence knowledge and attitudes – in combination with complementary messages delivered at the community outreach level, it becomes possible to influence the necessary corresponding behavior change.

The flexibility of community-based radio communications allows the weaving of multi-pronged messages into programming. The STRADCOM implementing partner will work together with NACP, TACAIDS, and other Emergency Plan partners to assure messages are appropriate, support policies, and are linked to services. The project will also work to strengthen links between radio broadcasters, GOT, and the private sector thus enabling more effective health campaigning by increasing media skills in the Government sector, by working closely with local broadcasters to enhance their capacity, and with commercial businesses to enhance their commitment to produce quality health programming.

Tanzanian Psychographic Survey: This activity is designed to address a significant market research data gap that exists in Tanzania. The gap includes virtually all attitudinal survey data relating to lifestyle preferences, motivators, role model choices, aspirations, and other data relating to personal preference. Psychographic data underlies fundamental 'market segmentation', the overall intent of which is to identify groups of similar customers, prioritize them, and understand their behavior so that we can respond with appropriate messaging strategies. Without market segmentation, targeting (choosing which segments to address) and positioning (designing appropriate messages for each segment) cannot be undertaken. And without the three together, message outcomes – in this case, desired behavior change - cannot be measured. In essence, messaging becomes a roll of the dice backed by no more than the anecdotal data resulting from focus groups (which are themselves designed only for use within segmented audiences). This activity is designed to ensure that we are able to measure and recalibrate all of the important work being undertaken in of behavior change communications strategy.

Continued Associated Activity Information

Activity ID:	3452
USG Agency:	U.S. Agency for International Development
Prime Partner:	To Be Determined
Mechanism:	USAID TBD (former BBC)
Funding Source:	GHAI
Planned Funds:	$ 150,000.00

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		☑

Indirect Targets

In FY07 under AB funding, the STRADCOM Project will produce a variety a media outputs which are not captured in the direct targets. All of these outputs will contribute to community program activities undertaken by other AB partners mentioned in the narrative.

Target Populations:

Adults
Business community/private sector
Community leaders
Faith-based organizations
Most at risk populations
HIV/AIDS-affected families
Mobile populations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
USG in-country staff
Girls
Boys
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Religious leaders
Host country government workers

Key Legislative Issues

Stigma and discrimination

Gender

Wrap Arounds

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 7849
Planned Funds: $ 140,000.00

Activity Narrative: This activity is specifically linked with #9060, #9063, #9061, #7727, #7852, #7734, #8688 and #7754 in AB, with #7847 in Other Prevention, with #7850 in OVC, and with # 7851 in Palliative Care.

Peace Corps Tanzania (PC/T) directly implements Emergency Plan (EP) activities through the actions of its 133 Peace Corps Volunteers (PCVs) in 15 of 21 regions on mainland Tanzania and five regions on Zanzibar. Approximately one-third of these 133 PCVs work principally on HIV/AIDS activities as a primary assignment and the remaining two-thirds of these PCVs work on HIV/AIDS activities as secondary projects. PC/T has three projects, the education project that brings PCVs to Tanzania to teach mathematics, hard sciences or information and communication technology in secondary schools, the environment project which is a rural, community-based project that helps people to better manage their natural resources and the health education project that places PCVs in communities to work as health educators primarly addressing HIV/AIDS prevention and care activities.

PC/T brings to the table the uniqueness of reaching people at the grassroots, community level, an area that widens the gap of people reached and trained in Tanzania as few other implementers go to places where PCVs live and work. PC/T is also forming linkages with other implementing partners to enable more comprehensive services to reach targeted communities. Currently, PC/T implements an integrated HIV/AIDS program where all PCVs in country, irrespective of their primary project, are strongly encouraged to implement HIV/AIDS activities. PC/T trains all first year Volunteers and host country national (HCN) counterparts (CPs) on HIV/AIDS participatory methods and Life Skills through its training manual. They are also provided with the tools to conduct their trainings which includes; Life Skills training manual in Swahili and English, PC/T's HIV/AIDS manual, The Ministry of Education and Vocational Training (MOEVT) guidelines for teaching on reproductive health, sexually transmitted infections (STIs), HIV/AIDS and Life Skills in schools. PC/T also acquires materials in the form of print media and/or videos from other partners like the German development agency (GTZ), Population Services International (PSI) and Family Health International (FHI). In FY07 PC/T will continue to conduct these trainings for PCVs and their HCN CPs.

With FY06 funds, PC/T implemented AB prevention activities specifically targeting youth in primary schools. In Tanzania most pupils finish their primary education at an average age of 15 years. The current primary school enrollment rate is over 90% since the Tanzanian government is pushing hard for universal access to primary education. Secondary school enrollment is currently below 15%, so PC/T recognizes the great value of targeting primary school youth with AB messages since for most youth, primary education is the only formal training they will receive in life and these messages will reach more youth under 15 through formal schooling channels. PC/T's focus on Life Skills enables youth to assess healthy life choices that are appropriate for them to avoid being infected by HIV. Some FY06 AB funds were also used for Volunteer Activities Support & Training (VAST) grants that provides monies for PCVs to implement community-initiated HIV/AIDS activities.

With FY07 AB funds, PC/T will continue to target youth in primary schools for its AB prevention work. PCVs will also continue to train primary school teachers and peer educators in primary schools for them to initiate AB activities with pupils. PC/T is collaborating with the MOEVT initiative to train teachers on strategies to address HIV/AIDS in schools by facilitating trainings and serving as mentors. In reality very few teachers have been trained and some of those who are trained still do not have the confidence to teach these subjects. PCVs have been able to compliment the MOEVT efforts by training teachers and giving them participatory techniques to teach HIV/AIDS.

With FY07 funds, PC/T will bring 10 additional PCVs fully funded by the EP to work primarily on HIV prevention and care activities, one of whom will be fully funded using AB funds.

The PC/T AB program will allow PCVs and their HCN CPs to reach 13,000 primary school youth, half of whom will be female students. Primary school youth will be reached through Volunteers and CP by: facilitating classroom sessions; strategically placing question and answer boxes throughout primary school campuses; and conducting extra

curricular activities like health clubs, Life Skills clubs, sports and field trips where AB messages will be the primary focus.

PCVs and their HCN counterparts will continue to train primary school teachers, who in turn will teach their students HIV/AIDS awareness messages and Life Skills. The trainings are expected to give confidence to teachers to teach HIV/AIDS related curriculum that is focused on AB, teaching Life Skills, starting up and maintaining awareness activities in schools and initiating peer educator groups. In FY07 PCVs will provide training to 500 people which will include primary schools teachers and peer educators in primary schools. Peer education has proven to be very effective in reaching youth with behavioral change initiatives that are sustainable. PCVs community level work is a strength of the PC/T EP program as it is sustainable.

All PCVs will be trained on how to monitor and report program results. PC/T will also set aside some AB funds to be accessed through VAST grants to fund AB trainings and other awareness activities in their communities. PC/T will develop and acquire the needed materials such as videos, manuals, posters and books for conducting the planned activities using EP funds. AB activities are already well integrated in to PC/T's project plans and core programming and that will insure sustainability despite future EP funding.

Continued Associated Activity Information

Activity ID:	4868
USG Agency:	Peace Corps
Prime Partner:	US Peace Corps
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	13,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	500	☐

Target Populations:

Community-based organizations
Faith-based organizations
Nurses
Teachers
Children and youth (non-OVC)
Girls
Primary school students
Other Health Care Worker

Coverage Areas

Mtwara

Ruvuma

Arusha

Dodoma

Iringa

Kagera

Kilimanjaro

Lindi

Manyara

Mara

Mbeya

Morogoro

Mwanza

Singida

Tanga

Kaskazini Pemba (Pemba North)

Kusini Pemba (Pemba South)

Kaskazini Unguja (Unguja North)

Kusini Unguja (Unguja South)

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	WVI Track 1.0
Prime Partner:	World Vision International
USG Agency:	U.S. Agency for International Development
Funding Source:	Central (GHAI)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	7852
Planned Funds:	$ 908,487.00

Activity Narrative: This activity relates to other activities in AB (7727. 9060, 9061, 9063).

The Abstinence and Risk Avoidance for Youth Program (ARK) is a five-year initiative implemented by World Vision Inc. (WV), in partnership with Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs (CCP) in Tanzania, Kenya and Haiti and funded by USAID through the President's Emergency Plan. In Tanzania, ARK is implemented in five districts: Monduli, Hai, Bukoba rural, Handeni and Karagwe. The goal of the program is to strengthen HIV prevention through the promotion of positive social norms that reduce the risk of HIV infection among youth aged 10-24 years — primarily through abstinence and mutual monogamy while creating supportive family and community environments.

During FY 2006, the ARK program made significant achievements. To promote healthy sexual behavior among youth, over 400 young people were trained as peer educators and coaches to promote AB behaviors among their peers, reaching 20,210 youth. By the end of September 2006, this number is expected to exceed the annual target of 34,572. To promote a supportive family and community environment for youth to practice AB behaviors, the program mobilized and trained 484 parents and responsible adults to educate other adults to support youth to make healthy choices that prevent transmission of HIV. As a result of the training, parents engaged youth and other adults in dialogue meetings including 12 Common Ground Melting Pot (CGMP) meetings and a host of other outreach activities, reaching over 3,800 people by end of July 2006.

During this period, ARK also worked with over 100 primary and secondary schools, trained 66 schoolteachers and established 72 health education clubs. The teachers conducted orientation sessions for staff and school boards to introduce them to ARK and their role in supporting the program. Within the schools, they also supported a wide range of intra and inter-schools activities such as debates, drama and music festivals and essay writing competitions focused on AB prevention messaging. In addition to school based activities, ARK staff mobilized and trained 180 leaders from various faith groups to disseminate the ARK messages among their congregations and other networks. ARK initiated radio discussion programs through three radio stations, namely; Radio Maria, Radio Aboud and Orkonerei Radio. Over 30 "listener" groups were established. These groups enabled young people and parents to initiate and sustain discussions about sex issues and HIV prevention.

During FY 2007, the ARK program will be involved in a rigorous campaign to expand its interventions to additional geographic locations and to reach youth and adults who were not reached in the past year. The program will expand from 13 to 18 divisions and establish additional partnerships with CBOs, FBO and government structures in the five districts. The three components of focus include:

1) To strengthen youth capacity to practice AB behaviors. Ten new youth advisory groups (YAGs) and 50 youth action groups will be established, while 10 existing YAGs will be strengthened. The YAGs and youth action groups will provide participating youth with training in interpersonal communication, life skills and transformational development, and support to develop and roll out personal and group development plans. Out-of-school youth will be targeted through the YAGs, theater and listener group activities and a referral network will be established to enable them to access services including counseling and testing in private and public health facilities in the five districts. To support the various YAGs, the program will extensively disseminate the ARK-branded, facilitation guides and existing resource materials, and assist the groups to develop action plans for rolling out training and outreach activities to reach 73,000 youth;

2) To increase capacity of families, CBOs and FBOs to support abstinence and faithfulness among youth. Ten new parent advisory groups (PAG) and 25 parents' action groups will be established, while two existing PAGs and one existing district advisory committee (DAC) will be strengthened. Through these groups, 570 parents and responsible adults will be oriented to the program and trained in HIV prevention, to include information on sexuality and transformational development, as well as the development and roll out of action plans. Fifty community leaders and 50 church leaders will be mobilized to form Community Care Coalitions and to disseminate AB messages through their local networks. The leaders will facilitate 90 youth-adult dialogues and 20 CGMP meetings to promote communication

between youth and adults and adoption of AB behaviors. The program will sensitize 25 youth service providers to AB, and encourage them to provide more youth friendly services.

In order to build the capacity of all individuals involved in the program to disseminate accurate HIV and AB messages and provide effective coaching and mentoring for youth, the ARK program will strengthen, through refresher training, the capacity of 10 national master trainers who will in turn train 25 district-level trainers. The district-level trainers will conduct downstream training for 125 district facilitators, who will train/orient a further 1,850 action group members and volunteers (coaches and peer educators). The recently completed facilitation guides for youth and adults will be translated into Swahili. These will be mass produced and used extensively to strengthen communication about sexuality and to promote the AB behavior. To assure quality, during training all trainers and facilitators will be provided with a self-assessment tool that ARK has recently developed to gauge their performance. The ARK program team will provide supportive supervision to ensure the quality of the training.

In an effort to strengthen the on-going dialogue about HIV prevention and the broader issues of sexuality, the ARK program team will expand radio programming to reach all five districts, including the current three districts. All radio programming will be undertaken in collaboration with the new Strategic Radio Communication Project (STRADCOM). Two additional radio stations will be identified to broadcast programs targeting communities in the Kagera region, while activities with the existing three will be strengthened. Once established, the five radio stations will broadcast four radio spots and 130 discussion programs throughout the year. Four new radio spots and a serial radio drama will be produced and an additional 12 listener groups will be established;

3) To create an enabling environment for AB behaviors. In order to strengthen the partnership with the Government of Tanzanian, 25 additional government representatives will be sensitized at district, division, ward and village levels to generate their support. This will include training in education and communication regarding sexuality and HIV prevention to improve their skills in advocating for AB behavior change.

Continued Associated Activity Information

Activity ID:	4885
USG Agency:	U.S. Agency for International Development
Prime Partner:	World Vision International
Mechanism:	N/A
Funding Source:	N/A
Planned Funds:	$ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	39,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	99,200	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,950	☐

Indirect Targets

While World Vision's primary audience is youth 10 to 24 years old, it is promoting peer education and one-on-one coaching that could benefit youth outside the target group (younger than 10 and older than 24) and parents and youth outside target areas. Additionally, the CBOs and FBOs that World Vision works with will also reach other populations outside the target groups and sites.

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
International counterpart organizations
National AIDS control program staff
Teachers
Volunteers
Children and youth (non-OVC)
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Other Health Care Worker

Key Legislative Issues

Gender

Volunteers

Coverage Areas

Kagera

Kilimanjaro

Tanga

Arusha

Table 3.3.02: Activities by Funding Mechanism

Mechanism: TACARE Project
Prime Partner: Jane Goodall Institute
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8681
Planned Funds: $ 50,000.00
Activity Narrative: This activity narrative specifically links with activity #9390, #8691 and #9060 in AB, and with #9501 in Palliative Care.

The JGI-TACARE project is located in the Kigoma region of Western Tanzania where the HIV/AIDS reported prevalence rate is less than 4%. Although this rate is low in comparison to other parts of Tanzania, there are factors which could contribute to an increase if educational efforts with the community are ignored. The Kigoma region hosts refugees from Burundi and DRC, and there are many intermarriages and cross border interactions. HIV Prevalence rates may run as high as 10% in the camps, which increases risk to the community. Using existing structures and program already in the area, TACARE can continue to play a role in curbing a growth in the prevalence rate.

TACARE Roots and Shoots (R&S) Clubs exist in each village in the catchment area. These clubs are dedicated to youth learning about their environment, identifying issues and taking actions to address them. HIV/AIDS has been identified as one of the issues for which youth-to-youth approaches can be used to educate the community, and educate youth in particular, for behavior change.

In FY05, the TACARE project received USG funding for AB, as well as funding for natural resource conservation and family planning from USAID The PEPFAR funding was used to train 10 R&S teachers as TOTs for AB to in turn reach out to 48 established clubs which each average 50 members.

This FY 2007 application seeks to train 16 more TOTs who are expected to reach at least 600 R&S youth members with AB messages. Each trained R&S member can in turn share information with at least 5 non R&S youth through peer education. Thus a total of 3000 students are expected to receive AB messages.

TACARE has also identified Faith Based Youth Groups who are reaching out to youth with religious-based messages that have done well in the past such as "true love waits." These leaders of these five groups (SDA Church, Baptist Church, Pentecost Church and United Muslim Fighters Against Aids and God's Ambassadors) will be trained to reach additional youth in the villages with AB messages.. TACARE will collaborate with KIVIDEA, a local NGO in Kogoma and their Certified Regional Trainers to provide this training

This intervention will focus on 24 villages surrounding the Gombe National Park where TACARE is implementing other project interventions.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	3,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	16	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Teachers
Children and youth (non-OVC)
Girls
Boys
Primary school students
Religious leaders

Coverage Areas

Kigoma

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National AIDS Control Program Tanzania
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8682
Planned Funds:	$ 500,000.00

Activity Narrative: This activity is specifically linked with #8687, #9390, #8691, #7754, #7774, #7810, #9060, #9063, #9061, #7727, and #7852 in AB.

The Ministry of Health and Social Welfare/National AIDS Control Program (MOHSW/NACP) has responsibility for coordinating the mainland Tanzania health sector response to HIV/AIDS. One component of the national response is to encourage healthy behaviors that prevent HIV infection through the promotion of abstinence and faithfulness. NACP, through its IEC/BCC unit, aims to increase communication capacity of health care service providers through behavior change communication and social mobilization trainings with a focus on promoting abstinence among young people and encouraging faithfulness and stable sexual relationships among adults. NACP's IEC/BCC unit maintains and supplies a range of innovative materials such as booklets, leaflets and other audiovisual materials for low-literacy and rural populations and the general public.

In FY 07, NACP plans to further promote the use of IEC/BCC materials and build the capacity skills of staff to address AB HIV prevention effectively. This will be achieved by conducting an inventory of existing information resources, identifying information gaps and thereafter developing appropriate IEC/BCC materials. NACP will also train health care providers and media personnel on the appropriate use of IEC/BCC.

An inventory will provide information on the availability of IEC/BCC materials from various sources, including formal and informal sectors. The materials' content, focus, and relevance for various target populations will be evaluated. Indirectly, the inventory also may provide an indication of the level of understanding on issues related to abstinence, delayed sexual debut among young people and faithfulness in sexual relationships. This project will utilize existing knowledge on major obstacles to an effective HIV/AIDS response, such as issues on stigma and discrimination against people living with HIV/AIDS, and gender inequalities, particularly in the area of information access and utilization.

The AB IEC/BCC inventory will be supplemented by a rapid assessment to explore barriers and facilitators to abstinence and faithfulness and influencing factors. Furthermore, possible barriers and best practices in the community that may affect the delivery of IEC/BCC strategies will be identified and examined. Knowledge of these barriers and best practices will contribute to the success of NACP activities. It is anticipated that the rapid assessment will be undertaken in selected regions by a team of local consultants with expertise in this field. All information from the rapid assessment will be shared with USG partners including STRADCOM to assist with the development of radio programming.

The assessment findings will be used to identify behavioral themes and topics for NACP IEC/BCC materials. The NACP IEC/BCC unit will develop and disseminate reference materials for the Regional and District AIDS Control Coordinators (RACCs and DACCs) and other partners to assist them in their IEC/BCC intervention activities. The unit also will develop and print various IEC materials on AB for the general public. Beyond material development, the assessment findings will be used to conduct seminars with partners and media personnel for the promotion of partner reduction and abstinence campaigns. The NACP IEC/BCC unit will also conduct sensitization meetings with faith-based organizations and other public and private stakeholders implementing abstinence and faithfulness interventions in the project area.

Another area of focus in FY 07 will be developing training materials for service providers, conducting training of trainers (TOT) in communication strategies for behavior change, and involving RACCs and DACCs in IEC/BCC activities in the project area. NACP expects to reach 121 DACCs and 21 RACCs in the country by the end of 2008.

NACP will also use USG/CDC technical assistance to develop and train partners on a BCC strategy to link with the planned STRADCOM radio program. NACP will use Modeling and Reinforcement to Combat HIV/AIDS (MARCH), a BCC strategy that integrates modeling through radio dramas and various reinforcement activities such as small group discussions to target change at the interpersonal and community levels. Technical assistance will be sought for developing a toolkit of appropriate reinforcement activities that build upon and strengthen lessons communicated through the radio program, while extending behavior change to the broader community.

The NACP IEC/BCC unit will conduct routine process monitoring during the funding period. Indicators will focus on trainings delivered, intervention quantities related to proposed activities, and IEC/BCC materials and programs produced through various channels as a result of these efforts.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	600,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,000,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	80	☐

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Traditional birth attendants
HIV/AIDS-affected families
People living with HIV/AIDS
Policy makers
Teachers
Volunteers
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
University students
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Balm in Gilead
Prime Partner:	Balm in Gilead
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8687
Planned Funds:	$ 845,000.00

Activity Narrative: This activity is specifically linked to activity #9390, #8691, #7754, #8682, #7774, #7810, #9060, #9063, #9061, #7727, and #7852 in AB

The Tanzania HIV/AIDS Faith Initiative is managed by The Balm in Gilead. The goal of the initiative is to expand the capacity of three national consortium sub-partners to effectively deliver HIV prevention and care programs through enhanced indigenous capacity, in order to sustain a long-term and local response to the epidemic. The three consortium sub-partners include: TANZANIA Episcopal Conference (TEC), Christian Council of Tanzania (CCT) and The National Muslim Council of Tanzania (BAKWATA) and their associated partner networks.

The Balm in Gilead and its consortium partners have accomplished several key achievements during the current fiscal year, most notably in scaling up HIV prevention mobilization and training of faith leaders and communities. The Balm established its training center and conducted five major courses and technical assistance sessions to enhance and strengthen partners' skills in areas of HIV science, program evaluation, data management, and program administration. The partners' successful completion of these courses has resulted in their training over 10,057 religious leaders and staff of their organizations at the national, regional and district levels. Using a train-the-trainer approach, a total of 102,311 individuals from faith communities have been mobilized and trained to train others in basic HIV awareness and prevention education in the areas of Mtwara, Iringa, Shinyanga, Dodoma, Lindi, Singida, Tanga and Kigoma regions of Tanzania. These individuals are positioned to scale up and train others as a process of diffusing HIV prevention and care programs throughout their areas.

The proposed activities under the Abstinence/Be Faithful program area are designed to specifically build sustainable programs and enhance communication strategies, mobilization efforts and build skills of national, regional and local leadership. Directors of youth and adult programs and faith leaders of Christian and Muslim communities have been trained to develop and/or improve the delivery and effectiveness of Abstinence only HIV prevention interventions, as well as stigma reduction, to male and female youth, young adults, adults, and orphans and vulnerable children (OVC), and runaway and street youth. A major focus of proposed activities will be to adapt and implement a specific faith-based curriculum for youth and young adults to be taught through faith institutions. Other activities are also proposed to support curriculum activities: 1) program and material development and dissemination; 2) curriculum and evaluation training; 3) on-site tailored technical support; and 4) communication campaigns. These activities will enhance faith communities at each organizational level to design, develop, implement and evaluate HIV prevention interventions as well as build networks and partnerships to raise national awareness of abstinence only HIV prevention needs and programs among youth and newly-married couples. Although the program is national in scope, target regions are Mtwara, Iringa, Shinyanga, Dodoma, Lindi, Singida, Tanga and Kigoma.

The objectives of these activities are to: 1) Increase the number of youth and young adults knowledgeable about and practicing abstinence only; 2) Increase the participation of Tanzania's faith community in activities that combat the spread of AIDS; 3) Increase media coverage of HIV prevention messages, specifically abstinence/be faithful and stigma; 4) Translate the existing Church School Curricula into a religious, cultural specific context for the Christian and Muslim communities; 5) Develop HIV resource materials within both a Christian and Muslim context to encourage and facilitate behavior modification in abstinence only and stigma reduction; 6) Develop capacity in monitoring and evaluation of HIV prevention.

There is a dearth of HIV prevention education and training material available for religious leaders and organizations. To address this void, the Balm in Gilead received funding from the Kaiser Family and the Ford Foundations, to develop a first-of-its-kind Church School HIV Education Curriculum (Abstinence Only) designed expressly for Christian Education within African American church denominations. The 8-week curriculum was developed in close consultation with experts in the fields of public health and religion and presents 13 biblical themes to three distinct groups: 11-18 year olds, 19-25 year olds, and adults/parents. There is also a 2-day intergenerational retreat for the family. The curriculum consists of a leaders' guide for each age group, as well as a guide for the teaching of each lesson. This curriculum consists of eight individual "student" lessons as

well as eight individual "teacher" guides. The curriculum was designed to be easily responsive to diverse cultural contexts. FY 2007 funding will be used to translate and assure local cultural adaptation of the curriculum, as well as to introduce its use in the majority of Tanzania's religious community.

FY 2007 funds will be used to accomplish a wide variety of tasks including:

1. Establishment of a five-person Islamic advisory board for the translation and cultural adaptation of the context for the Muslim community.
2. Establishment of a five-person Christian advisory board for the translation and cultural adaptation of the context for the Christian community.
3. Approval of the documents by each religious council(s) for use as a pertinent HIV prevention curriculum within their faith community.
4. Specific mandate by the council(s) that every local faith community teach this 8-week HIV prevention (abstinence only/stigma reduction) document at least once or twice per calendar year. This includes utilization by "small faith communities," support service programs for OVC, homeless and street children.
5 .Development and implementation of a series of train-the-trainer workshops for directors of youth and adult programs, ministers and imams and other leaders of Christian and Muslim communities at the national, regional and local levels.
6. Development of a teaching series utilizing the curriculum to be broadcast via Christian and Muslim owned broadcasting stations. The activity may be undertaken in collaboration with the STRADCOM radio project. The population-at-large will be able to download weekly lessons from the web.
7. Monitoring and evaluating the progress of implementation of the programs within CCT, TEC and BAKWATA.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	228,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	350,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	15,000	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Volunteers
Children and youth (non-OVC)
Girls
Boys
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Dodoma

Iringa

Kigoma

Lindi

Mtwara

Ruvuma

Shinyanga

Singida

Tanga

Table 3.3.02: Activities by Funding Mechanism

Mechanism: UJANA
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8691
Planned Funds: $ 3,504,847.00

Activity Narrative: This activity is specifically linked with #8687, #9390, #8688, #7734, #7754, #8682, #7774, #7849, #7810, #8681, #9060, #9061, #7727, and #7852 in AB, with activity #9457, and #8722 in OP, and with activity #9240 in ARV services.

UJANA builds on the success of its predecessor project, YouthNet/Tanzania (YNT). With FY 2005 and FY 2006 Emergency Plan funds, YNT has made over six million contacts with youth and nearly two million contacts with community members with HIV prevention messages, primarily focused on AB. This has been achieved through direct programming and nearly 60 sub-grants to NGOs in Iringa, Dar es Salaam, and Morogoro Regions. In FY 2007, UJANA will expand into Dodoma Region, and through partner Africare, UJANA will conduct HIV prevention activities in Zanzibar. These regions are situated along major transport routes, and except for Zanzibar, have high HIV prevalence rates. UJANA will devote substanial effort to capacity building of its own and implementing partners' organizations and staff; this will directly contribute to sustainability of youth HIV prevention capacity beyond the project. Three broad objectives govern the project interventions:

1) UJANA will scale up peer education work being done by partners in communities and schools in a variety of ways. Peer educators will be trained in the YNT global peer education toolkit to effectively share information, create motivation, build skills, and make service referrals for sustained behavior change. The YPEER (Youth Peer Education) Network, a global collaborative effort with UNFPA, will be expanded to build the capacity of NGOs implementing youth peer education by bringing together stakeholders, making quality tools and resources widely available, providing training and holding consultative meetings with meaningful youth participation. UJANA will develop and use print materials that build the skills of youth to practice A and B by increasing production of the popular Si Mchezo! Magazine to reach larger numbers of older youth (15-24 years) and to adapt and print the South African magazine Soul Buddies to provide younger youth (10-14 years) with opportunities to learn about HIV/AIDS. Soul Buddies focuses on abstinence and provides age-appropriate advice to in-school youth to build their life skills. UJANA will start producing job aid materials for peer educators that promote HIV prevention among youth and encourage the use of local youth-friendly services. These materials will be used at large youth-focused events such as International Youth Week, and World AIDS Day. In conjunction with the STRADCOM radio project, UJANA will develop and broadcast a radio public service announcements (PSAs), an interactive talk show and begin to develop a soap opera that reaches youth of all ages, particularly in rural settings. To address the specific gender-based prevention needs of youth, UJANA will continue to introduce components of "Program H," a project that fosters gender equity and promotes changing social norms related to gender and sexual behavior. UJANA will scale up capacity building with its partners to reach youth ages 10-16 using the YNT Christian Family Life Education manual, a youth life skills tool. UJANA will begin to train providers in youth friendly services, create demand for counseling and testing services, and strengthen referral systems between CT and prevention activities. UJANA will explore links with livelihood organizations and will establish two key public-private parntership opportunities; working with the Nike Corporation, UJANA will participate in an assessment of the positive interactions of sports and youth programming through a potential sub-grant, and with Playpumps International, UJANA will support the pumps established in low low clinics with approporiate AB and youth messaging on the advertising billboards.

2) UJANA will work closely with GOT ministries, NGOs, FBOs, CBOs, youth, and the private sector to build their technical, organizational, and leadership capacity in youth development and HIV prevention. The project will assess youth groups' organizational needs and develop training programs to address those needs. After training, mentoring relationships will be established to assist groups to apply new skills. UJANA will strengthen the interfaith network established by YNT among faith-based partners in Iringa. The project will work with faith institutions in one additional region to establish an inter-faith network.

3) UJANA will play a leadership role in assisting local organizations, GOT ministries, and donors to ensure greater quality and effectiveness of youth HIV programming. This will be achieved by linking with current youth initiatives through mechanisms such as the YNT-established Coordinating Committee for Youth Programs (CCYP), the Abstinence and Be faithful for Youth (ABY) group, and the Adolescent Reproductive Health Working

Group. UJANA will continue to lead the CCYP – a quarterly forum for international/local NGOs, donors, UN agencies, and GOT ministries to share information, strategize, network, enhance coordination, and improve allocation of resources. The CCYP disseminates state-of-the-art information on youth HIV prevention and facilitates the exchange of lessons learned and best practices from both Tanzanian and international experiences. UJANA will establish at least one regional CCYP during this year. During the first year UJANA will strengthen the capacity of its partners to ensure meaningful youth involvement through a series of bi-annual technical workshops based on YNT's global tool, Youth Participation Guide (YPG). UJANA will offer training on the YPG beyond its implementing partners, especially for GOT ministries, and CCYP and ABY partners. UJANA will support the YPEER network to continue working with the Ministry of Health and Social Welfare to develop national standards for youth peer education. This will entail a series of workshops bringing together nationally representative stakeholders from various levels. Once finalized, Y-PEER will support the MOHSW to develop, print, and disseminate materials as well as monitor the use of the standards. UJANA will collaborate with FHI's Institute for HIV/AIDS and others to increase youth involvement in MVC and mitigation programming and to help promote linkages with organizations providing medical, nutritional, and psychosocial services for youth, especially for those who have limited access to such programs.

Under the Ishi Campaign, UJANA will continue programming in collaboration with TACAIDS, and will work to develop low-cost approaches to revitalize the brand and move it beyond promotion of ABC knowledge. Special attention will be given to gender-based HIV prevention messages. UJANA will increase the capacity of Ishi's Youth HIV Prevention Information Resource Centers (PIRCs), especially to make greater links to services. Capacity building for the Youth Advisory Group members (YAGs) will continue be a focus. Ishi will develop a manual to serve as a guide and reference tool for all volunteers. The Campaign will create a leadership program to nurture exceptional YAG members. UJANA and Ishi will continue creating linkages with other programs in reproductive health, gender, policy, and livelihood issues to maximize its impact on youth health.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	150,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,250,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	300	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Program managers
Volunteers
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Religious leaders
Host country government workers
Public health care workers
Private health care workers
Doctors
Nurses
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: ARC Track 1.0
Prime Partner: American Red Cross
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9060
Planned Funds: $ 278,365.00

Activity Narrative: This activity links to others in AB (8691 and 7852).

The American Red Cross (ARC) and its implementing partner, the Tanzanian Red Cross Society (TRCS) are collaborating on the "Together We Can" (TWC) program, which uses a proven youth HIV/AIDS peer education methodology to reduce the incidence of HIV among 10 to 24 year old youth. The TWC methodology was first developed and implemented in Jamaica in 1993 in a partnership between USAID, Family Health International, the American Red Cross and the Jamaican Red Cross. It has since been successfully replicated in 16 Caribbean countries, several countries in Central America, Malawi, South Africa and Lesotho.

The five-year project, which began in FY 2004, aims to reach 450,000 Tanzanian youth through several outreach strategies, including curriculum- based interventions, peer-to-peer outreach, education/entertainment events and mass media. Partnership building, capacity building of the TRCs, and the engagement of adult stakeholders such as teachers and parents are also key elements of the project.

The TWC program in Tanzania is currently being implemented in all four districts in the Kigoma Region of Tanzania: Kigoma Urban, Kigoma Rural, Kasulu and Kibondo districts. The program works in schools targeting both primary and secondary school students and in sites targeting out-of-school youth. TWC aims to have gender equality in the number of youth reached.

The TWC program consists of a proven skills-based peer education methodology that uses games, role play and other highly interactive methods in both small group and one-on-one settings to teach youth to: learn correct information about HIV/AIDS; examine their personal behavior to determine their risk; learn effective strategies to reduce their risk and that of their peers; and develop skills to help maintain these safer sexual practices. Youth also examine stigma and discrimination against People Living with HIV/AIDS (PLWHAs). Finally, the TWC program emphasizes linkages and referrals to health and youth related services, including VCT, care and support, and vocational training.

TRCS works through its established Kigoma branches to train volunteer peer educators (PE) to facilitate sessions with small groups of approximately 20 beneficiaries per workshop. Each youth participant in the workshops in turn communicates key TWC workshop prevention messages via peer-to-peer outreach to at least 10 of their peers as a 'take-home assignment'. TRCS also facilitates a variety of community mobilization activities to mobilize communities to adopt safer norms and behaviors related to HIV infection.

In FY 2006, the TWC program exceeded its targets. The following data represents the period October 1 2005- July 31, 2006: A total of 136 PEs (113% of the target for Year 2) were trained and over 11,000 youth beneficiaries (116% of the target for Year 2) completed the entire TWC curriculum. These youth then reached over 137,000 of their peers (196% of the target for Year 2) with HIV prevention messages. In addition, over 59,000 youth were reached via community mobilization events in FY 2006. A total of 793 adults (110% of the target for Year 2), including parents, teachers, and community and religious leaders, were engaged in dialogue through town hall meetings that promoted healthy norms and behaviors and involvement in youth reproductive health. Several operational partnerships have been established including partnerships with FHI/YouthNet, the Ministries of Health and Education, International Youth Foundation, SHDEPHA+, World Vision and ISHI.

In FY 2007, a total of 100,000 youth beneficiaries in Kigoma Region will be reached. A total of 120 new Peer Educators will be trained and will they reach approximately 10,000 youth (multipliers) via the highly interactive curriculum-based Peer Education workshops. Each of the 10,000 Youth Multipliers will be tasked with taking the TWC messages they have received from Peer Educators and delivering those messages to at least seven of their peers (called Youth Participants). Therefore, a total of 70,000 Youth Participants will be reached in FY 2007. An additional 20,000 youth will be reached via edutainment events, such as music, dance, sporting events and debates. The program will also conduct mass media events (radio) involving youth in each of the four districts in Kigoma Region (an estimated radio audience of 250,000 youth). In addition, the TWC program will continue to support youth clubs. As much as possible, youth club members will be trained

as Peer Educators, so that they can disseminate TWC messages to all members of their clubs. Emphasis in FY 2007 will also be placed on continuing to adapt the TWC curriculum to the local Tanzanian context in collaboration with other partners.

The TWC program will enhance its already strong partnerships with the Regional and Local government, as well as NGOs and CBOs active in Kigoma Region and in youth HIV/AIDS prevention nationally. TWC technical staff will also continue to regularly participate in the FHI/YouthNet Coordinating Committee for Youth Programs and the AB-Y partners meetings.

Organizational development and capacity building of TRCS will continue to occur through formal and informal trainings. Several priority areas for FY 2007, including project planning, monitoring and evaluation, and Behavior Change Communication (BCC) for HIV/AIDS prevention have already been identified jointly by TRCS and ARC.

Finally, the TWC program will continue to enhance the community environment for adoption of safer sexual practices by organizing at least 24 town hall meetings that aim to ensure adult support of, and involvement in, the program. The TWC program will also work with and through existing community councils in all project areas.

Continued Associated Activity Information

Activity ID:	3472
USG Agency:	U.S. Agency for International Development
Prime Partner:	American Red Cross
Mechanism:	N/A
Funding Source:	N/A
Planned Funds:	$ 0.00

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	100,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	120	☐

Target Populations:

Adults
Community leaders
Teachers
Volunteers
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
Out-of-school youth
Religious leaders

Coverage Areas

Kigoma

Table 3.3.02: Activities by Funding Mechanism

Mechanism: SM Track 1.0
Prime Partner: Salesian Mission
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9061
Planned Funds: $ 50,098.00

Activity Narrative: The Salesian Missions (SM) "Life Choices Program", is a Track 1 ABY (Abstinence and Be Faithful for Youth) program that aims to teach youth to avoid being infected with HIV/AIDS through healthy behaviors. The Life Choices (LC) Program reaches youth through peer education programs and peer outreach and is led by trainers and selected peer educators. The trainers have introduced youth ages 10-19 to the LC Curriculum at Salesian facilities across Tanzania. The curriculum is taught in group meetings during and after school through formal classroom sessions, weekend sessions and sessions during school leave. Youth living in communities impacted by HIV/AIDS have received life skills training and AB (Abstinence and Be Faithful) messages as well as coached to take responsibility for their health. The peer educators have been selected based on their commitment to volunteer for HIV/AIDS prevention activities and on the rapport that exists between them and their peers. These peer educators have been chosen from the entire spectrum of youth social niches and cliques to ensure that high risk groups of youth are reached, regardless of social standing. Therefore, to support and facilitate the education of their fellow peers at schools and youth centers with the AB message, the peer educators have been given more training sessions on the LC Curriculum.

The LC Program is being implemented in 11 Salesian urban and rural centers in Tanzania. The urban sites are located in Dar Es Salaam (Oyster Bay and Upanga), Dodoma (Seminary and Technical Training Centre), Iringa, Moshi and Temeke while our rural sites are found in Mafinga (Parish and Seminary), Makalala and Shinyanga. These facilities serve as the bases from which the trainers have been reaching out to the surrounding communities and schools. In addition to having our enrolled target population, we also have access to the rest of the youth community through the parishes and local public schools. SM also offers after-school recreation and educational activities as well as social programs to youth at our centers, which address the needs of orphans and vulnerable children (OVC).

For FY 2007, all of our 11 targeted Salesian youth centers and schools will continue to be implementing the ABY prevention program using the LC Curriculum. In schools and youth centers where the curriculum is taught, we will reach 14,000 with our AB message, of which 5,500 will be in-school youth and 8,500 will be out-of-school youth. Moreover, at the end of FY 2007, we will reach around 10,000 youth with our abstinence only message. Our expanded volunteering counseling and testing (VCT) in FY 2007 is planned to reach 660 youth. We also have plans to reach around 200 OVC through our youth centers in the coming year. The monitoring and evaluation of our work has been on-going and it will continue in order to ensure that we are providing the services needed to the youth as well as meeting our targets. Furthermore, we plan to develop a secured website for FY 2007 that will ensure up-to-date exchange of information between urban and rural sites and thereby enhance our monitoring and evaluation capabilities.

To meet the need for our services, the LC Program intends to expand its activities by extending its outreach to more youth in public schools and remote rural areas. The program has been able to foster grass roots partnerships with influential members of the communities where it has been implemented, such as village elders, teachers, and parents. In one of our communities, Shinyanga, the program activities (life skills and AB message) have attracted the attention of several public schools headmasters. The headmasters' enthusiasm for the program and our local partnerships will certainly provide a solid foundation for the incorporation of the LC Curriculum within these schools. Also in many of our remote rural communities (such as Mafinga and Makalala – Southern Highlands) the large distances between each of the communities were making outreach challenging; however, the LC Program vehicles have recently been purchased, which will certainly enhance our ability to expand the program to these areas. These partnerships have been essential to the successful implementation of the program thus far, and coupled with the access to transport, will undoubtedly contribute to the sustainability of the project beyond available funds.

In Tanzania, poverty and the lack of job opportunities has placed many youth at greater risk of contracting HIV/AIDS as they look for work in larger cities or at local guest houses (brothels). To cater to these high-risk youth, the SM have offered youth friendly VCT services in partnership with YOPAC (Youth and Parents in Crisis counselling centre.). For FY 2007 we will continue to partner with organizations to expand these services to youth in other regions as well as during youth festivals and summer camps. Furthermore, since

secondary schooling is not compulsory to all the youth in Tanzania, many youth are not enrolled in schools and therefore are left on their own while their parents work. To equip these out-of-school youth with the skills necessary to escape many of these situations, the LC Program relies on the Salesians' commitment to provide primary, secondary and technical schools to many of these youth. Hence, the LC Program not only provides a venue to disseminate the ABY message, but also an opportunity for youth to stay in school and acquire income generating skills. This holistic approach will continue throughout FY 2007 and it will certainly contribute to curbing the effects of the HIV/AIDS epidemic in these communities.

The SM will also continue to expand its behavior change and communication (BCC) to disseminate the AB message through several venues, such as youth festivals, summer camps and radio programs. In June 2006 a youth festival and summer camp were organized and reached a total of 1,170 youth and community members. The youth festival and the summer camp served as a great platform for the youth in Tanzania to showcase their skits, plays, and songs as well as compete in several sports. Furthermore, the trainers also prepared a 60 minutes radio program that has been broadcasted every Friday at Radio Mwangaza (Dodoma). Through these radio presentation activities a number of questions have been answered by the two local trainers. In addition, given the importance of gender issues in combating the spread of HIV/AIDS, specific messages and curriculum materials have been developed that target issues affecting young women, such as cross-generational sex, pregnancy, violence and sexual abuse. The program activities and messages have been introduced to the residents of the Dodoma region and we hope to expand to other districts in FY 2007.

Hence, the SM is committed to decrease the burden of HIV/AIDS on the children it serves and thereby enable them to reach their full potential.

Continued Associated Activity Information

Activity ID:	4882
USG Agency:	U.S. Agency for International Development
Prime Partner:	Salesian Mission
Mechanism:	N/A
Funding Source:	N/A
Planned Funds:	$ 0.00

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	10,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	14,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,000	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Street youth
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Teachers
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
Out-of-school youth
Religious leaders

Coverage Areas

Dodoma

Iringa

Kilimanjaro

Shinyanga

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	ADRA Track 1.0
Prime Partner:	Adventist Development and Relief Agency
USG Agency:	U.S. Agency for International Development
Funding Source:	Central (GHAI)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	9063
Planned Funds:	$ 749,580.00

Activity Narrative: This narrative describes the activities of one of Tanzania's five Track 1 Abstinence and Being Faithful for Youth (ABY) partners and relates to other activities in Abstinence and Be Faithful.

The Adventist Development & Relief Agency (ADRA_ Abstinence and Behavioral Change for the Youth (ABY) project will target Tanzanian youth (10–24 years of age) in three regions: Mara, Mwanza and Kilimanjaro. The project focuses its efforts on scaling up skills-based HIV education with parental involvement; facilitating a community discourse on healthy norms and risky behaviors; and reinforcing the role of parents and other protective influences.

In FY 2006, ADRA spread AB messages to youth through a network of local partners and provided its partners with a training of trainers course, curriculum, and materials for a cadre of trainers from FBOs, CBOs and schools. Educators were then trained and able to share messages about abstinence, fidelity and partner reduction, as well as avoidance of harmful behaviors such as coercive and transactional sex with youth.

In FY 2007 the project will continue its work through a total of 111 partners (57 FBOs and 54 CBOs) to reach the anticipated number of youth and adults. The distribution of partners includes 20 CBOs and 14 FBOs in Kilimanjaro, 15 CBOs and 27 FBOs in Mara, and 19 CBOs and 16 FBOs in Mwanza. Through these partners, 100,000 people will be reached and 30 peer-led social and health risk prevention sessions will be conducted in all three regions. Regular quarterly meetings will be conducted with partners for feedback and sharing lessons and best practices.

The project will train a total of 664 people in 10 training sessions to equip them with skills capable of improving AB message delivery. Out of these, 129 youth from FBOs and CBOs in Kilimanjaro and Mara regions will be trained as core Trainer-of-Trainers (TOTs). 150 youth from partner FBOs and CBOs will undergo refresher training and second level training. Core TOT training will also be conducted for PLWHA and disabled groups. Peer counseling is needed to reach youth and adults with AB messages. This will be accomplished by training 60 peer counselors for youth clubs and 120 adult TOTS (90 of whom will be women) will be trained on parent child communication (PCC).

Folk media will be widely used in community outreach sessions. 60 leaders from theatre groups will be trained in life skills and participatory theater for development approaches in Mara and Kilimanjaro and refresher training will be given to 30 TOTs in Mwanza. To deliver consistent AB messages, media will continue to be used and a total of 500,000 people will be reached through radio and television programs. These programs will be produced and aired in collaboration with the new STRADCOM radio activity being developed. 60 self-powered radio receivers will be distributed to youth clubs to enhance ABY radio program listenership. An orientation workshop for 60 media personnel from Mwanza, Kilimanjaro and Mara will be conducted to assist media houses in sending relevant and accurate AB messages as well as improve adherence to the branding requirements.

Print materials will be produced to include 6,000 fact sheets, 2,000 brochures, 6,000 posters, 1,990 choose life 'salaam' greeting cards and 10 banners. Furthermore, 20 partners in Kilimanjaro are expected to sign Memoranda of Understanding with ADRA for compliance purposes.

With this funding, 80 FBOs leaders will be facilitated to support in delivering of AB messages; 90 HIV/AIDS committees' members for FBOs will be oriented on deliverance of AB messages; and 45 opinion leaders for their advocacy support. In order to support youth friendly activities, the establishment of 20 youth clubs will be facilitated, in addition to conducting 24 exchange visits for 12 for out-of-school and 12 in-school youth. One exchange visit will be facilitated for leaders from fishing communities to Uganda, where HIV prevention in the fishing communities has been successful.

Continued Associated Activity Information

Activity ID: 4859
USG Agency: U.S. Agency for International Development
Prime Partner: Adventist Development and Relief Agency
Mechanism: N/A
Funding Source: N/A
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	75,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	100,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	664	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Disabled populations
Faith-based organizations
Traditional healers
Most at risk populations
Street youth
Mobile populations
People living with HIV/AIDS
Seafarers/port and dock workers
Children and youth (non-OVC)
Out-of-school youth
Religious leaders
Host country government workers
Other Health Care Worker

Coverage Areas

Kilimanjaro

Mara

Mwanza

Table 3.3.02: Activities by Funding Mechanism

Mechanism: YouthNet
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9390
Planned Funds: $ 0.00
Activity Narrative: This activity is specifically linked with #8687, #8691, #8688, #7734, #7754, #8682, #7774, #7849, #7810, #8681, #9060, #9063, #9061, #7727, and #7852 in AB, with activity #9457, and #8722 in OP.

The global YouthNet project comes to an end in September 2006 and has been granted a no-cost extension through December 2006 to finalize the close-out. YouthNet/Tanzania (YNT) will use this extension period to close out the project and assure a smooth transition to the FHI/UJANA Youth HIV Prevention project. For this purpose YNT will: take full inventory of all assets purchased through YNT and will ensure a smooth transfer of all equipment and assets to the new project; ensure that all sub-awardees finalize financial and program reporting; work with sub-awardees to develop and implement "graduation" plans; prepare an end-of-project report and convene meetings to present project results, lessons learned, and recommendations for future youth programming in Dar es Salaam, Iringa, and Morogoro; convene an interfaith conference in Iringa to review the achievements of and lessons learned from YNT and partners' faith-based youth HIV prevention efforts; disseminate the Kiswahili versions of the YN Youth Participation Guide and the HIV Counseling and Testing Manual for Youth; finalize and disseminate a booklet presenting youth data from the THIS and TDHS; complete and distribute a directory of youth-serving organizations; and assess its capacity building efforts. In addition, YNT anticipates awarding one subaward during this period to Africare, which will conduct HIV prevention services in all 10 districts of Zanzibar, working largely through the Zanzibar NGO Cluster. Identfied targets will be achieved through the activities of the on-going sub-grants until they close down their activities.

Continued Associated Activity Information

Activity ID: 3466
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: YouthNet
Funding Source: GHAI
Planned Funds: $ 2,000,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		☑

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Program managers
Volunteers
Children and youth (non-OVC)
Out-of-school youth
Religious leaders
Host country government workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9410
Planned Funds: $ 429,642.00
Activity Narrative: This activity links to #9490 in OP and to all activity narratives in the AB section.

FY07 funds will support two full time equivalent staff who will assist in coordinating activities within this program area as well as serve as technical leads for aspects of the work. The specific composition of the staffing is one full-time AB specialist hired as a fellow supported by .5 FTE of an FSN and .5 FTE of an USDH/L,

The full-time staff member works directly with implementing partners, both governmental and non-governmental, to improve the quality and reach of AB activities. Technical assistance is provided through site visits, capacity assessments, mentoring and skills building, as well as monitoring of progress. The fellow works directly with several implementing partners to develop effective interventions and to disseminate lessons-learned to others. She is an active member of the national prevention technical working group, assisting the Government of Tanzania (GoT) to define national priorities and strategies to achieve long-lasting behavior change. The FSN focuses on the work of ABY partners, ensuring state-of-the-art programming, incorporation of national guidelines, and coordination with other implementing partners.

The USDH (which is currently vacant) will assist in the identification of portfolio-wide, as well as national, prevention needs. S/he will assist in the development of a USG strategy to address these needs, ensuring that USAID prevention related activities complement those provided by other USG agencies and fill gaps as needed. The senior USDH will also work with all USAID portfolio managers to ensure integration of prevention interventions across the continuum of care and treatment.

All 3 members of staff will be active members of the USG Prevention Thematic Group.

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9411
Planned Funds: $ 10,000.00
Activity Narrative: This activity is linked to narratives #9460 and #9461in AB.

The USG/Tanzania Prevention Working Group has identified its critical technical assistance needs for FY07 funding in AB. These specific requests will assure effective support of the USG Team and identified implementing partners in this section of the COP. This technical assistance is envisioned to provide up to date technical information and programming guidance for effective AB messaging which includes AB for Youth and B Messaging for adult males. The identified technical assistance needs for DOD includes:

Technical assistance to work with DOD implementing partners in Mbeya Region for up-to-date information for effective AB messaging and male involvement. No specific consultant has been identified.

Emphasis Areas	% Of Effort
Training	51 - 100

Target Populations:

Community-based organizations
Non-governmental organizations/private voluntary organizations
USG in-country staff

Coverage Areas

Mbeya

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9421
Planned Funds: $ 10,000.00
Activity Narrative: This activity is linked to activity narratives #9411 and #9460 in AB.

The USG/Tanzania Prevention Working Group has identified its critical technical assistance needs for FY07 funding in AB. These specific requests will assure effective support of the USG Team and identified implementing partners in this section of the COP. This technical assistance is envisioned to provide up to date technical information and programming guidance for effective AB messaging which includes AB for Youth and B Messaging for adult males. The identified technical assistance needs for CDC includes:

Continued technical assistance to assure CDC's effective support and implementation of the NACP TAYOA Helpline activity in this section of the COP. Continued technical assistance from Dr. Joan Kraft will contribute to identifying the most appropriate behavior change interventions for the TAYOA HIV Helpline and its associated community work through youth balozis.
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Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9422
Planned Funds: $ 10,420.00
Activity Narrative: In FY07, HHS/CDC will continue to collaborate closely with the Government of Tanzania through the relevant Ministries of Health (MoH) /National AIDS Control Program (NACP), Ministry of Education and Vocational Training (MOEVT) and other key partners to strengthen technical and program capacity for implementing the Emergency Plan. The proposed funding will support the salaries of in-country youth program staff for FY 07 and sites visits to provide direct capacity-building among partners.

An emphasis will be placed on building the capacity of organizations to develop appropriate IEC/BCC materials for ABY. To this end, staff will collaborate with key AB partners including the NACP/TAYOA Helpline program and the Balm in Gilead through the Tanzania HIV/AIDS Faith Initiative. Staff expertise with behavior change and behavioral theory will enhance the effectiveness of HIV/AIDS programs that promote abstinence messages for in and out of school youth.

The in-country staff will also work with MOEVT to review life planning skills guidelines and manuals with the aim of incorporating appropriate AB messages and explore strategies for scaling up other youth approaches in HIV/AIDS education and youth programs. Youth program staff will provide guidance on ways in which the life planning skills guidelines can be used to reinforce and simultaneously address AB prevention while linking with other HIV/AIDS prevention strategies.

Finally, the in-country staff will visit a variety of youth program sites managed by Government, NGO and FBO partners. More time will be spent mentoring the NACP IEC/BCC team on how to develop quality BCC materials tailored to different target groups. A particular focus will be on youth HIV/AIDS BCC educational materials and quality assurance. Emphasis also will be placed on assisting the key implementers to adopt the MARCH (Modeling and Reinforcement to Combat HIV) strategy. At the end of the site visits, the staff will provide feedback to partners and discuss the recommendations set forward.

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9423
Planned Funds: $ 231,341.00
Activity Narrative: In FY07, HHS/CDC will continue to collaborate closely with the Government of Tanzania through the relevant Ministries of Health (MoH) /National AIDS Control Program (NACP), Ministry of Education and Vocational Training (MOEVT) and other key partners to strengthen technical and program capacity for implementing the Emergency Plan. The proposed funding will support the salaries of in-country youth program staff for FY 07 and sites visits to provide direct capacity-building among partners.

An emphasis will be placed on building the capacity of organizations to develop appropriate IEC/BCC materials for ABY. To this end, staff will collaborate with key AB partners including the NACP/TAYOA Helpline program and the Balm in Gilead through the Tanzania HIV/AIDS Faith Initiative. Staff expertise with behavior change and behavioral theory will enhance the effectiveness of HIV/AIDS programs that promote abstinence messages for in and out of school youth.

The in-country staff will also work with MOEVT to review life planning skills guidelines and manuals with the aim of incorporating appropriate AB messages and explore strategies for scaling up other youth approaches in HIV/AIDS education and youth programs. Youth program staff will provide guidance on ways in which the life planning skills guidelines can be used to reinforce and simultaneously address AB prevention while linking with other HIV/AIDS prevention strategies.

Finally, the in-country staff will visit a variety of youth program sites managed by Government, NGO and FBO partners. More time will be spent mentoring the NACP IEC/BCC team on how to develop quality BCC materials tailored to different target groups. A particular focus will be on youth HIV/AIDS BCC educational materials and quality assurance. Emphasis also will be placed on assisting the key implementers to adopt the MARCH (Modeling and Reinforcement to Combat HIV) strategy. At the end of the site visits, the staff will provide feedback to partners and discuss the recommendations set forward.

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9460
Planned Funds: $ 19,000.00
Activity Narrative: This activity is linked to #9461 and #9411in AB.

The USG/Tanzania Prevention Working Group has identified its critical technical assistance needs for FY07 funding in AB. These specific requests will assure effective support of the USG Team and identified implementing partners in this section of the COP. This technical assistance is envisioned to provide up to date technical information and programming guidance for effective AB messaging which includes AB for Youth and B Messaging for adult males. The identified technical assistance needs for USAID includes:

Technical assistance is needed in order to assure effective support and implementation of a USAID TBD implementing partner for a male involvement activity. USAID is requesting O/GAC's Gender Theme Group to provide assistance to USAID in workplan and activity negotiation once the implementing partner is identified. Ms. Susan Settergren has been identified as the consultant of choice.

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9461
Planned Funds: $ 9,000.00
Activity Narrative: This activity is linked to activity narratives #9411 and #9460 in AB.

The USG/Tanzania Prevention Working Group has identified its critical technical assistance needs for FY07 funding in AB. These specific requests will assure effective support of the USG Team and identified implementing partners in this section of the COP. This technical assistance is envisioned to provide up to date technical information and programming guidance for effective AB messaging which includes AB for Youth and B Messaging for adult males. The identified technical assistance needs for CDC includes:

Continued technical assistance to assure CDC's effective support and implementation of the NACP TAYOA Helpline activity in this section of the COP. Continued technical assistance from Dr. Joan Kraft will contribute to identifying the most appropriate behavior change interventions for the TAYOA HIV Helpline and its associated community work through youth balozis.
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Table 3.3.02: Activities by Funding Mechanism

Mechanism: ZACP
Prime Partner: Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Progra
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 15923
Planned Funds: $ 240,000.00
Activity Narrative: The HIV/AIDS Faith Based Initiative and ZACP will establish an abstinence and faithfulness program for youths and the general population that will focus on teachings promoting the following; social, psychological, spiritual and health gains to be realized by abstaining from sexual activity; teaching abstinence and faithfulness basing on the Koran and the Bible to discourage sexual activity outside marriage; teachings that abstinence from sexual activity is the only certain way to avoid out of wed-lock pregnancies, sexually transmitted diseases, and HIV/AIDS, importance of AB in reducing and prevention of HIV transmission among unmarried individuals especially young people, information on decisions of unmarried individuals to delay sexual activity
until marriage, adoption of social and community norms that support delaying sex until marriage, spiritual, marriage counseling for couples. The FBO AB program will adopt mass media communication strategies that will address promotion of AB activities for youths aged 10 -24 and adults. These communicating themes like "Yes, You can and Not, Me, Not now" will raise awareness, increase understanding of the negative aspects of early sex, develop resistance to peer pressure and promote parent and child communication. Use of television and radio spots to support a compassionate response from faith communities on AB messages will use quotes directly from the Bible and Koran and urge individuals not to practice stigma and discrimination.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	100,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	60	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	60,000	☐

Key Legislative Issues

Stigma and discrimination

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Mbeya HIV Network Tanzania
Prime Partner: Mbeya HIV Network Tanzania
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 19292
Planned Funds: $ 108,888.00

Activity Narrative: This activity is specifically linked with activity #7734, #7849 in AB, with #8723 and #7847 in Other Prevention, with #7723 and #7735 in Palliative Care, with #7724 and #7783 in OVC, with #8658 and #8660 in CT and with #7747 and #7749 in ARV services.

Through the Henry M. Jackson Foundation, the Department of Defense (DoD) established HJF Medical Research International (HJFMRI) in Tanzania in 2004 to manage and provide technical assistance to HIV care initiatives in the Southern Highlands. In FY 2005, HJFMRI worked with several local non-government (NGOs) and faith-based organizations (FBOs) in the Mbeya Region to form an HIV Network (Network) in support of HIV programming in three of the four regions in the Southern Highlands Zone (Mbeya, Ruvuma, and Rukwa Regions). Most of these 10 organizations that presently form the Network are well established within this Zone, functioning anywhere between two to 20 years.

Currently, the Network works in a coordinated manner to sensitize and mobilize communities on issues related to counseling and testing, HIV care, and anti-retroviral treatment (ART). Each Network member has unique expertise. Some examples of members and their strengths include: KIHUMBE (which receives its own funding as a prime partner under 7734 and does not receive funds under the Network) excels in home-based care and is the Zone's premier source of training in both technical areas working along side the Mbeya Regional AIDS Control Programme (MRACP); the Iringa Residential Training Foundation (ITRF) has extensive experience with income generation project training and small business start up; Save Tanzania (SETA) trains other network members to build an organization's capacity in program and budget management; the Anglican Diocese of the Southern Highlands has extensive experience in training orphan counselors and orphan caregivers.

In support of sustainable programming, in FY 2007, the oversight of the Network, activities currently under taken by HJFMRI, will be transferred to a local institution. This will occur through an open and competitive process where a local organization with a demonstrable track record in service provision, coordination and excellent management and accountability, will be selected to serve as the umbrella organization for the Network. The selected organization or entity will be the prime partner for this activity under this submission, determining awards, ensuring regional coverage, and assuring proper fiscal management and oversight with sub-grantees implementing activities at the community level. The funding under this submission will support management on the Network and all AB prevention activities conducted by the TBD as part of its overall prevention portfolio and ensuring a comprehensive program to address effective AB messaging in the region. In FY 2007, the TBD and its sub-partners (members) will expand on previous AB prevention education programs in 2005 and 2006 through three main activities: community presentations and two large-scale, annual campaigns. In total, the Network members should reach approximately 340,000 individuals with AB messages in FY 2007.

Small-scale interventions are accomplished through the production and presentation of dramas, songs and other communication methods (such as traditional poems and folk stories) to community groups and schools and at community events. These presentations provide accurate AB HIV/AIDS prevention messages and contribute to the Network developed coordinated prevention campaign known as "Know the Facts". Each Network member will deliver a certain number of presentations per year with an average audience of 500. As a group, the Network will collaborate to produce up to 80 programs/presentations covering the three regions in the Zone and reaching a total of 40,000 people. These presentations are used as openings or follow-up sessions to other events. While KIHUMBE is a member of the network, it focuses only on Mbeya Municipality where it is located and is funded as a prime partner in a separate submission. (7734). The geographic coverage for the Network includes the Rukwa and Ruvuma Regions and other districts within the Mbeya Region. Funding for this activity will support the costs associated with sub-grantees/members under this award in producing and presenting these dramas, including transport of the drama groups and education personnel.

In addition to prevention messages, the presentations will address the importance of knowing one's sero-status and the benefits and availability of HIV care and ART. This includes providing information about local counseling and testing services, home based care organizations and hospitals providing ART. Their prevention program therefore not only provides information on behavior modification but also serves as a link across the

continuum of care encouraging service seeking behavior at both private/not-for-profit and public health facilities in Mbeya, Rukwa, and Ruvuma..

Over 100 personnel from various Network members will be trained by KIHUMBE in how to effectively implement AB programs based on guidance from the National AIDS Control Programme's (NACP) web site and pamphlets and training from KIHUMBE. All messages and their content are coordinated with input from local medical providers and the MRACP to ensure consistency of messages across services in the region. Funding will support the cost of the personnel in attending these trainings.

The Network will also take advantage of the 2007 Dala Dala World AIDS Day campaign and assist KIHUMBE in distributing audiocassettes providing AB messages in four different languages to be played in public commuter buses (Dala Dalas). This campaign was initiated by the Network in Mbeya in 2005 to complement other World AIDS Day activities in the region. One hundred cassettes were played in dala dalas through out the day and an additional 100 cassettes were distributed to their customers upon request. These tapes were well received and were used by the drivers for an additional period of three months, continuing to reinforce AB messaging and the promotion of the "Know the Facts" campaign. Funding in FY 20007 will cover the Network member's individual participation in this campaign in distributing the audiocassettes and include community mobilization. Production of the cassettes will be undertaken by and funded through KIHUMBE (7734).

Another annual activity for the Network is participation in the Southern Highland's Nanenane. Nanenane is a farmers' show and exposition covering all four regions in the Southern Highlands which include Mbeya, Iringa, Ruvuma and Rukwa. Nanenane draws an audience of 1,000,000 to 4,000,000 people over the course of seven days. In 2005, the Network as a group sponsored and staffed a booth and stage to present dramas focusing on AB messaging, distribute prevention materials and provide voluntary counseling and testing services. The Network counted a total audience of over 300,000 for their dramas and of those individuals who visited their booth, 700 were counseled and tested for HIV. In 2006, they again had an audience of around 300,000 for dramas and presentations, recorded 50,000 visitors to their booth, counseling and testing 755 of those individuals. It is estimated that this campaign in 2007 will reach a similar number (300,000) of people with prevention messages. Funding in this submission will support member participation in this campaign for 2007 which will include transport, materials, booth construction, space rental and equipment.

Table 3.3.02: Activities by Funding Mechanism

Mechanism: RODI
Prime Partner: Resource Oriented Development Initiatives
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 19293
Planned Funds: $ 45,952.00

Activity Narrative: This activity is specifically linked with activity #7734, #7849 in AB, with #8723 and #7847 in Other Prevention, with #7723 and #7735 in Palliative Care, with #7724 and #7783 in OVC, with #8658 and #8660 in CT and with #7747 and #7749 in ARV services.

Through the Henry M. Jackson Foundation, the Department of Defense (DoD) established HJF Medical Research International (HJFMRI) in Tanzania in 2004 to manage and provide technical assistance to HIV care initiatives in the Southern Highlands. In FY 2005, HJFMRI worked with several local non-government (NGOs) and faith-based organizations (FBOs) in the Mbeya Region to form an HIV Network (Network) in support of HIV programming in three of the four regions in the Southern Highlands Zone (Mbeya, Ruvuma, and Rukwa Regions). Most of these 10 organizations that presently form the Network are well established within this Zone, functioning anywhere between two to 20 years.

Currently, the Network works in a coordinated manner to sensitize and mobilize communities on issues related to counseling and testing, HIV care, and anti-retroviral treatment (ART). Each Network member has unique expertise. Some examples of members and their strengths include: KIHUMBE (which receives its own funding as a prime partner under 7734 and does not receive funds under the Network) excels in home-based care and is the Zone's premier source of training in both technical areas working along side the Mbeya Regional AIDS Control Programme (MRACP); the Iringa Residential Training Foundation (ITRF) has extensive experience with income generation project training and small business start up; Save Tanzania (SETA) trains other network members to build an organization's capacity in program and budget management; the Anglican Diocese of the Southern Highlands has extensive experience in training orphan counselors and orphan caregivers.

In support of sustainable programming, in FY 2007, the oversight of the Network, activities currently under taken by HJFMRI, will be transferred to a local institution. This will occur through an open and competitive process where a local organization with a demonstrable track record in service provision, coordination and excellent management and accountability, will be selected to serve as the umbrella organization for the Network. The selected organization or entity will be the prime partner for this activity under this submission, determining awards, ensuring regional coverage, and assuring proper fiscal management and oversight with sub-grantees implementing activities at the community level. The funding under this submission will support management on the Network and all AB prevention activities conducted by the TBD as part of its overall prevention portfolio and ensuring a comprehensive program to address effective AB messaging in the region. In FY 2007, the TBD and its sub-partners (members) will expand on previous AB prevention education programs in 2005 and 2006 through three main activities: community presentations and two large-scale, annual campaigns. In total, the Network members should reach approximately 340,000 individuals with AB messages in FY 2007.

Small-scale interventions are accomplished through the production and presentation of dramas, songs and other communication methods (such as traditional poems and folk stories) to community groups and schools and at community events. These presentations provide accurate AB HIV/AIDS prevention messages and contribute to the Network developed coordinated prevention campaign known as "Know the Facts". Each Network member will deliver a certain number of presentations per year with an average audience of 500. As a group, the Network will collaborate to produce up to 80 programs/presentations covering the three regions in the Zone and reaching a total of 40,000 people. These presentations are used as openings or follow-up sessions to other events. While KIHUMBE is a member of the network, it focuses only on Mbeya Municipality where it is located and is funded as a prime partner in a separate submission. (7734). The geographic coverage for the Network includes the Rukwa and Ruvuma Regions and other districts within the Mbeya Region. Funding for this activity will support the costs associated with sub-grantees/members under this award in producing and presenting these dramas, including transport of the drama groups and education personnel.

In addition to prevention messages, the presentations will address the importance of knowing one's sero-status and the benefits and availability of HIV care and ART. This includes providing information about local counseling and testing services, home based care organizations and hospitals providing ART. Their prevention program therefore not only provides information on behavior modification but also serves as a link across the

continuum of care encouraging service seeking behavior at both private/not-for-profit and public health facilities in Mbeya, Rukwa, and Ruvuma..

Over 100 personnel from various Network members will be trained by KIHUMBE in how to effectively implement AB programs based on guidance from the National AIDS Control Programme's (NACP) web site and pamphlets and training from KIHUMBE. All messages and their content are coordinated with input from local medical providers and the MRACP to ensure consistency of messages across services in the region. Funding will support the cost of the personnel in attending these trainings.

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Table 3.3.02: Activities by Funding Mechanism

Mechanism: SONGO-NET
Prime Partner: SONGONET-HIV Ruvuma
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 19294
Planned Funds: $ 45,160.00

Activity Narrative: This activity is specifically linked with activity #7734, #7849 in AB, with #8723 and #7847 in Other Prevention, with #7723 and #7735 in Palliative Care, with #7724 and #7783 in OVC, with #8658 and #8660 in CT and with #7747 and #7749 in ARV services.

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In support of sustainable programming, in FY 2007, the oversight of the Network, activities currently under taken by HJFMRI, will be transferred to a local institution. This will occur through an open and competitive process where a local organization with a demonstrable track record in service provision, coordination and excellent management and accountability, will be selected to serve as the umbrella organization for the Network. The selected organization or entity will be the prime partner for this activity under this submission, determining awards, ensuring regional coverage, and assuring proper fiscal management and oversight with sub-grantees implementing activities at the community level. The funding under this submission will support management on the Network and all AB prevention activities conducted by the TBD as part of its overall prevention portfolio and ensuring a comprehensive program to address effective AB messaging in the region. In FY 2007, the TBD and its sub-partners (members) will expand on previous AB prevention education programs in 2005 and 2006 through three main activities: community presentations and two large-scale, annual campaigns. In total, the Network members should reach approximately 340,000 individuals with AB messages in FY 2007.

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Table 3.3.03: Program Planning Overview

Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03

Total Planned Funding for Program Area: $ 4,423,680.00

Program Area Context:

HIV transmission through the transfusion of contaminated blood is a preventable public health problem and forms a key strategy in the prevention of HIV/AIDS within the USG Five Year Strategy, the Government of Tanzania's (GOT) HIV/AIDS policy, the National Multisectorial Strategic Framework (NMSF) 2003 – 2007, and the Health Sector Strategy on HIV/AIDS (HSS).

The USG supported Blood Safety (BS) program has demonstrated significant progress in improving Tanzania's blood supply, namely through supporting the development of a nationally-coordinated blood transfusion service; development of seven new transfusion facilities, provision of training, Standard Operational Procedures and guidelines, increasing the number of non-renumerated voluntary blood donors and reducing reliance on replacement blood donation in which the HIV prevalence is higher. This has been achieved with the assistance of the American Association of Blood Banks(AABB), which provides technical assistance and consultancy services to The Ministry of Health and Social Welfare (MOHSW) and the National Blood Transfusion Servcie (NBTS), the Tanzania Red Cross Society and the Tanzania Peoples Defense Force. In FY 2007 the program includes plans for maintaining and improving on this progress and collaborating with additional donor organizations.

The NBTS is a unit of the MOHSW responsible for the provision of safe blood and blood products to the health care facilities in Tanzania.The seven established transfusion centers enabled NBTS to collect, transport, store, screen and distribute safe blood and blood products to numerous health facilities in Tanzania. The Centers are in Dar es Salaam,which is also the headquaters for NBTS, at Mwanza, at the Kilimanjaro Christian Medical Centre, at Mbeya, and Zanzibar , Tabora and Mtwara. NBTS service currently fulfills less than 20% of the country's blood requirements.

Where an NBTS center is operational, greater than 80% of units transfused are donated by non-renumerated voluntary blood donors. All the blood donated is screened for HIV prior to distribution. The HIV prevalence rate in the voluntary blood donors is 1.9 – 5.1 %, while in the replacement donor blood it is 13.4%. The data for NBTS is collected and entered manually. Data clerks have been recruited, trained and deployed to the functional centres. There is a standardised data collection tool and analysis package. Not all the facilities utilise ELISA testing for screening and there is need to increase the facilities that are able to screen with ELISA. The management of supplies by NBTS has ensured that the test kits have been available in the facilities that screen blood in the country. This achievement has been accomplished with the assistance of the subpartners of MOHSW, the Tanzania Red Cross Society (TRCS) and the Tanzania Peoples Defense Force (TPDF). The TRCS does the sensitisation and mobilisation for blood donors. The TPDF has eight military health facilities providing inpatient services to the millitary and a large civillian population in hard-to-reach areas.

NBTS is managed by an Acting Executive Director. Zonal Managers are responsible for the running of the Zonal Centres which collaborate with the Hospital Medical Officers in charge, who in turn supervise the Heads of the Blood Banks and the Transfusion Committees. NBTS staff carry out supervisory visits to the Blood Banks and give technical assistance to the Transfusion Committees. Through USG support, NBTS will continue to maintain a pool of safe, repeat, voluntary blood donors through community mobilization and education, with mass media and IEC material strategically distributed. There are on-going training programs for donor counselors and recruiters to ensure a good donor selection, screening and donor notification of test results, for phlebotomists on safe blood collection methods, for laboratory staff on screening and processing of blood and for clinicians on safe transfusion practices. Hospital-based transfusion committes have been established to oversee the transfusion practices. Direct USG funding in FY 2005 and FY 2006 aided in the establishment of blood donor clubs for youth in 12 out of the 21 regions, which will ensure a pool of reliable repeat voluntary blood donors. FY 2007 activities will expand the number of clubs to a total of 120 in the 12 regions surrounding the seven zonal blood transfusion centers.

In FY 2007 NBTS will train the managers of the zonal transfusion centers and blood banks on management and implement national standards related to blood collection, testing and transfusion and develop a network of key stake holders and partners. This will focus primarily on Blood Transfusion Quality Management Systems (QMS). This will help NBTS improve procurement processes for equipment, reagents, supplies and contractual services; develop and implement Standard Operating Procedures (SOPs) and training schedules for storage, transport and distribution of blood; and improve processes for the installation, operation, maintenance, calibration and repair of critical equipment.

In FY 2007 additional training materials and standard operational procedures will be developed, Monitoring and Evaluation Tools implemented and coverage extended to hard to reach areas by renovating seven regional and municipal hospital-based facilities in these areas, training their laboratory staff on the provision of National Blood Transfusion services and strengthening the cold chain maintenance.

NBTS, with technical assistance from AABB, has developed policies and guidelines which have been adopted by MOHSW. These are the National Blood Transfusion Policy Guideline, Guideline on the Clinical Use of Blood and Blood Products, Specific Blood Transfusion Practice Guidelines for Tanzania and the Guideline for National Blood Transfusion Services in Tanzania, and the Blood Donor Recruitment and Retention Guideline. These have been printed and distributed and there is a concerted effort to impliment the guidelines through training by NBTS and partners such as the World Health Organisation.

NBTS is highly donor dependent, the biggest supporter being USG through PEPFAR. To address the sustainability issues GOT is in the process of gradually incooperaing the NBTS into its national planning strategies and expanding collaboration with additional partners such as the Norwegian Agency for Development Cooperation which is in the process of establishing a transfusion agency in Dodoma, and the Japenese International Cooperation Agency which assists in the supply of test kits.

The USG supported program has made trememdous progress in the short duration of its existence. However, challenges remain. These relate to the establishment of NBTS as an executive agency of MOHSW which will give NBTS legal status and greater autonomy. In FY 2007 MOHSW, with USG support and technical advise from AABB, will establish a legal framework, appropriate blood legislation and establish a blood transfusion advisory board to oversee and advise on the practice of transfusion medicine in Tanzania. Other challenges include inadequte transportation for mobile teams, administrative duties, transportation of blood after collection and distribution and coverage of
hard-to- reach areas such as Kagera and Kigoma. Currently there is a shortfall of skilled human resource and constant attrition to "greener" pastures. To reach FY 2007 goals in blood safety, USG will support partners working at the national level with MOHSW in improving service quality and with additional partners more regionally focused for developing a pool of non-renumerated donors. USG will directly collaborate with MOHSW on implementing the national policy and the staff recruitment and retention strategies addressing the challenges in human resources.

Program Area Target:

Number of service outlets carrying out blood safety activities	7
Number of individuals trained in blood safety	520

Table 3.3.03: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 7837
Planned Funds: $ 12,000.00
Activity Narrative: This activity relates to HMLB AABB 8223, CDCBase 7837/9473 CT 7776, 7781, PMI, 8233, 7712; SI 7773, 7761;Track 1 ART CU7697/7698, EGPAF7705/7706, HARVARD7719/7722, AIDS Relief7692/7694, DoD7747 HLAB APHL7676
HHS/CDC provides technical assistance and support to MOHSW National Blood Transfusion Service (NBTS) and the Zanzibar Blood Transfusion Service (ZBTS) in implementing activities funded through a central mechanism (track 1) to MOHSW/NBTS and Association of American Blood Banks Consulting services. This technical assistance involves TDY visits from the project officer in Atlanta as well as in country site visits to zonal centres and regional centres operated by the Tanzania Red Cross Society and Millitary hospitals operated by the Tanzania Peoples Defense Force.

Due to the expansion and development of the National Blood Transfusion services the scope for in country technical assistance has greatly widened. HHS/ CDC will recruit a blood safety program officer to coordinate and provide technical assistance to MOHSW/NBTS and the Association of American Blood Banks Consultants.

The program officer will provide technical assistance for the introduction and maintenance of a monitoring and evaluation (M&E) system. An effective M&E system will include the updating, printing and dissemination of M&E tools for blood transfusion services; developing monitoring tools for blood donor clubs; conducting field supervisory visits and biannual progress reviews to develop a detailed implementation plan for FY 07. External Quality Assurance will be put in place to ensure M&E is done by an external agent to complement the internal quality assurance.

The Blood Program officer will also coordinate activities in collaboration with the President Malaria Initiative for prevention of Malaria through provision of Insecticide Treated bed Nets (ITN) to voluntary non-remunerated repeating blood donors and with the Prevention Program for prevention of HIV/AIDS spread through abstinence and be faithful, injection safety and post exposure care using national guidelines.

Due to changes in the contract and conditions on-site, the contracting officer approved several modifications for the National Blood Zonal Transfusion Centers (NBZTC) at the Mtwara and Tabora locations. These changes were not anticipated during COP planning process. Funding for the NBZTC activities were planned for in Fiscal Year 2007 within the MOHSW cooperative agreements. CDC does not have additional funds to address the modification requirements. Both sites are expected to be complete by the end of March and hand-over of the buildings are expected during the month of April. The buildings can not be handed over with out payment for the modifications. MOHSW agreed that the funds should be transferred back to CDC to address short fall in funds.

Continued Associated Activity Information

Activity ID: 5026
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: Country staffing and TA
Funding Source: GHAI
Planned Funds: $ 139,208.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities		☑
Number of individuals trained in blood safety		☑

Target Populations:

Country coordinating mechanisms
Policy makers
USG in-country staff
USG headquarters staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: AABB Track 1.0
Prime Partner: American Association of Blood Banks
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 8223
Planned Funds: $ 400,000.00
Activity Narrative: This activity relates to HMLB MOHSW 8730, CDCBase 7837/9473 CT 7776, 7781, PMI, 8233, 7712; SI 7773, 7761;Track 1 ART CU7697/7698, EGPAF7705/7706, HARVARD7719/7722, AIDS Relief7692/7694, DoD7747 HLAB APHL7676

The American Association of Blood Banks (AABB) has been awarded Track 1 continuing application funding through the Presidential Emergency Fund for AIDS Relief to provide technical assistance to the Tanzania mainland and Zanzibar Ministries of Health for their respective National Blood Transfusion Services (NBTS) for purposes of rapidly strengthening the blood supply in Tanzania.

AABB began providing technical assistance to the Tanzania MOHSW in March 2006. An initial familiarization visit was conducted in May 2006. The primary purpose of this visit was or establishing contacts with the Ministry of Health and Social Welfare (MOHSW) and Centers for Disease Control and Prevention (CDC) officials and become familiar with the ongoing blood safety activities. The site visits included the Lake Zone Blood Transfusion Service (BTS) in Mwanza, Northern Zone BTS in Moshi, Eastern Zone BTS in Dar es Saalam, Zanzibar Zone BTS, Muhimbili National Hospital, Bugando Medical Center (BMC), and Kilimanjaro Christian Medical Centre (KCMC). The MOHSW is creating a completely new program in Tanzania and Zanzibar. Prior to the formation of the NBTS, blood collection and related activities were hospital-based with replacement onation from relatives and friends accounting for over 90% of the blood cpllected. The primary objective in forming the NBTS was therefore to create a more centralized and coordinated system of blood banks to focus on collecting, processing, and distributing safe blood throughout Tanzania and Zanzibar from voluntary non renumerated blood donors. AABB found significant progress already been achieved with regard to renovation of facilities. Four Zonal Centers had been completed and staffed.
In FY 2006 AABB provided technical assistance in the development of the National Blood Transfusion Service Policy Guidelines, the Guidelines on the Clinical Use of Blood and Blood Products, the Specific Blood Transfusion Practice Guidelines and theBlood Donor Recruitment and Retention Guidelines. Assistance has been provided for the development of SOPs, policy documents, and training materials. In FY 2006 two training sessions were conducted in Tanzania and Zanzibar on Donor Services with a total of 53 staff members trained.

For the management of the NBTS, In FY 2007, AABB will continue to provide technical assistance to the MOHSW/ NBTS in their efforts to establish a legal framework and appropriate blood policy legislation / regulation / policy. The MOHSW has also advocated for the establishment of a national blood transfusion program advisory board. AABB will also provide the necessary technical assistance in reaching this goal. AABB will assist NBTS with the definition, improvement and implementation of a management structure for the NBTS, and provide appropriate management training for key NBTS personnel.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities		☑
Number of individuals trained in blood safety	120	☐

Target Populations:

Doctors
Nurses
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Policy makers
USG in-country staff
USG headquarters staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Other Health Care Worker

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism:	MOHSW Track 1.0
Prime Partner:	Ministry of Health and Social Welfare, Tanzania
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Central (GHAI)
Program Area:	Medical Transmission/Blood Safety
Budget Code:	HMBL
Program Area Code:	03
Activity ID:	8720
Planned Funds:	$ 3,500,000.00

Activity Narrative: This activity relates to HMLB AABB 8223, CDCBase 7837/9473 CT 7776, 7781, PMI, 8233, 7712; SI 7773, 7761;Track 1 ART CU7697/7698, EGPAF7705/7706, HARVARD7719/7722, AIDS Relief7692/7694, DoD7747 HLAB APHL7676

This activity program works to assist the Ministry of Health and Social Welfare (MOHSW) establish a national blood transfusion service in Tanzania from a pool of voluntary non renumerated voluntary repeat blood donors. The key operational areas of the program are to strengthen the infrastructure of the National Blood Transfusion Service (NBTS), assist the establishment of the legal framework for the NBTS, define and strengthen the management structure of the NBTS, develop/adopt appropriate National Standards to guide blood bank operations, strengthen the local networks and ensure sustainability of the blood transfusion services.
It relates to Prevention of Medical Transmission/ Injection Safety, Counselling and Testing and Strategic Information Program Areas. In FY 2006, technical assistance and consultancy services to MOHSW and the NBTS was provided by the American Association of Blood Banks (AABB). In FY 2007 AABB will continue to provide the technical assistance and assist in the implimentation of activities for the NBTS.

The Government of the United Stated of America (USG) support has included the renovation, staffing and equipping of seven zonal blood transfusion centers. The provision of blood in Tanzania had been totally dependent on replacement donation from families and friends. In their areas of operation, the centres have provided greater than 80% of units transfused from non renumerated voluntary blood donors. The NBTS showed a significant increase in blood collection from voluntary non remunerated blood donors,from 5,000in FY 2005 to 70,000 units at the end of FY2006. This target is increased to 120,000 units by the end of FY 2007. In FY 2007 efforts will focus on renovation of hospital based facilities in the hard to reach areas which will function as hospital based NBTS outlets. This is necessitated by the challenges in recruitment of staff to adequately run the services and the poor communication infrastructure to the areas.

With Techical Assitance from AABB, the USG has assisted MOHSW in the formulation of policy and technical guidelines, protocols and manuals for the NBTS and the training of 340 health workers in blood donor recruitment counseling, blood processing and storage using in country developed modules. In FY 2007 the program will embark on recruiting and training of staff to meet the human capacity requirements within the NBTS, increasing institutional capacity to manage resources effectively and expand coverage for blood collection in order to reach at least 50% of the National requirements from Voluntary non renumerated blood donors. The staffing requirements are standardized for all the zonal centers for sustainability.

In FY 2007 the Ministry of Health and Social Welfare (MOHSW) through the NBTS aims at strengthening of cold chain maintenance in seven regional and municipal hospitals. These hospitals had been included in the planning of the NBTS since inception (2001) and were earmarked to become regional blood centers whose function is to store and process blood for use within tht hospitala and also to receive processed blood from the zonal centers and distribute to neighboring facilities such as the District Hospitals, Faith Based Hospitals and Private Hospitals. As a beginning, the NBTS aims at equipping the regional blood centers with ideal refrigeration for blood storage. This will be a collaborative effort between USG and the Government of Tanzania (GOT). This collaboration will also apply to the supplies which NBTS requires for its services to run.

The FY 2007 NBTS activities in collaboration with AABB technical assistance and consultation will focus on implementing a monitoring and evaluation (M&E) system to maintain quality, efficiency and effectiveness of the NBTS. An effective M&E system will include the updating, printing and dissemination of M&E tools for blood transfusion services, developing monitoring tools for blood donor clubs, conducting field supervisory visits and carry out biannual progress reviews of the implementation plan for FY 2007. NBTS will undertake to train two individuals to carry out the M&E activities. An External Quality Assurance Assessment will be implimented by a contracted agency to complement the internal quality assurance.

In 2007 NBTS will collaborate with the Presidential Malaria Initiative to ensure a malaria free pool of voluntary blood donors and to reduce the need for transfusion due to malaria

related anaemia.. These measures include collaboration with other stakeholders in delivering prevention messages and the distribution of Insecticide Treated bed Nets (ITN) to voluntary non-remunerated repeating blood donors. The program will also collaborate with the prevention programs to enhance the stay safe messages of HIV/AIDS through abstinence and be faithful, injection safety and post exposure care.

Community mobilization supported by the USG has complemented development of NBTS capacity and significant gains have been made in the establishment of blood donor clubs for youth (Club 25) in 12 out of the 21 regions. Activities in FY 2007 will be expanded in coordination with the NBTS to a total of 120 clubs in these 12 regions surrounding the seven zonal blood transfusion centers. These community efforts will support the collection of 52,000 additional blood units. Emphasis will be placed on strategies to reduce the dependence on family replacement blood donors by creating a pool of young voluntary, repeat non-remunerated donors

The MOHSW / NBTS will collaborate with the USG and AABB towards the establishment of the NBTS as an executive agency for oversight of the national blood transfusion services. Initially key staff for fiscal management and M&E will be hired on a contract basis with Emergency Plan funds with the executive agency taking over personnel costs upon budget approval by Parliament.

The USG to date has been the major collaborator supporting the GOT's efforts for the strengthening of the blood transfusion services. This effort has been complemented by the Norwegian Agency for Development Cooperation which supports the establishment of a national training centre in Dodoma through a technical assistance from University of Bergen in Norway. In collaboration with the Japanese International Cooperation Agency supplements safe blood screening by providing test kits for HIV, hepatitis and syphilis.

Combined, these efforts will support USG strategic goals of safe blood provided to all health facilities by 2008.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	7	☐
Number of individuals trained in blood safety	400	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Doctors
Nurses
Pharmacists
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Program managers
Teachers
USG in-country staff
USG headquarters staff
Secondary school students
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Doctors
Laboratory workers
Implementing organizations (not listed above)

Key Legislative Issues

Twinning

Wrap Arounds

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 9473
Planned Funds: $ 61,680.00
Activity Narrative: This activity relates to HMLB AABB 8223, CDCBase 7837/9473 CT 7776, 7781, PMI, 8233, 7712; SI 7773, 7761;Track 1 ART CU7697/7698, EGPAF7705/7706, HARVARD7719/7722, AIDS Relief7692/7694, DoD7747 HLAB APHL7676
HHS/CDC provides technical assistance and support to MOHSW National Blood Transfusion Service (NBTS) and the Zanzibar Blood Transfusion Service (ZBTS) in implementing activities funded through a central mechanism (track 1) to MOHSW/NBTS and Association of American Blood Banks Consulting services. This technical assistance involves TDY visits from the project officer in Atlanta as well as in country site visits to zonal centres and regional centres operated by the Tanzania Red Cross Society and Millitary hospitals operated by the Tanzania Peoples Defense Force.

Due to the expansion and development of the National Blood Transfusion services the scope for in country technical assistance has greatly widened. HHS/ CDC will recruit a blood safety program officer to coordinate and provide technical assistance to MOHSW/NBTS and the Association of American Blood Banks Consultants.

The program officer will provide technical assistance for the introduction and maintenance of a monitoring and evaluation (M&E) system. An effective M&E system will include the updating, printing and dissemination of M&E tools for blood transfusion services; developing monitoring tools for blood donor clubs; conducting field supervisory visits and biannual progress reviews to develop a detailed implementation plan for FY 07. External Quality Assurance will be put in place to ensure M&E is done by an external agent to complement the internal quality assurance.

The Blood Program officer will also coordinate activities in collaboration with the President Malaria Initiative for prevention of Malaria through provision of Insecticide Treated bed Nets (ITN) to voluntary non-remunerated repeating blood donors and with the Prevention Program for prevention of HIV/AIDS spread through abstinence and be faithful, injection safety and post exposure care using national guidelines.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Table 3.3.03: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Ministry of Health and Social Welfare, Tanzania
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 12387
Planned Funds: $ 250,000.00
Activity Narrative: In the efforts of ensuring and maintaining regular sources of safe blood, the MOHSW in collaboration with partners continue to establish blood donor clubs. The USG has supported the development of the NBTS and the establishment of blood donor clubs for youth (Club 25) in 12 regions. Activities proposed for the additional funds include, expanded coordination of the NBTS with the donor clubs, to establish and strengthening 6 youth clubs in each of the 20 regions; conduct advocacy sessions on youth clubs for heads of schools, community and religious leaders; conduct quarterly blood donation through the youth club initiatives in the Zonal centers; conduct appropriate social activities to stimulate the youth clubs such as games, drama, publicity, develop monitoring tools for follow up and updating the records on blood donation. The youth clubs established will facilitate easy follow up of blood donors; assist in the dissemination of information on collection and use of safe blood. Activities will include implementation of best practices for maintaining a pool of voluntary non remunerated repetitive blood donors.

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities		☑
Number of individuals trained in blood safety	120	☐

Table 3.3.03: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Regional Procurement Support Office/Frankfurt
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 12388
Planned Funds: $ 200,000.00
Activity Narrative: To support the rapid strengthening of the National blood transfusion services in Tanzania, three more centers have been renovated in Zanzibar, Mtwara and Tabora increasing the service outlets to seven as planned in FY06. CDC has completed the renovation of the three sites through a RPSO contractual agreements. Equipment for the facilities was initially procured through the RPSO mechanism. However the funding calculated during FY06 catered for some of the equipment in anticipation for complete procurement in FY07 utilising Post Held Funds. In FY07 no funds were allocated to post for blood safety equipment procurement. The equipment to be procured is necessary for the centers to be functional.

Table 3.3.04: Program Planning Overview

Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04

Total Planned Funding for Program Area: $ 1,055,000.00

Program Area Context:

In Tanzania, as in most developing countries, the World Health Organization (WHO) estimates that at least 5% of new HIV infections per year are attributable to unsafe injections. To assess current medical injection practices and extent of risk, USG supported the Infection Prevention and Control-Injection Safety (IPC-IS) program's
cross-sectional assessment of five medical injection safety pilots at referral and consultant hospitals in 2004. The study evaluated infection control and safe injection practices among prescribers, health providers, patients and community members. The study found that unsafe injection practices occurred in 47% of instances, with high numbers of needle stick injuries among health workers, inadequate disposal procedures (89%), and a large number of unnecessary injections (e.g., injectable vitamins and antibiotics). Furthermore, post-exposure prophylaxis (PEP) is neither widely used nor consistently available. The most important factors contributing to unsafe practices which can result in needle stick injuries to health staff are the lack of safe disposal facilities, improper disposal procedures, and disposal of hazardous waste in open and unguarded rubbish areas.

The Government of Tanzania (GOT) and USG remain committed to ensuring safe, quality health care services to Tanzanians through the implementation of IPC-IS. USG supports the Ministry of Health and Social Welfare's (MOHSW) overall responsibility for achieving the three–step strategy recommended by WHO and the Safe Injection Global Network (SIGN) that includes supporting behavior change for healthcare workers and patients to ensure safe injection practices, ensuring availability of equipment and supplies, and introducing safe management procedures for disposal of medical waste. The objectives of the program are to: strengthen the national capacity to establish policies for safe and appropriate use of injections; ensure industry standards and the quality and safety of injection devices; guarantee the availability and affordability of injection devices; ensure appropriate and cost-effective use of injections during percutaneous or per mucosal procedures performed in medical and other settings; ensure safe and appropriate health care waste and sharps management in all health care facilities; implement PEP for HIV exposure; and vaccinate all health workers at risk of Hepatitis B infection.

Since 2004, MOHSW, through USG support, has worked with partners to develop the Infection Prevention (IPC) policy, the IPC training manual and job aids. Four sets of additional policies are in draft form: Healthcare Waste Management (HCWM) national policy guidelines; Standard Operating Procedures (SOP); IPC-IS pocket guides; and HCWM training modules. MOHSW has functioned as the coordinator for IPC-IS implementation by organizing stakeholders through Infection Prevention Control Committees and Health Care Waste Management Committees at both the Ministry level and facility levels. Through these bodies, the program ensures that the MOHSW goal for all healthcare providers to practice universal safety precautions across such services as Blood safety, Laboratory, Counseling and Testing, and Prevention of Mother to Child Transmission of HIV services is achieved. The program has established an environment where healthcare workers and patients are better protected from transmission of HIV and other blood-borne pathogens via medical practices.

In FY 2006, MOHSW, through USG technical and financial support, has initiated a Universal Safe Precaution and Injection Safety program in five referral hospitals and 60 district facilities. Under this program, MOHSW developed, printed, and disseminated over 5,000 copies of National IPC-IS guidelines in these facilities. In addition, a total of 2,762 health workers were trained in general IPC-IS, quantification/management of safety injection supplies and proper waste handling. This was augmented by direct USG support in procurement of safety equipment (personal protective gear) and safety boxes. MOHSW and the private sector are currently examining possibilities for local production of safe disposal boxes and injection devices as an alternative to reliance on imported commodities.

Rolling out the program has been possible through a clear division of tasks between the three USG partners, namely MOHSW, John Snow Inc. and Johns Hopkins Health Program for International Education

in Gynecology and Obstetrics (JHPIEGO) and other key actors in this area. The decentralization of the training to the zonal level has served to speed the implementation of the program especially in the area of training health workers. Other donors such as German Technical Cooperation (GTZ) and WHO have supported the initiation of the universal safe precautions program in Tanzania. Danish International Development Agency (DANIDA) through the Health Sector Program Support (HSPS III) provided funding for training of tutors on IPC-IS, quality improvement and supportive supervision for quality health care. It is believed that it will take the combined experience and long-term commitment of these donors, MOHSW and USG to build the significant capacity required to achieve the MOHSW goal. Key challenges include the need to further develop and implement the PEP policy and guidelines for healthcare workers, ensure continued quality training for healthcare workers in IPC-IS, and procurement of injection equipment with safety features, safety boxes for health facilities, and protective gear for waste handlers.

USG support in FY 2007 will focus on scaling up the IPC-IS program in Tanzania. Under the Emergency Plan, USG will provide ongoing technical assistance and funding to MOHSW for the continued expansion of IPC-IS to10 new regions, reaching 76 sites. USG efforts have been coordinated with the MOHSW and other donors to maximize both geographic and programmatic coverage. Capacity strengthening of referral hospitals and zonal training centers in the application of and education in standard safety precautions, including waste management, will be a critical component of USG's activities fostering long-term sustainability. This will include the implementation of targeted advocacy and behavior change strategies. Critical priorities will be to continue decentralizing training to zonal training centers, developing a strategy for local production of injection equipment with safety features, finalizing the PEP policy and guidelines for healthcare workers, lobbying for vaccination of healthcare workers at risk of Hepatitis-B infection with Hepatitis-B vaccines, training of tutors in health training institutions on IPC-IS, integrating IPC-IS trainings into the existing training curriculum for health training institutions, and advocating for inclusion of IPC-IS activities in Medium Term Expenditure Framework (MTEF) for sustainability. In FY 2007, this will be achieved through three USG partners working in collaboration with other key actors to strengthen existing programs and to emphasize stronger linkages with other programs.

Program Area Target:

Number of individuals trained in medical injection safety	11,896

Table 3.3.04: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 7730
Planned Funds: $ 400,000.00

Activity Narrative: This activity is linked to other activities in Injection Safety (# 7732, 7759), and to activities in Policy and Systems Strengthening. Transmission of infection continues to be a major problem in Tanzanian health care settings, affecting both the users of health services as well as health care workers. Improper infection prevention and control practices, including unsafe use of injections, continue to be a route for HIV transmission. Infection also remains one of the top five direct causes of maternal death in Tanzania. The Ministry of Health and other stakeholders in health sector acknowledge that infection prevention is one of the pre-requisites for ensuring safe health care delivery as well as protecting the population from infectious diseases, including HIV/AIDS. It is also essential to protecting the health workforce. This infection prevention (IP) activity is a follow-on effort implemented by JHPIEGO (a Johns Hopkins Affiliate) in partnership and with the leadership of the Ministry of Health under the ACCESS program. (ACCESS to Clinical and Community Maternal, Neonatal And Women's Health Services is a 5-year, USAID-sponsored global program aimed at reducing maternal and newborn deaths and improving the health of mothers and their newborns).
In FY2006, JHPIEGO/ ACCESS, with support of FY 05 PEPFAR funding has produced a pocket guide containing the National Guidelines on Infection Prevention. This is a simplified National guidelines book translated into Swahili. However, due to delays in funding, printing, and dissemination of the simplified Kiswahili guidelines will be carried over to ACCESS FY2007 work-plan. The purpose of the pocket guides is to provide all healthcare service providers with basic infection prevention guidelines and safety precautions applicable in their day-to-day activities. Updates on injection safety will be one of the important components of the pocket guide. Additional activity components for FY2007 include developing, printing and disseminating an orientation package on infection prevention which will assist district supervisors, trainers and other resource people in their efforts to orient policy makers at the district level and health providers to the IP guidelines. The orientation package aims at facilitating the updates on infection prevention Standard Precaution practices at district and other levels of health care system. To benefit health workers at health centers and dispensaries in Tanzania, the orientation package will be translated into Swahili. Sufficient copies will be produced so that it is available in every district, as well as one per large health facility including FBO facilities. The pocket guide will be distributed widely so that peripheral health facilities as well as some Village Health Management Committees will be reached. Two trainers from 37 districts where ACCESS in collaboration with the MOH introduced focused ANC in FY2006 will be given an update on IP and Injection Safety and oriented on the use of the Swahili Infection Prevention Orientation Package. This training session will also equip trainers with advocacy skills for them to advocate for infection prevention among Council Health Management Teams (CHMTs). Advocacy training will include advocating for the allocation of resources to conduct orientation sessions on infection prevention and injection safety as well as to ensure that standard precautions feature in Council Comprehensive Health Plans. In turn trainers will conduct orientation of service providers in their own districts to complete the training cascade, resulting in over four hundred and seventy individuals being trained in infection prevention and injection safety. ACCESS together with the MOHSW will follow up with trainers to support them as they carry out these orientations. It is expected that over 2000 providers will be reached with the Swahili pocket guide on Infection Prevention in at least 37 districts. A follow-up tool will be developed for use by the supervisors.

With additional funding, JHPIEIGO through the ACESS program will support the MOHSW in initiating the process of adopting training tools for the pre-service schools (Nurse and Nurse mid-wife certificate and diploma schools) so that IS-IPC can be part of the mainstream training curriculum of these institutions. This will ensure that capacity building in IPC-IS is implemented In Tanzania in a more cost effective and sustainable manner. They will work with over 20 such schools who have over 500 graduates a year. Health Care Providers from these schools form the bulk of providers in Health centers and dispensaries throughout Tanzania.

Continued Associated Activity Information

Activity ID: 3422
USG Agency: U.S. Agency for International Development
Prime Partner: JHPIEGO
Mechanism: N/A

Funding Source: GHAI
Planned Funds: $ 200,000.00

Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in medical injection safety	496	☐

Target Populations:

Community-based organizations
Faith-based organizations
Family planning clients
Nurses
Infants
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Pregnant women
Men (including men of reproductive age)
Women (including women of reproductive age)
Host country government workers
Doctors
Laboratory workers
Nurses

Coverage Areas

Kigoma

Kilimanjaro

Mara

Mwanza

Ruvuma

Shinyanga

Tabora

Tanga

Table 3.3.04: Activities by Funding Mechanism

Mechanism:	JSI Track 1.0
Prime Partner:	John Snow, Inc.
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Central (GHAI)
Program Area:	Medical Transmission/Injection Safety
Budget Code:	HMIN
Program Area Code:	04
Activity ID:	7732
Planned Funds:	$ 0.00

Activity Narrative: Activity linked to # 7730 & #7759 in IPC
JSI works in close collaboration with the Ministry of Health and Social Welfare (MOHSW) under a shared National Strategic Plan and work plan. The project also benefits from collaboration with a broad Stakeholders Coordinating Forum (SCF) that meets quarterly to review activities. MMIS Tanzania has taken a top-down approach to achieve nationwide scale-up. Program implementation began in 2004 and covered 82 facilities that include 5 referral hospitals, 12 regional hospitals namely Kagera, Mwanza, Kilimanjaro, Tanga, Dodoma, Coast, Dar es Salaam, Mbeya, Mtwara, Iringa, Kigoma, Unguja and Pemba. 42 district hospitals, 24 Faith Based organization hospitals and 4 private hospitals.

Activities implemented in 2006 include the training of 48 Zonal trainers of trainers (TOTs) in the 8 Zonal Trainers Centers (Northern, Lake, Western Southern, Southern Highlands, South western Highlands, Eastern and Central) 350 Hospital Based TOTs and 943 health workers. A total of 210,000 syringes and needles with re-use prevention and needle stick prevention features were distributed to the 12 MMIS project health facilities namely Muhimbili National hospital, Bugando Medical Centre, Kilimanjaro Christian Medical Centre, Mnazi Mmoja Hospital in Zanzibar, Mbeya Referral hospital, Kagera, Dodoma, Tumbi, Chake Chake, Rubya, Mpwapwa and Utete . In addition, 70,300 safety boxes and were also procured and distributed in respective hospitals 500 Programme Newsletters and 2000 Brochures were printed and distributed to stakeholders. The five year BCC strategy was drafted. 11,500 information and education communication (IEC) materials targeting prescribers, injection providers, and patients for reducing unnecessary injections were printed and distributed. John Snow Inc Making Medical Injection Safer (JSI – MMIS) actively participated in the MOHSW's development of the National Health Care Waste Management (HCWM) strategy and guidelines. JSI - MMIS has also leveraged with health facility administrators for increased funding for HCWM and requested funds from regional/district health councils, including capital costs for incinerator construction and recurrent costs for operation, repair, and maintenance of incinerators. JSI - MMIS has been registered with the National Environmental Management Council (NEMC) and the Vice-President's Office's Division of Environment, the health care waste regulatory authority in Tanzania. MMIS has also been appointed by MOHSW as a member of the National Steering Committee for HCWM.

In 2007, about 6,750 health workers excluding those trained by the MOHSW will be trained in 76 health facilities. The main focus will be on improving injection safety and infection prevention control practices, health care waste management, supply management and behavior change communication. The strategies will include use of hospital based TOTs to train health workers in their respective facilities.

JSI will ensure the availability of safe injection equipment and supplies at service delivery points through effective commodity procurement and in-country logistics management including the development of strategies to achieve injection device security. A total of 14,000,000 syringes and needles with re-use prevention and needle stick prevention features, 175,000 safety boxes and 10,190 Personal Protective equipment (PPE) for the 177 JSI project health facilities that include all from 2004 to 2007 will be procured. In order to strengthen the logistics management information system (LMIS) JSI will print and distribute quarterly request and order forms for all the 177 project sites in line with what is being used by MOHSW. Distribute supplies nation-wide using the indent system through Medical Stores department (MSD). Ensure that re-use prevention injection devices, safety boxes, and personal protective equipment (PPE) for waste handlers are available through MSD and the private sectors. Continue to encourage manufacturers both international and local to manufacture or import the commodities especially for the private sector. Continue the advocacy with the Local Government Authority so that district health facilities include re-use injection prevention devices, safety boxes and PPEs in their Comprehensive Council Health Plans.

JSI will promote the reduction of unnecessary injections through the development and implementation of targeted advocacy and behavior change strategies. The IEC materials that were developed earlier will be reviewed, and printed for distribution to the 177 health facilities. The materials that include calendars, posters, fliers, brochures, and job aids targeting prescribers, injection providers, patients and the community for reducing unnecessary injections includes continue to write and distribute Programme Newsletters and Brochures for the stakeholders. Participate in national and international events such

World Environment Day, AIDS Day and develop, print and distribute Information Education Materials (IEC), 5000 and 1500 participants' manuals to the health facilities through their Zonal MSDs

JSI will contribute to developing and strengthening sustainable, safe health care waste management systems through training of 354 HCWM incinerator operator staff on proper and effective waste disposal, incineration and maintenance of incinerators. Support the Environment health, hygiene and sanitation unit in the MOHSW to develop the National Environmental Health, Hygiene, and Sanitation Strategy and provide technical assistance to health facilities for management of sharps waste. Analyze data collected from the health facilities earmarked for expansion on current HCWM practices. Support the quarterly meetings of the both the National HCWM Steering Committee and Stakeholders Coordination Forum.

JSI will provide technical support to MOHSW on the construction, operation and maintenance of incinerators. Those health facilities near the Zonal Blood Transfusion Centres which have incinerators may be requested to use the facilities.

In collaboration with MOHSW, JSI to improve health care worker safety through advocacy for effective needle-stick prevention and management guidelines and policies. Support the MOHSW efforts to include Hepatitis B vaccinations and personal protective equipment in the Health Sector Action Plans 2006-2009 for acceleration of HIV prevention.

Monitoring & Evaluation of IS-IPC activities JSI will continue to conduct technical supportive supervision with the MOHSW using a unified reporting monitoring tools developed together by MOHSW and JSI to collect data and analyze it. The MOHSW, and JSI in collaboration with WHO have developed a PEP form for monitoring sharps injuries where an individual health worker is required to fill in under supervision of a selected medical doctor/clinician. MOHSW, CDC, WHO and JSI will soon jointly conduct a Health Workers Safety study in Tanzania regarding among others PEP.

Continued Associated Activity Information

Activity ID:	3441
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	John Snow, Inc.
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 0.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in medical injection safety	6,750	☐

Target Populations:

Adults
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Family planning clients
Doctors
Nurses
Pharmacists
Infants
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Pregnant women
Children and youth (non-OVC)
Host country government workers
Laboratory workers
Other Health Care Worker
Other Health Care Workers
Implementing organizations (not listed above)

Key Legislative Issues

Wrap Arounds

Coverage Areas

Dar es Salaam

Kilimanjaro

Dodoma

Iringa

Kagera

Mwanza

Pwani

Mbeya

Mtwara

Table 3.3.04: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Ministry of Health and Social Welfare, Tanzania
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Medical Transmission/Injection Safety
Budget Code:	HMIN
Program Area Code:	04
Activity ID:	7759
Planned Funds:	$ 655,000.00

Activity Narrative: This activity is linked to other activities Infection prevention & Control Injection safety (IPC -IS) #7730 & #7732.
Ministry of Health and Social Welfare (MOHSW) started implementation of IPC - IS activities in FY 2004, with technical assistance from John Snow Incorporate (JSI) after being contracted by CDC. The activities include training of healthcare workers on infection prevention and control (IPC), injection safety (IS), healthcare waste management (HCWM), logistics and behavior change communication (BCC). The activities are coordinated through Health Services Inspectorate Unit (HSIU) under the office of the Chief Medical Officer (CMO).

The goal of this activity is to prevent and control infections, reduce the occurrence of sharps injuries and other exposures, and eliminate unsafe injection practices in Tanzania and therefore reduce the burden of blood borne pathogens and other infections.
To date, 12 hospitals, with five referral hospitals (Bugando Medical Centre (BMC), Kilimanjaro Christian Medical Centre (KCMC), Mbeya Referral Hospital, Muhimbili National Hospital (MNH) and Mnazi Mmoja Hospital in Zanzibar), three regional hospitals (Dodoma, Kagera and Tumbi Special Hospital) and four district hospitals (Mpwapwa, Rubya Designated District Hospital (DDH), Utete na Chake-Chake Hospitals in Pemba South Region) hospitals have been involved in the programme. A total of 2,762 HCWs have been trained from these sites. The sites have also received injection devices with reuse prevention features and safety boxes for disposal of sharps supplied by JSI. Supportive supervision has been carried out in the 12 sites (BMC, KCMC, Mbeya Referral Hospital, Mnazi Mmoja Hospital, Dodoma Regional Hospital, Kagera Regional Hospital, Mpwapwa District Hospital and Tumbi Special Hospital,Utete District Hospital, Rubya DDH, Chake-Chake District Hospital and MNH).

In FY2007, MOHSW will continue to strengthen the capacity of healthcare workers in the area of IPC - IS practices in 76 sites. These sites include the sites for MOHSW, JSI and JHPIEGO through its ACCESS project, that deals mainly with IPC - IS in the areas of Reproductive and Child Health Services (RCHS), particularly in Focused Ante-Natal Care (FANC). In FY 2007 with USG support MOHSW will expand to 64 new sites and maintain the 12 old sites. These sites include public and faith-based health facilities from 10 regions (Dar es Salaam, Kilimanjaro, Mwanza, Dodoma, Iringa, Kagera, Morogoro, Ruvuma, Tanga and Coast). A total of 4,500 healthcare workers (HCWs) will be trained through MOHSW. The strategy is to build capacity of the regional and district hospitals by using resource persons in zonal training centers and hospital based TOTs from the respective sites who have been trained in collaboration with JSI and JHPIEGO. A facilitator's Guide (FG) and Participants Manual (PM) will be finalized and produced in collaboration with WHO and JSI.

MOHSW will ensure availability of personal protective equipment (PPE), supplies, injection devices and related commodities at service delivery points through commodity procurement, development and implementation of effective strategies in 76 supported sites by September 2008. The injection devices and safety boxes will be supplied by JSI. PPE and other supplies such as antiseptics and disinfectants will be procured by the facilities using funds from their budget (government and other sources). Thus the health facilities will budget according to their priorities.

To promote sustainability of program activities, the Hospital Management Teams (HMTs) and Council Health Management Teams (CHMTs) will be encouraged to plan for PPE, safety boxes, other supplies and injection devices in their Comprehensive Hospital Plans (CHPs) and Comprehensive Council Health Plans (CCHPs) respectively.This will also be stressed during trainings of HCWs and sensitization of HMTs. In collaboration with key actors MOHSW will develop and implement advocacy and behavior change strategies to improve IPC - IS practices to 76 sites by September 2008. This objective will include use of IEC materials developed in collaboration with JSI to sensitize the service providers and community on best practices for IPC - IS including healthcare waste management and reducing unnecessary injections. This will also involve training of TOTs and HCWs on BCC at the new sites. The startegy is to ensure that in every Zonal Training Centre and the respective health facilities there are TOTs in the area of BCC. This will ensure that the BCC area is well covered in subsequent trainings and better impact the change of IPC practices among healthcare workers.

MOHSW will work with USG to establish sustainable healthcare waste management systems by September 2008. This will aim at having safe, appropriate and effective ways of disposing waste in health facilities depending on the availability of recommended technologies. JSI will continue to provide technical assistance to MOHSW. There are specifications on the type of incinerators to be used especially the small-scale incinerators known as De Montifort Incinerators. The Environmental Sanitation and Occupational Health Section is also in the final stages of produce three documents in draft form: HCWM National Policy Guidelines; Standards and Procedures for HCWM in Tanzania; and HCWM Training Modules. Health facilities will be encouraged to budget for HCWM, including construction of small scale Demontefort incinerators.

Through Public Private Partnerships and implementation of a global communication and advocacy strategy to leverage and coordinate support for IPC and IS by September 2008. The objective will include conducting on quarterly stakeholders' coordination forum (SCF) meetings on quality improvement. Through SCF, various programs providing healthcare services will be urged to set aside overhead costs for the management of healthcare waste generated while rendering services. This will ensure concerted efforts towards proper HCWM.

Strengthen the National IPC - IS Program office in MOHSW to manage, coordinate and supervise IPC - IS activities in the country by September 2008. MOHSW will work with partners in tracking progress of the different activities through monthly work plan monitoring and reporting. The supervision activities will be conducted in collaboration with partners.

With additional funds, MOHSW will train Hospital Management Teams (HMTs) while advocating for Hospitals to include the activities in their annual plans and Comprehensive Council Health Plans (CCHPs). During training sessions in respective hospitals, members of HMTs and in-charges of various departments and sections will be given priority to attend the first sessions. This will enable them to provide on the job training and supportive supervision to other HCP in their respective health facilities
The Council Health Management Teams (CHMTs) with the guidance of the Ministry of health and Social Welfare (MOHSW) need to plan IPC – IS activities into the Comprehensive Council Health Plans (CCHP). To achieve this, the CHMTs require guidance in terms of policy guidelines for IPC-IS. The planning guidelines will be developed and will focus on supportive supervision of IPC-IS and quality improvement. This is a comprehensive document which CHMTs will adapt to make their own checklists for supervision. The funds will also be used to print the Tanzania Quality Improvement Framework (TQIF) that has been developed following experiences and lessons learned from the field visits, interviews and desk reviews. It contains key activities to be implemented in Tanzania at the National, Regional and District levels. The document also advocates for a coordinated and integrated mechanism to monitor, implement and report QI issues including IPC – IS activities at all levels.

Continued Associated Activity Information

Activity ID:	3500
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health and Social Welfare, Tanzania
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in medical injection safety	6,000	☐

Target Populations:

Adults
Faith-based organizations
Family planning clients
Doctors
Nurses
Pharmacists
Infants
Non-governmental organizations/private voluntary organizations
Pregnant women
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
Laboratory workers
Other Health Care Worker
Other Health Care Workers

Key Legislative Issues

Wrap Arounds

Coverage Areas

Dar es Salaam

Kilimanjaro

Mwanza

Dodoma

Iringa

Kagera

Morogoro

Ruvuma

Pwani

Table 3.3.05: Program Planning Overview

Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05

Total Planned Funding for Program Area: $ 8,210,000.00

Program Area Context:

The Government of Tanzania (GOT) and USG remain committed to a comprehensive prevention program as a fundamental component of all services, assuring the active promotion of linkages throughout the prevention to care continuum. In the early 1990s Tanzania was acknowledged for cutting edge programming to address at risk population groups. By the mid 1990s this specificity had been lost and more generalized programming became the norm. This shift is felt to have contributed to a loss in ground against the HIV and AIDS pandemic in Tanzania. Given the continuing level of stigma and discrimination that exists among Tanzanians, specific emphasis needs to be placed on combating negative social norms and supporting individual behavior change such as increased use of condoms, decreased number of sexual partners, increased service seeking behavior (e.g. for CT) and reduced transgenerational sex. In order to assure these linkages throughout the continuum of care, activities included in this section will support, and are supported by, activities in the AB, CT, PMTCT, care, and treatment sections.

Tanzania is experiencing a generalized HIV epidemic with a 7% infection rate. High-risk sex as defined by the Tanzania HIV AIDS Indicators Survey (THIS) is sex with a non-marital, non-cohabitating partner in the preceding 12 months; 23% of women and 46% of men engaged in high risk sex by this definition. Of them only 38% of women and 50% of men reported using condoms at the most recent high risk sexual encounter. Six percent of women and 27% of men also report having had more than one sexual partner. Anecdotal information also points to the need to more effectively target most at risk populations (MARPS), including the uniformed services, agricultural workers, commercial sex workers, and truckers and communities along the transport corridors. These understandings of the presence of risk behaviors are supported by wide variations in regional and population prevalence statistics, reaching 14% along the Tanzania-Zambia transportation corridor, by a small limited study of CSW infection rates as high as 69%, and by small qualitative studies from the University of Texas over the last several years indicating that the IDU population in Tanzania is growing in Dar es Salaam and in other urban cities.

As identified in the USG Five Year Strategy, targeted behavior change and condom distribution to reduce transmission in MARPS, including prevention messages to PLWHAs and specific work place interventions, must be emphasized. The Tanzania Commission on AIDS with collaboration from the National AIDS Control Program and technical assistance from the USG has finalized the National HIV/AIDS Communications and Advocacy Strategy; this strategy is vital to assure the coordination of messages and activities and support best practices. Condom social marketing is supported through USG, Global Fund Round 4, KfW Entwicklungsbank, the Royal Netherlands Embassy, and Marie Stopes Tanzania. In the last year, approximately 86 million condoms were distributed in Tanzania through a combination of social marketing programs, the public sector, and commercial sector sales; however, condom availability continues to be a challenge in the areas of most need. Public sector condoms are limited to distribution through clinics, and do not address the need at places where sex is initiated, negotiated and takes place – that is in bars, guest houses and brothels. FY 2006 funding has been used to procure approximately 35 million condoms and in March of 2006, the USG launched a new male condom, Dume, targeted at high-risk groups (initial sales are averaging almost a million per month).

In FY 2006, the USG portfolio was refocused to more effectively balance its sexual prevention portfolio. Given the strong AB programming focus on youth and the increasing focus on more effectively targeting adult males with faithfulness messages, it is important to also assure appropriate interventions targeted at MARPS. This includes assuring appropriate distribution for effective availability of condoms, increased access to information regarding comprehensive prevention information and interventions, targeting communities surrounding major transport centers and uniformed services bases to ensure access to services, including condom distribution, and the training of health care workers in provision of services targeting at-risk youth. The FY 2006 Semi-Annual Report demonstrates that from October 2005 through March 2006, 976 condom service outlets were stocked, 1,753 individuals were trained in promoting HIV prevention, and almost one million individuals were reached through community-based programs. This puts

our partners well within range of achieving their annual projected targets. In 2007 the USG's Dume condom will be particularly targeted to high risk locations such as truck stops and mines.

In FY 2007 all Other Prevention interventions will be strengthened; in addition the USG program will specifically focus a MARPS intervention on IDUs and CSWs. Focused behavior change communications will include peer education programs, interpersonal communications, and other activities that directly interface with MARP target groups in high HIV transmission areas, including bars, guesthouses and other locations where alcohol is served. Provision of prevention, education and condom distribution services to military personnel and to communities surrounding military posts, including the military health facilities, will be increased as will broad messaging to expand the HIV helpline, increase the variety of "edutainment" methods used, and increase the social marketing of condoms and generic communications to promote overall use of condoms. In two communities along the transport corridor where the environment creates bridges of infection to the rest of the country, efforts such as mobilizing the private sector will be undertaken, especially with bar and guest house owners, to promote joint action to reduce risk for bargirls and patrons. This will include continued work to assure a consistent supply of condoms and peer-education among sex workers and other at-risk women. Local pharmacists/drug shop providers will also receive refresher training in management of sexually transmitted infections, condom promotion and referral for CT. Community-based outreach programs will be used to reach difficult to access IDU populations, to provide credible risk reduction information, and offer the means for behavior change among IDUs to reduce their drug use, reduce reuse of other person's syringes, and increase condom use.

In FY 2007, USG Tanzania is striving to continue to build a broad portfolio of implementing partners to strategically achieve our targets: Five NGOs of varying sizes will continue to work with geographically-concentrated behavior change interventions at the community level, especially along the transportation corridors; four NGOs and one TBD will continue to work at national levels, to assure coordination and training, promote policy-level dialogue and appropriate change, and to conduct community-level behavior change through sub-grants; one TBD partner will work specifically with targeted most-at-risk populations such as IDUs and CSWs. In addition, Peace Corps will continue to place Volunteers throughout Tanzania to work with HIV/AIDS prevention activities. Within the geographic areas in which they work, prevention partners will seek to maximize their collaboration with USG treatment partners to expand the scope of their work focused on prevention with positives.

The activities in FY 2007 build upon existing programs and will expand to emphasize stronger linkages with other programs throughout the continuum of services in counseling and testing and treatment and care, thereby enhancing the comprehensive nature of HIV prevention efforts in Tanzania.

Program Area Target:

Number of targeted condom service outlets	10,069
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,978,500
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	6,797

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Academy for Educational Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	7667
Planned Funds:	$ 3,400,000.00

Activity Narrative: This activity specifically links with activity #9645, #7695, #7717, #8723, #7770, #7787, #9646, and #8728 in Other Prevention, and with #7668 and #9425 in AB.

The Academy for Educational Development (AED) implements The Tanzanian Marketing and Communications Project (T-MARC) to improve the health status of Tanzanians through affordable socially marketed products and health communications; HIV/AIDS products and services specifically target vulnerable groups nationwide. AED/T-MARC will focus on condom marketing and corresponding behavior change communications efforts to most at risk populations in addition to other activities described under AB.

In years past, the USG has been the largest supporter of condom social marketing in Tanzania. In FY 2004 AED/T-MARC was contracted to implement USG/Tanzania's condom social marketing efforts. These efforts focus on improving the access of branded HIV/AIDS products (male and female condoms) to most-at-risk populations across Tanzania, and implementing generic communications initiatives that promote demand and access for these product categories. AED/T-MARC addresses programmatic issues in both the public and the private sectors to improve condom accessibility, availability and consistent use particularly across those regions that are most effected by the pandemic. These efforts depend upon the establishment of strategic and collaborative partnerships with the commerical, NGO and public sector.

In the last year, AED/T-MARC successfully launched two new condom brands, both targeted at most-at-risk-populations, in collaboration with established local commercial sector partners. Working in collaboration with Shelys' Pharmaceutical Ltd., AED/T-MARC launched Dume, a male condom brand targeted at individuals with high-risk sexual lifestyles. Dume is distributed through Shely's existing national distribution system. In addition, Lady Pepeta, a female condom targeted at women who have high-risk sexual encounters (including sex workers and bar girls) was developed and is distributed through Kays Hygiene Products, Ltd. With these products now established in the market, AED/T-MARC seeks to grow the overall market for condoms (male and female), especially among the population of people most at high risk for HIV, including vulnerable individuals along the high transmission transportation corridors. In FY07 AED/T-MARC, and its partners, intend to reach a total of 9,500 condom service outlets with the Dume male condom brand and the Lady Pepeta female condom brand. Outlet penetration efforts will be focused on servicing non traditional channels (bars, nightclubs, guest houses, and brothels) and developing a purchasing culture within these channels, as research has shown that these channels are amongst those most preferred and frequently visited by both Dume and Lady Pepeta's target audiences. In further enhancing Dume and Lady Pepeta's reach and visibiliy T-MARC will collaborate with Marie Stopes and AMREF to intergrate the brands and IEC material across their health facilities and testing centers. These strategic efforts to enhance product availability in key underserved outlets and regions will ensure that Dume and Lady Pepeta focus on meeting the unmet needs of their target audiences. AED/T-MARC anticipates selling 12 million Dume male condoms and at least 800,000 Lady Pepeta female condoms with FY07 funding. These efforts will complement: (1) the public sector (which is delivering 120 million condoms in the first half of FY07); and (2) other socially marketed condoms (69 million condoms for FY07).

Promotional efforts for Dume and Lady Pepeta will involve both brand activation and education efforts. Various communication channels will be used to reach the target audiences. The majority of communication efforts will emphasize interpersonal activities such as peer education and outreach education, designed to engage audiences with the brands in their daily settings. The selective use of TV, radio and print, will be used to ensure brand reach and to communicate with a broad target audience base. Trade promotions will seek to enhance brand visibility, relevance and acceptability within the trade, among HIV/AIDS service providers, as well as among the targeted end users.

A variety of specific activities will be implemented with FY07 funding: the Lady Pepeta Kitchen Party and Hair Salon programs will continue; a partnership with the NGO, KIWOHEDE will be established to leverage KIWOHEDE's infrastructure to train outreach workers; work will continue with promotional agents to activate Dume Nights across the bars and nightclubs of the transport corridors, promoting the brand as well as education around the correct and consistent use of male condoms and the promotion of other protective behaviors including faithfulness and knowing one's HIV status; barbershop

attendants will be recruited and trained to sensitize their clients on correct and consistent use of condoms, and specifically the Dume male condom – in an effort to enhance Dume brand name recall and relevance among target audiences.

In collaboration with the Tanzania Bus Owners Association (TABOA), the Tanzania Truck Owners Association (TATOA), and the Tanzania Road Tankers Association (TAROTA), AED will implement a behavior change communication program designed to reach these drivers and their sexual partners. Through peer education, outreach and community mobilization events, these drivers, and their community-based sexual partners will be provided with opportunities to examine their high-risk sexual behaviors and encouraged to make protective behavior changes. This initiative will take place in 8 communities along the transportation corridors and train approximately 150 peer educators. Additionally in partnership with ABCT and WAPO, T-MARC will sensitize taxi drivers and corporate HIV/AIDS worksite program coordinators to promote the importance and relevance of condom use amongst their clients and within their work environments. T-MARC will continue supporting and capitalizing on SafeTStop initiative along the transport corridor to expand accesssibility for condoms and make it a platform for promoting correct and consistent use of condoms. T-MARC will also work with other USG supported programs like Peace Corps Volunteers and PharmAccess as additional avenues for condom distribution.

Working in collaboration with ANGAZA, AED/T-MARC will use the opportunities provided by the arrival of their counseling and testing mobile clinics in communities along the transportation corridor to mobilize Market Days, outreach events that will be used to create brand recognition for Dume and further educate audiences on condoms and their correct and consistent use. Via an experienced promotional agent, T-MARC will work with the "Vijiweni" Football Bonanzas to promote and support healthy sexual behaviors and condom use for high-risk sexual activities among players and audience members.

In this first year of implementing this program T-MARC will:
• Identify organizations with experience working with sex workers and women who engage in transactional sex in USAID's priority geographical regions.
• Issue a solicitation for these organizations to respond with proposals.
• Form an expert committee of individuals from various organizations to review and select three to four proposals of $50,000-$150,000 for implementation in year one.
• Build the capacity of the winning organizations, including providing technical assistance in BCC, M&E, etc.
• Develop and print materials to be used for education/outreach, if necessary.
• Monitor the progress of the NGOs and CBOs and provide guidance as necessary.

At the end of this inaugural phase of grants-making for NGOs and CBOs working with sex workers and women engaged in transactional sex, T-MARC will develop a short report on the challenges and successes of the program and lay out suggested next steps.

Continued Associated Activity Information

Activity ID:	3424
USG Agency:	U.S. Agency for International Development
Prime Partner:	Academy for Educational Development
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 2,800,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	9,500	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,120,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	235	☐

Target Populations:

Adults
Business community/private sector
Brothel owners
Commercial sex workers
Community leaders
Community-based organizations
Most at risk populations
Mobile populations
Truck drivers
Non-governmental organizations/private voluntary organizations
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Migrants/migrant workers
Partners/clients of CSW
Private health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Central Contraceptive Procurement
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7695
Planned Funds: $ 648,440.00
Activity Narrative: This activity specifically links with and supports #7667, #7717, #8723, #7770, #7787, #9646, and #8728 in OP.

By 2009, the Government of Tanzania estimates the overall demand for condoms will be over 150 million per year. In 2006, approximately 86 million condoms were distributed in Tanzania through a combination of social marketing programs, the public sector, and commercial sector sales. In the public sector, condoms are available free to the public but are limited to distribution through clinics, and do not address the need at places where sex is initiated, negotiated and takes place – that is in bars, guest houses and brothels.

Public sector condoms are procured through World Bank T-MAP and Global Fund Round 4 funding. This combination of funding covers the identified need in the public sector distribution system. Condom social marketing is supported through the USG, Global Fund Round 4, KfW Entwicklungsbank, the Royal Netherlands Embassy, and Marie Stopes Tanzania. Commercial sector sales account for approximately 2% of the overall market. Condom availability continues to be a challenge in the areas of most need and it is anticipated that a gap will still exist for unmet need in most-at-risk-populations and high transmission areas for condoms in FY07.

The USG condom social marketing program in Tanzania has evolved from one that previously targeted the general public, to one focusing more specifically on most at risk populations (MARPS). High transmission areas such as communities surrounding mines, agricultural estates, and truck stops are targeted as are bars and guesthouses. Uptake of female condoms has been surprisingly popular, especially among CSW populations, and in 2006 has been limited by availability.

This submission will procure male and female condoms, targeting most at risk populations and high transmission areas, and is intended to fill the gap in specific areas of high risk need. This procurement of approximately 20 million male and 1.5 million female condoms will supply condoms to the Tanzania Marketing and Communications (T-MARC) project, the USG's social marketing partner, who launched Dume, a new male condom targeted at MARPS in March of 2006 and Lady Pepeta, a female condom in September 2005. Through T-MARC, these condoms will also be used to support a number of Emergency Plan partners targeting MARPS. These include PharmAccess providing condoms to the military, a new Uniformed Services prevention intervention, and to support the ROADS initiative focusing on mobile populations along at-risk transport corridors. All distribution activities with these partners have been and will continue to be discussed and negotiated with the National AIDS Control Program.

Continued Associated Activity Information

Activity ID: 3508
USG Agency: U.S. Agency for International Development
Prime Partner: Central Contraceptive Procurement
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 1,200,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Adults
Business community/private sector
Brothel owners
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Most at risk populations
Discordant couples
Injecting drug users
Street youth
Military personnel
Mobile populations
Truck drivers
Non-governmental organizations/private voluntary organizations
Policy makers
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Partners/clients of CSW
Religious leaders
Host country government workers

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	ROADS
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	7717
Planned Funds:	$ 800,000.00

Activity Narrative: This activity specifically links with activity #7667, #8723, #7770 in OP, and with #8657 CT, #7715 in OVC, and #7716 in Palliative Care. This activity will also collaborate with and support CT and ARV service partners in Iringa and Mbeya Regions.

Regional mapping and HIV prevalence statistics support the need to more effectively target most-at-risk populations (MARPs), especially along high-prevalence transport corridors. The overall goal of the multi-sectoral Transport Corridor Initiative (TCI), branded SafeTStop, is to stem HIV transmission and mitigate impact in vulnerable communities along transport routes in East and Central Africa. In addition to high HIV prevalence, many of these communities are severely underserved by HIV services. To date the Regional Outreach Addressing AIDS through Development Strategies (ROADS) Project has launched SafeTStop in Kenya, Uganda, Rwanda and Djibouti. Activities will commence in Tanzania in September 2006.

In April/May 2006, ROADS participated in a consultative process with the Government of Tanzania, USAID and other partners to identify sites for SafeTStop programming. ROADS met with the National AIDS Control Programme (NACP), the Tanzania AIDS Commission (TACAIDS), USAID, T-MARC, AMREF, JSI, DOD, and many local stakeholders including the AIDS Business Council of Tanzania and the Tanzania Drivers Association. Four sites were identified for assessment based on their strategic location, high HIV prevalence and gaps in services: Tunduma (Mbeya Region), Makambako (Iringa Region), Isaka (Shinyanga Region) and Singida (Singida Region). In June 2006 ROADS dispatched teams, including representatives from T-MARC, ABCT and the Tanzania Drivers Association, to each of these sites to conduct a rapid assessment process. Findings were shared with the GOT and other partners at a national stakeholders meeting in June, 2006. With FY06 funding, ROADS is focusing activities on Tunduma and Makambako; programming in Isaka and Singida has been deferred due to budgetary constraints.

HIV prevalence estimates in these two sites are significantly higher than the national average: 13.5 percent in Mbeya Region, with prevalence spiking to 20 percent or higher in Tunduma and surrounding towns; 13.4 percent in Iringa Region, spiking to 23.6 percent in Njombe District, location of Makambako. These communities, range from 20,000 (Makambako) to 40,000 people (Tunduma) not including the sizable mobile populations that spend time. In Tunduma, truck drivers regularly spend up to a month waiting to clear customs and cross into Zambia. The combination of poverty, high concentration of transient workers, high HIV prevalence, hazardous sexual networking, lack of recreational facilities, and lack of HIV services create an environment in which HIV spreads rapidly. Tunduma and Makambako are important targets for HIV programming in their own right; they are also bridges of infection to the rest of the country.

HIV services in Tunduma and, to a lesser extent, in Makambako are underdeveloped. Other prevention programming is ad hoc and generally does not reach the most critical populations (such as commercial sex workers and truck drivers) who are typically low users of available government health services. Limited programming that exists does not address critical drivers of the HIV epidemic in these communities, including poverty, underemployment, idleness and the absence of recreation beyond drinking. The result is a high level of hazardous alcohol consumption in the community and alarming levels of gender-based exploitation and violence against women, young girls and boys. Pharmacists/drug shop providers who play an important role in providing health services to these populations have had little or no training in HIV and AIDS.

With FY06 funds, ROADS is in the process of establishing a facility near the bars to serve as a community outreach center for truck drivers, sex workers, other high-risk women and youth providing HIV and AIDS education, counseling and support services. It will provide an alcohol-free alternative recreational site for transient populations and the host community. The facility will offer adult education on life and job skills and link patrons with spiritual services. With FY06 funds (including USAID/East Africa funds), the outreach center will begin providing on-site CT services as well as referral to pharmacies/drug shops for STI and other health needs. Working with community and religious leaders, ROADS will support community action to address alcohol use and gender-based violence against women and youth as a key HIV prevention strategy.

With FY07 funding, ROADS will strengthen work initiated with FY06 funds to reach MARPs

in Makambako and Tunduma. ROADS will integrate with existing services, where possible, as a priority. This will include linking other prevention activities with such services as CT (this service is particularly weak in Tunduma), ART and PMTCT (related services are only available at significant distance from the planned sites), and existing efforts to promote and distribute condoms. ROADS will link and, where feasible, strengthen these services through SafeTStop community branding, to mobilize the community around HIV prevention, care, treatment and mitigation services.

In Makambako ROADS will focus on mobilizing the private sector, especially bar and guest house owners, and promote joint action to reduce risk for bargirls and patrons. This will include continued work with T-MARC for a consistent supply of condoms and peer education among sex workers and other at-risk women. Local pharmacists/drug shop providers will receive refresher training in management of sexually transmitted infections, condom promotion and referral for CT. ROADS will strengthen linkages with local health facilities, including pharmacy/drug shop providers to promote expanded CT and other services for truck drivers, sex workers, other low-income women and out-of-school youth. Linking with PharmAccess and the TBD Uniformed Services Project, ROADS will also build on work initiated in Makambako with FY06 funding to reinforce prevention programming for military personnel, particularly at sites where they congregate off base. With FY07 funds, ROADS will strengthen community-outreach to address key issues of alcohol use and gender-based violence. ROADS will link with the four existing CT services and the USG/T care and treatment partner for Iringa Region.

With FY07 funds, ROADS will strengthen a similar community outreach model in Tunduma, mobilizing the private sector (bar and guest house owners, liquor club members and pharmacy/drug shop providers) and local community-based organizations to expand programming, including condom promotion and distribution, for MARPs.

With plus up funds, ROADS will establish a third SafeTStop site at the Port of Dar es Salaam, focusing on other prevention and referral for C&T, STI and HIV care and support. This SafeTStop will differ slightly from the other two stops along the corridor in that there is no inherent community surrounding the port. However, the vulnerabilities of the individuals who do reside, work and forage nearby are heightened and make the port area one of extreme vulnerability. For this reason the targets will be set somewhat lower for community outreach.

ROADS will establish a SafeTStop leadership board comprising representatives from these entities to finalize design of the resource center and mobilize the resources and skills needed to ensure its successful implementation. Companies will be encouraged to provide shipping containers and other materials to establish the facility; ROADS will link with their workplace programs to enlist staff to run special events and programs on a rotating basis. ROADS will hire two individuals to serve as resource center staff to coordinate programming from the companies and community services.

Continued Associated Activity Information

Activity ID:	4846
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	REDSO Transport Corridor Initiative
Funding Source:	GHAI
Planned Funds:	$ 350,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	166	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	58,500	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	520	☐

Target Populations:

Business community/private sector
Brothel owners
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Nurses
Pharmacists
Men who have sex with men
Street youth
International counterpart organizations
Military personnel
Truck drivers
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)
Migrants/migrant workers
Out-of-school youth
Partners/clients of CSW
Religious leaders
Host country government workers
Nurses
Pharmacists
Traditional healers
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Iringa

Mbeya

Morogoro

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National AIDS Control Program Tanzania
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	7770
Planned Funds:	$ 100,000.00

Activity Narrative: This activity specifically links with activity #7667, #7695, #9457 and #8722 in OP, and #7774 and #7810 in AB.

Through a sub-grant from the National AIDS Control Program, the Tanzania Youth Aware Trust Fund (TAYOA) received support from USG/T in both FY 2005 and FY 2006 to address HIV/AIDS education through the implementation of an anonymous and toll-free helpline. The TAYOA Helpline provides confidential and anonymous services offering HIV/AIDS information on prevention, pre-counseling, risk assessment and referral linkages to youth aged 10-24 years. With 10 toll-free telephone lines operating 10 hours every day, the Helpline staff communicates with more than 15,000 callers monthly and over 180,000 callers annually in Dar es Salaam, Coast region and Zanzibar. The Helpline is staffed by medical students trained in confidentiality, interpersonal communication skills and counseling techniques.

Additionally, TAYOA provides education to the public through youth elect leaders known as "youth balozis", in order to promote behavior change within the broader context of youth reproductive health services complimenting the government's comprehensive HIV/AIDS plans. Using frequently asked questions from the Helpline, audio visual information kits have been developed and are used by the youth balozis. TAYOA conducted a skills building workshop for 70 community youth balozis on correct and consistent use of condoms to address vulnerable youth on sexual reproductive health and prevention of HIV. Monthly participatory meetings are conducted to discuss reports and provide plans for future activities in the respective wards/streets. Through this approach TAYOA trained 354 youth balozis from each street in Dar es Salaam, 174 in Coast region and 128 in Zanzibar.

TAYOA has also used entertainment and education strategies to increase accessibility to the Helpline phone numbers, as well as promoted a community-based drama series to increase behavioral communications skills, using popular role models and characters that portray culturally accepted messages. Advertising using TV, radio, billboards, street banners and clothing have also been strategies used by TAYOA to increase coverage of Helpline services in communities. TAYOA leveraged resources from the AIDS Business coalition of Tanzania (ABCT) to produce and distribute T-shirts, car stickers, and cartoon-posters on stigma reduction and anti-gender violence discrimination. These messages were produced and disseminated during the annual International Trade Fair (Saba Saba), National Farmer's Day (Nane Nane), World AIDS Day and the Day of the African Child (DAC). These national events are appropriate entry points to reach large numbers of people with prevention messages on condom use, reduction in the number of sexual partners, and youth services.

In FY 2007, TAYOA will continue to build the capacity of youth balozis by conducting knowledge, attitude and skill-based training at national and district levels. These youth balozis will, in turn, orient and train 350 more balozi on HIV/AIDS education and interventions. TAYOA intends to target approximately 10,000 youth balozis by FY 2008.

TAYOA will continue to expand its national HIV/AIDS Helpline services and incorporate Helpline Service Clubs to reach 55,000 rural, low literacy youth through the dissemination of audio-visual materials. These materials promote the reduction of gender-based violence and coercive sexual activities, mobilize communities to address norms and behaviors on trans-generational and transactional sex, and advocate for correct and consistent use of condoms. All of the materials distributed contain the Helpline telephone number where callers can receive important resources and further information on these topics. Helpline audio materials will be used to support workplace and school-based programs for HIV prevention and life planning skills education. In collaboration with ABCT, the Clubs will also conduct community-based Helpline refresher training for high risk groups such as barber shop owners, bar and hotelier attendants, taxi drivers, female saloon owners, small business traders and bus conductors at Ubungo Bus Terminal.

TAYOA will procure condoms through the T-MARC Project and disseminate them through 210 outlets in the Ubungo Bus terminal Information center, youth meeting areas known as "kijiweni," barber shops, through taxi drivers, and the long distance bus driver's association called TABUA. The goal is to disseminate 10,000 condoms every month in Dar es Salaam, Coast region and Zanzibar.

TAYOA will also scale up activities in four higher learning institutions in Dar es Salaam region, including the University of Dar es Salaam, Muhimbili College of Health Sciences, Open University of Tanzania, and Tumaini University. The target is to reach 9,500 students, 500 lecturers and 75,000 residents of surrounding communities. TAYOA plans to build the capacity of student leaders, establish new Helpline clubs and train youth balozis, opinion and community leaders on strategies to promote and access Helpline services. For sustainability purposes, TAYOA will utilize existing student structures and premises to establish HIV/AIDS information resource centers.

Continued Associated Activity Information

Activity ID:	3377
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National AIDS Control Program Tanzania
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 150,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of targeted condom service outlets	210	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Adults
Business community/private sector
Commercial sex workers
Community leaders
Community-based organizations
Family planning clients
Most at risk populations
Street youth
HIV/AIDS-affected families
Truck drivers
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Volunteers
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Dar es Salaam

Kaskazini Pemba (Pemba North)

Kusini Pemba (Pemba South)

Kaskazini Unguja (Unguja North)

Kusini Unguja (Unguja South)

Unguja Magharibi (Unguja West)

Pwani

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: PharmAccess
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7787
Planned Funds: $ 535,000.00

Activity Narrative: This activity is specifically linked with activity #7667 and #(Uniformed Services) in OP, #7789 in CT, #7790 in TB/HIV, #7788 in PMTCT, and #7786 in ARV Services.

The 2003-2004 Tanzania HIV/AIDS Indicator Survey estimates the national HIV prevalence at approximately 7%. As with many militaries in Africa, HIV prevalence among uniformed personnel in Tanzania is estimated to be higher than that of the general population – somewhere between 15% and 30%. Continued aggressive measures are needed to address this high-risk population as it can serve as a bridge for HIV transmission to the population at large. This activity will support ongoing efforts started in FY 2005 and continued in FY 2006, in collaboration with the Tanzanian Peoples' Defense Forces (TPDF), to provide prevention, education and condom distribution services to military personnel and to communities surrounding military posts, including military health facilities.

An HIV/AIDS education program, based on adapted life-skills modules and developed for the TPDF in FY 2005 and FY 2006, will be utilized in all TPDF basic training centers for recruits. A unique aspect of the military is that all recruits must be HIV-negative in order to join the Armed Forces and all service members who serve outside of Tanzania (such as in UN-supported peace keeping operations) must also be HIV-negative. Those who have sero-converted while in the army stay in the army, at least for the contract period. Further steps in opt-out and mandatory testing are considered but have not been translated into policy yet.

15 TOTs and a total of 250 peer educators have already been trained and retrained in FY05 and FY06. USG funding in FY2007 will support refresher training of the 15 TOTs, refresher training of 100 peer educators and 100 newly trained, (1:200 servicemen; at least 2 peer educators per camp). The peer educators will continue to receive refresher and advanced training in support of their prevention/outreach efforts throughout their period of military service. Activities will be directed at eight military hospitals, six satellite sites, 14 training camps of the National Services and 16 TPDF camps. The training camps of the National Services focus on individuals ranging from 18 to 22 years of age who enlist for a two-year, pre-service training. These young adults are removed from family and other support mechanisms, and are often exposed to high-risk populations such as commercial sex workers, putting them at greater risk of infection. Efforts within the TPDF will continue to focus on 16 TPDF basic training, special detachment and border camps where service members are stationed outside their residential areas for periods usually ranging from six to 24 months (or longer).

USG funding will support the training of 36 counselors at the eight military hospitals (three per site) and six satellite sites (two per site) in promoting "prevention for positives" messages and counseling for those patients attending the HIV Care and Treatment Clinics (CTCs) at the hospitals. Abstinence and being faithful will be the key message in IEC materials and in the training curriculums of clinicians and counselors. One serious obstacle in relation to the 'B' message is that new recruits are not allowed to marry until they have served at least 6 years or are over 30 years of age. This rule is currently under discussion at HQ. Stigma reduction and alcohol abuse are central elements in the training of peer educators and in the training curriculum of nurse-counselors.

Condom distribution and education services will be incorporated through prevention efforts and as part of VCT services at post/camp treatment clinics, basic training centers and special detachment and border camps. Condoms will be obtained through AED/T-MARC and national procurement efforts, which will also assist in distribution. Their cost is not included in this budget.

Ante and post natal services, including clinical monitoring of HIV+ children, is usually highly effective for women and children who live in the barracks nearby the health facilities. Special attention is to be paid to the civilians who live further away from the health facilities.

It is expected that this OP activity will reach a target of approximately 4,000 recruits at basic training centers; 3,000-4,000 men and women under the National Services; and a total of approximately 20,000 service members, their dependents and surrounding community members by September 2008. Prevention outreach will be linked to

counseling and testing and PMTCT activities in support of the continuum of care.

The TPDF and PharmAccess have developed a strong working relationship since 2002 in the area of health service provision. Funding for the TPDF through PharmAccess will provide much needed technical support, management assistance and M&E for all TPDF activities in this COP.

Plus-up funds are requested to support assessments of the policy environment and development of IEC materials on GBV at 36 military sites covering about 20,000 military personnel and civilians, and 40 peer educators will be trained.

Continued Associated Activity Information

Activity ID:	3392
USG Agency:	Department of Defense
Prime Partner:	PharmAccess
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Workplace Programs	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of targeted condom service outlets	36	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	285	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Doctors
Nurses
Pharmacists
International counterpart organizations
Military personnel
Refugees/internally displaced persons
National AIDS control program staff
Volunteers
Men (including men of reproductive age)
Women (including women of reproductive age)
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Reducing violence and coercion

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 7847
Planned Funds: $ 200,000.00

Activity Narrative: This activity specifically links with activity #7849 in AB, #5007 in Palliative Care, #7850 in OVC. Peace Corps will support other activities as relevant in the regions in which it is active.

Peace Corps Tanzania (PC/T) directly implements Emergency Plan (EP) activities through the actions of its 133 Peace Corps Volunteers (PCVs) in 15 of 21 regions on mainland Tanzania and five regions on Zanzibar. Approximately one-third of these 133 PCVs work principally on HIV/AIDS activities as a primary assignment and the remaining two-thirds of these PCVs work on HIV/AIDS activities as secondary projects. PC/T has three projects, the education project that brings PCVs to Tanzania to teach mathematics, hard sciences or information and communication technology in secondary schools, the environment project which is a rural, community-based project that helps people to better manage their natural resources and the health education project that places PCVs in communities to work as health educators primarly addressing HIV/AIDS prevention and care activities.

PC/T brings to the table the uniqueness of reaching people at the grassroots, community level, an area that widens the gap of people reached and trained in Tanzania as few other implementers go to places where PCVs live and work. PC/T is also forming linkages with other implementing partners to enable more comprehensive services to reach targeted communities. Currently, PC/T implements an integrated HIV/AIDS program where all PCVs in country, irrespective of their primary project, are strongly encouraged to implement HIV/AIDS activities. PC/T trains all first year Volunteers and host country national (HCN) counterparts (CP) on HIV/AIDS participatory methods and Life Skills through its training manual. They are also provided with the tools to conduct their trainings which includes; Life Skills training manual in Swahili and English, PC/T's HIV/AIDS manual, The Ministry of Education and Vocational Training (MOEVT) guidelines for teaching on reproductive health, sexually transmitted infections (STIs), HIV/AIDS and Life Skills in schools. PC/T also acquires materials in the form of print media and/or videos from other partners like German devolopment agency (GTZ), Population Services International (PSI) and Family Health International (FHI). In FY07 PC/T will continue to conduct these trainings for PCVs and their HCN CPs.

With FY06 prevention funds, PC/T implemented its HIV OP program by specifically targeting youth in secondary schools, teachers and other community members. The strategy is implemented by either directly reaching beneficiaries with HIV/AIDS awareness messages or through training different community groups to build their capacity to train others in HIV/AIDS awareness activities. PC/T uses a Life Skills training approach with the main intention being behavioral change to prevent becoming infected with HIV. Some FY06 OP funds were also used for Volunteer Activities Support & Training (VAST) grants that provides monies for Volunteers to implement community-initiated HIV/AIDS activities.

In FY07, PC/T will continue to target prevention and awareness messages with youth in secondary schools, out-of-school youth, teachers and other community groups. A recent behavioral survey conducted by YouthNet in Iringa included some of the following findings: that the median age for first intercourse was 18 and 20 years for girls and boys respectively in rural areas and 18 years for both genders in urban settings. This is the age when most youth are either out of school or are enrolled in secondary schools, thus there is a need to target these youth with well-balanced messages. The Ministry of Education and Vocational Training (MOEVT) guidance for teaching HIV/AIDS and Life Skills in schools gives an opportunity for students in secondary schools to be taught about condoms as one of the ways to prevent HIV transmission. Through collaboration with the MOEVT in Tanzania, PC/T has also been asked to work with teachers as an affected group as…. "over 3,000 teachers are said to have died due to HIV/AIDS in 2004." PC/T implements a Life Skills approach which helps people to learn to assess healthy life choices that are appropriate for them to avoid being infected by HIV.

With FY07 funds, PC/T will bring 10 additional PCVs fully funded by the EP to work primarily on HIV prevention and care activities, one of whom will be fully funded using OP funds.

In FY07, PC/T will directly reach 30,000 individuals, with prevention and awareness messages initiated by PCVs' actions. These people will include secondary school students,

out of school youths and other community groups half of whom will be female. Some of these actions include: facilitating classroom sessions, strategically placing question and answer boxes throughout secondary school campuses, and conducting extra-curricular activities like health clubs, Life Skills clubs and sports and field trips focusing on HIV/AIDS prevention. Some of the strategies to reach community groups will include; large community awareness meetings, community drama activities and video shows.

PCVs and their HCN CPs will train 1,450 individuals of whom will include teachers and peer educators in both secondary schools and in out of school youth groups. PC/T is collaborating with the MOEVT initiative to train teachers on strategies to address HIV/AIDS in schools by facilitating trainings and serving as mentors. Planned capacity building activities for teachers in secondary schools are aimed for them to gain confidence to teach HIV/AIDS subjects and Life Skills curricula as well as reproductive health and the correct and consistent use of condoms. Capacity building activities will also enable these teachers to gain the skills required to initiate and maintain HIV/AIDS awareness activities and peer education programs in schools.

All PCVs will be trained on how to monitor and report program results. PC/T will also set aside some OP funds to be accessed through VAST grants to fund OP trainings and other awareness activities in their communities. PC/T will develop and acquire the needed materials such as videos, manuals, posters and books for conducting the planned activities using EP funds. OP activities are already well integrated in to PC/T's project plans and core programming and that will insure sustainability despite future EP funding.

Continued Associated Activity Information

Activity ID: 3497
USG Agency: Peace Corps
Prime Partner: US Peace Corps
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 200,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,450	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Family planning clients
Nurses
Non-governmental organizations/private voluntary organizations
Pregnant women
Teachers
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Other Health Care Worker
Other Health Care Workers

Coverage Areas

Dodoma

Iringa

Kagera

Kilimanjaro

Lindi

Manyara

Mara

Morogoro

Mtwara

Mwanza

Ruvuma

Singida

Tanga

Arusha

Mbeya

Kaskazini Pemba (Pemba North)

Kusini Pemba (Pemba South)

Kaskazini Unguja (Unguja North)

Kusini Unguja (Unguja South)

Table 3.3.05: Activities by Funding Mechanism

Mechanism: UJANA
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8722
Planned Funds: $ 1,000,000.00

Activity Narrative: This activity specifically links with activity #7667, #9457, #7717, #7770, and #7847 in OP, and with #9390, and #8691 in AB.

UJANA (meaning youthfulness) builds on the success of its predecessor project, YouthNet/Tanzania and links with other activities for youth. With FY 2005 and FY 2006 Emergency Plan funds, YouthNet/Tanzania (YNT) has made over 6,000,000 contacts with youth and nearly 2,000,000 contacts with community members for HIV prevention messages.. This has been achieved through direct programming and nearly 60 sub-grants to NGOs in Iringa, Dar es Salaam, and Morogoro Regions. In FY 2007, UJANA will expand its geographically focused work to include Dodoma, and will establish a regional office in that city; through partner Africare, UJANA will conduct HIV prevention activities in Zanzibar. These regions are situated along major transport routes, and except for Zanzibar, have high HIV prevalence rates. The regions each have a large urban center.

As urban youth tend to initiate sexual activity earlier and tend to engage in higher-risk sexual behavior, and given that each of the areas has identifiable higher-risk youth populations (i.e., working in the transportation and tourist industries), an AB only program cannot adequately address their prevention needs. UJANA will use other prevention funds to offer more comprehensive HIV prevention programming to reach older, higher-risk youth. It will move beyond awareness-raising to focus on behavior change by helping youth develop attitudes and skills necessary to prevent HIV. Also, because social and gender norms and economic factors contribute to the sexual behaviors and well-being of youth, UJANA will work with influential adults and the broader community to help create environments supportive of healthy, gender equitable behaviors, especially abstinence, delay of sexual debut, faithfulness/partner reduction, and condom use. The end result of the project will be an increased number of youth able to reduce their risk of HIV infection, strengthened national youth HIV prevention efforts, and improved quality and effectiveness of youth HIV prevention programming. UJANA will devote substanial effort to capacity building of its own and implementing partners' organizations and staff; this will directly contribute to sustainability of youth HIV prevention capacity beyond the project.

UJANAwill scale up peer education work being done by implementing partners in communities and schools. Following MOHSW standards and building on the YouthNet global peer education toolkit, peer educators will receive training on comprehensive messaging to share information effectively, motivate, build skills, and make service referrals to help bring about sustained behavior change. To address the specific gender-based prevention needs of youth, UJANA will continue YouthNet/Tanzania's introduction of evidence-based components of "Program H," a project that fosters gender equity and promotes changing social norms related to gender and sexual behavior.

Following MOHSW standards and using YN's global HIV CT manual, UJANA will expand youth-friendly training for public/private sector and NGO service providers. This training will address the biases providers often have toward youth, and will build skills related to counseling, risk reduction, identifying other factors linked to HIV transmission, and making referrals to other services. UJANA will develop new and use existing print materials that build the skills of youth to practice AB, and C where appropriate. UJANA will produce and disseminate IEC materials that promote comprehensive HIV prevention among older youth, and encourage the use of local youth-friendly services including the popular Si Mchezo! Magazine.

UJANA will continue to work systemically through MOHSW, TACAIDS, and through its coordinating mechanisms: the Coordinating Committee for Youth Programs and the National Adolescent Reproductive Health Working Group. The aim of these efforts will be to continue to increase the capacity of government partners, youth-serving organizations and donors to respond more effectively to the comprehensive reproductive health needs of youth. Institutional capacity building efforts under this category of prevention will focus on enhancing organizations' ability to provide integrated programming. A category of sub-grants will be created that will be reserved for applicants who provide reproductive health services, thereby leveraging additional and integrated services for youth.

UJANA will continue to provide technical leadership and promote the use of global tools and the adoption of research findings and best practices, strengthen the capacity of public/private partners to provide integrated HIV/RH services, promote utilization, and

increase the commitment of policy makers to youth and HIV/RH programs. The tools will be tested and translated. UJANA will also coordinate professional trainings to maximize outcomes for youth behavior change. UJANA will collaborate with FHI's Institute for HIV/AIDS and others to increase youth involvement in MVC and mitigation programming and to help promote linkages with organizations providing medical, nutritional, and psychosocial services for youth, especially for those who have limited access to such programs.

Under the national Ishi Campaign, existing Ishi HIV Prevention Resource Centers (PIRCs) will be supported and three new centers will be established (one in each new region). The centers will continue to offer comprehensive information and HIV education, as well as links to services, such as VCT and reproductive health. Ishi will sponsor quarterly fora for the PIRCs, to promote cross-learning, the adoption of best practices and the standardization of services to increase quality and impact. The Campaign will continue to host Ishi Men's and Women's Discussion Groups (an eight-week educational curriculum-based program) to promote positive roles, responsibilities, and behaviors. As a follow-on to this effort, these groups will then participate in Program H. Ishi will continue to be a leader in youth participation, involvement, and empowerment. The Campaign will continue to build the capacity of its volunteer corps, the Youth Advisory Groups (YAGs), and support and guide YAG outreach, mobilization, and educational activities. Ishi will develop a YAG manual to serve as a guide and reference tool for all volunteers. The Campaign will also create a leadership program to nurture the particular talents and core competencies of exceptional YAG members.

Finally, the Campaign will return to its roots and incorporate limited mass media efforts, particularly using radio (in collaboration with the STRADCOM radio partner), print media, and advocacy materials. Special attention will be given to gender-based HIV prevention messages in this strategic communication initiative. UJANA and Ishi will both continue to create linkages with other programs in reproductive health, gender, policy, and livelihood issues to maximize its systemic and national impact on youth health. Through partnership with Africare, UJANA will also work to revive the Ishi YAG on Zanzibar.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	325,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	75	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Program managers
Volunteers
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Religious leaders
Host country government workers
Doctors
Nurses
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kikundi Huduma Majumbani
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8723
Planned Funds: $ 25,000.00
Activity Narrative: This activity specifically links with activity #7667, #7717 in OP, with #7734 and #8688 in AB, with #7723 and #7735 in Care, with #8658 and #8660 in CT and with #7747 and #7749 in ARV services..

Kikundi Huduma Majumbani (KIHUMBE) has worked closely with the Mbeya Regional AIDS Control Program (MRACP) since 1991, augmenting MOH prevention efforts throughout the Mbeya Region. KIHUMBE continues to be a leader in prevention education efforts in the region and have won national awards annually from the Tanzanian Art Council and Kilimanjaro Music Awards for their dramas since 2000. Messaging is developed and up dated using the National AIDS Control Program's (NACP) web site and pamphlets. Coordination with local medical providers and the MRACP ensures consistency of messages across services in the region. With FY 2006 funding, they began supporting other organizations through training and supervision in providing accurate and predominantly AB HIV/AIDS prevention messages and contributed to development a local coordinated prevention campaign known as "Know the Facts." The geographical focus for KIHUMBE's activities is Mbeya City. In addition in FY 2006 KIHUMBE expanded its programming to Mbalizi and Tukuyu towns, both within Mbeya Region. The funding under this submission will support all Other Prevention messaging activities conducted as part of KIHUMBE's overall prevention portfolio and ensuring a comprehensive program to address KIHUMBE's clients' needs.

In FY 2007, KIHUMBE proposes to continue to expand on previous other prevention education programs by training 120 people to present dramas, songs and the use of other communication methods (such as traditional poems and folk stories) to inform individuals about HIV. Fifty presentations that range from dramas to audience dialogues and personal testimonies will be presented. These activities are separate from their AB presentations which target large community gatherings and schools. These "other prevention" productions focusing on safer sex practices and partner reduction messages and are targeted to smaller audiences such as work place programs, community leaders and community HIV committees with an average audience of 180 and will reach approximately 10,000 individuals overall with FY 2007 funding. In addition to prevention messages, the presentations will address the importance of knowing one's sero-status and the benefits and availability of HIV care and ART. This includes providing information about local counseling and testing services, home based care organizations and hospitals providing ART. Their prevention program therefore not only provides information on behavior modification but also serves as a link across the continuum of care encouraging service seeking behavior at both private/not-for-profit and public health facilities in Mbeya. Funding will support the transportation of drama group members and education personnel to communities and schools for events, the cost of conducting the events, and the distribution of educational materials.

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	3	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	9,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Adults
Community leaders
Doctors
Street youth
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Teachers
Volunteers
Secondary school students
University students
Out-of-school youth
Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Mbeya

Rukwa

Nkasi

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8724
Planned Funds: $ 15,000.00
Activity Narrative: This activity is linked to narrative #9459 and #8728 in Other Prevention.

The USG/Tanzania Prevention Working Group has identified its critical technical assistance needs for FY07 funding in OP. These specific requests will assure effective support of the USG Team and identified implementing partners in this section of the COP. This technical assistance is envisioned to provide up to date technical information and programming guidance for effective messaging to high risk groups which includes IDU, CSW and other MARP populations. The identified technical assistance needs for CDC includes:

Technical assistance from Dr. Richard Needle is requested to participate and assist in the design process for the TBD MARPS activity with IDUs and CSWs. It is anticipated that this visit will take place in coordination with the USAID technical assistance request for the Other Prevention portfolio review.

Emphasis Areas	% Of Effort
Needs Assessment	51 - 100

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Commercial sex workers
Community-based organizations
Most at risk populations
Injecting drug users
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
USG in-country staff
Partners/clients of CSW
Host country government workers

Coverage Areas

Dar es Salaam

Table 3.3.05: Activities by Funding Mechanism

Mechanism: YouthNet
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9457
Planned Funds: $ 0.00
Activity Narrative: This activity specifically links with activity #8722, #7667, #7717, #7770, and #7847 in Other Prevention, and with #9390, and #8691 in AB.

The global YouthNet project comes to an end in Spetember 2006 and has been granted a no-cost extension through December 2006 to finalize the close-out. YouthNet/Tanzania (YNT) will use this extension period to close out the project and assure a smooth transition to the FHI/UJANA Youth HIV Prevention project. For this purpose YNT will: take full inventory of all assets purchased through YNT and will ensure a smooth transfer of all equipment and assets to the new project; ensure that all sub-awardees finalize financial and program reporting; work with sub-awardees to develop and implement "graduation" plans; prepare an end-of-project report and convene meetings to present project results, lessons learned, and recommendations for future youth programming in Dar es Salaam, Iringa, and Morogoro; disseminate the Kiswahili versions of the YN Youth Participation Guide and the HIV Counseling and Testing Manual for Youth; finalize and disseminate a booklet presenting youth data from the THIS and TDHS; complete and distribute a directory of youth-serving organizations; and assess its capacity building efforts. In addition, YNT anticipates awarding one subaward during this period to Africare, which will conduct HIV prevention services in all 10 districts of Zanzibar, working largely through the Zanzibar NGO Cluster.

Continued Associated Activity Information

Activity ID: 3465
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: YouthNet
Funding Source: GHAI
Planned Funds: $ 300,000.00

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Program managers
Volunteers
Children and youth (non-OVC)
Out-of-school youth
Religious leaders
Host country government workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9459
Planned Funds:	$ 18,000.00
Activity Narrative:	This activity is linked to narrative # 8724 in OP. The USG/Tanzania Prevention Working Group has identified its critical technical assistance needs for FY07 funding in OP. These specific requests will assure effective support of the USG Team and identified implementing partners in this section of the COP. This technical assistance is envisioned to provide up to date technical information and programming guidance for effective messaging to high risk groups which includes IDU, CSW and other MARP populations. The identified technical assistance needs for USAID includes: Technical assistance to work with the in-country Prevention Working Group to review the USG Other Prevention portfolio. The consultant will take a critical eye at the activities to assist in determining which activities are successfully moving USG/T towards their prevention goals. This TA needs to take place well in advance of preparation for the FY08 COP. No consultant has been identified; it is anticipated that this visit will take place in coordination with the CDC technical assistance visit of Dr. Richard Needle.

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9490
Planned Funds: $ 100,000.00
Activity Narrative: This activity is linked to all activity narratives in OP and to 9410 in AB.

FY07 funds will support .5 full time equivalent staff who will assist in coordinating activities within this program area as well as serve as a technical lead for aspects of the work. The specific composition of the staffing is .5 FTE of a full-time prevention specialist hired as a Fellow.

The .5 FTE Fellow works directly with implementing partners, both governmental and non-governmental, to improve the quality and reach of OP activities. Technical assistance is provided through site visits, capacity assessments, mentoring and skills building, as well as monitoring of progress. The Fellow works directly with several implementing partners to develop effective interventions and to disseminate lessons-learned to others. The Fellow is an active member of the National Prevention Technical Working Group, assisting the Government of Tanzania (GoT) to define national priorities and strategies to achieve long-lasting behavior change.

The Fellow will be an active member of the USG Prevention Thematic Group.

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9645
Planned Funds:	$ 53,560.00
Activity Narrative:	This activity is linked with activity #7667 in Other Prevention and with #7668 and #9425 in AB. The AED T-MARC Project was awarded by USAID in September 2004. With FY07 funds, USG will conduct a mid-point program evaluation of this project to determine progress achieved, and to identify potential improvements to be incorporated into program implementation. A two person consultant team will be procured to conduct a three week external program evaluation of the AED Tanzania Marketing and Communications (T-MARC) project. This program evaluation will be used to determine the effectiveness of the implementing partner and to recommend improvements for program performance and effectiveness. .

Emphasis Areas	% Of Effort
Strategic Information (M&E, IT, Reporting)	10 - 50

Target Populations:

Business community/private sector
Brothel owners
Commercial sex workers
Community leaders
Community-based organizations
Most at risk populations
Mobile populations
Truck drivers
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Partners/clients of CSW
Other MOH staff (excluding NACP staff and health care workers described below)
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Health Policy Initiative (HPI)
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 12385
Planned Funds: $ 100,000.00
Activity Narrative: Plus up funding is being requested to augment the existing funding for the Constella Futures Group Health Policy Initative project under OPSS to assess and explore the policy environment concerning gender based violence issues (GBV) in Tanzania. The funding will be used specifically to address challenges inhibiting women's access to services for GBV (medical, legal, law enforcement and community). HPI will also work to more fully engage and develop capacity among women leaders and organizations in policy and leadership on GBV issues. Following initial assessment work, sensitization training will be undertaken with the key organizations and women leaders.

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	☐

Key Legislative Issues

Gender

Reducing violence and coercion

Increasing women's legal rights

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 15926
Planned Funds: $ 200,000.00
Activity Narrative: Funds are requested to support assessments to guide medical male circumcision policy development and planning for future service delivery in Tanzania. The Government of Tanzania, through staff from the Ministry of Health and Social Welfare's National AIDS Control Program, participated in WHO MC consultations and there is continued interest in this area. The ministry believes that additional information about the feasibility and acceptability of MC in Tanzania is needed to assist with further decision-making. Assessments will be conducted to determine: the prevalence and acceptability of MC; the current capacity of the Tanzanian medical infrastructure to delivery MC services; and the current policy environment. The assessments will be designed and carried out by Columbia University with assistance from the PEPFAR MC task force. Whenever possible, WHO/UNAIDS tools will be adapted and used for assessment activities.

Emphasis Areas	% Of Effort
Needs Assessment	51 - 100

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑

Key Legislative Issues

Addressing male norms and behaviors

Table 3.3.06: Program Planning Overview

Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06

Total Planned Funding for Program Area: $ 14,450,000.00

Program Area Context:

In Tanzania, less than 15% of the estimated 600,000 people living with HIV/AIDS (PLWHA) who need palliative care currently receive services. USG programs presently provide palliative care to 66,448 PLWHA in 48 districts in both clinical and home-based settings. The Government of Tanzania (GOT) supports palliative care in over 70 of 122 mainland districts, and eight of 10 districts in Zanzibar, though that reach is far from full coverage. Further expansion is underway with Global Fund Round 4.

GOT promotes palliative care services that encompass clinical, psychological, social, and spiritual care provided throughout the disease cycle. Such comprehensive palliative care is an integral part of Tanzania's Emergency Plan activities. At Care and Treatment Clinics (CTCs), USG treatment partners ensure that PLWHA receive an array of palliative care services. In addition, home-based care (HBC) plays a large part in servicing the needs of PLWHA. HBC is becoming increasingly important as the numbers of people on treatment expand, especially for drug adherence. Three main implementers serve the majority of HBC beneficiaries, two USG partners support national systems, and the remainder of programs are involved in developing innovative programs or quality improvement initiatives that complement service delivery.

With USG support, NACP has developed national guidelines for palliative care services, a training course and trainer's guide, standardized referrals forms, and a simple provider reference guide. The guidelines set out the minimum package for quality facility-based and home-based palliative care, including physical care (health care; OI treatment; nursing care; ART monitoring for side effects and adherence; pain/symptom management; nutritional counseling and support; and hygiene), emotional, social, spiritual, legal/economic support; and stigma and discrimination reduction. The guidelines also emphasize prevention; care for carers; and effective referral, record keeping and reporting systems. In addition, NACP has established a HBC Working Group to ensure that implementing organizations are coordinated and adhere to quality and service standards. Priorities for the future are to develop a national palliative care strategy, promote a minimum package of comprehensive high-quality services, strengthen links between CTCs and HBC programs, and implement a newly developed accreditation system.

Despite these national-level advances, there is significant variation in the services provided through community-based organizations. Few meet the definition of comprehensive palliative care services, and there is considerable room for quality improvement. Particular challenges include the frailties of community-based organizations and their inability to link with district services; limited counselling/testing (C/T), preventing mother-to-child transmission (PMTCT), and care and treatment services; a lack of formal partnerships between community-based providers and facility-based providers (including traditional healers); a lack of effective two-way referral systems, especially because there is usually no staff with that specific responsibility. Likewise, linkages between community care programs and providers of economic, nutritional, legal, and other services are weak.

Significant changes are planned to enhance palliative care services with FY 2007 funds. Implementing partners will expand to 30 additional districts. In addition, there will be focus on: 1) standardizing the content of HBC and improving service quality; 2) supporting GOT leadership of palliative care services; 3) strengthening of referral and management systems at the regional, district, and community levels to support and implement the continuum of care; and 4) scaling up the continuum-of-care services. The portfolio has just been refocused to strengthen and enhance the components of palliative care, and to strengthen the linkages between clinic-based and home-based services. In particular, USG-funded programs will strive to provide integrated, high-quality care and support for PLWHA at the community level, rather than a single service or informal HBC. A large new activity was competed and awarded in FY 2006 that will revamp services presently provided, and other USG-funded HBC programs have begun enhancing their array of services, as well. Home-based services provided with USG support will now include provision of cotrimoxazole prophylaxis, basic pain and symptom management, screening and management of TB, home-based counseling/testing where appropriate, safe water and hygiene interventions, malaria

prevention, promotion of good nutritional practices, prevention messaging, condoms and referral for family planning, and other child survival interventions. HBC providers will be required to provide professional nursing supervision to volunteers to improve quality of care and enhance volunteer skills. Treatment literacy and preparedness, monitoring of side effects, and adherence support will also be emphasized by implementing partners with community HBC volunteers. Programs will also work with the local community to reduce stigma and even out the gender imbalance of those seeking and providing care.

In addition, as USG treatment partners move to a more geographically-focused, regionalized approach to expanding treatment, community-based palliative care services will follow this same pattern and will be linked with specific treatment partners, e.g. Pathfinder will be linked with EGPAF for Arusha and Kilimanjaro, and the new consortia headed by Deloitte will provide both treatment and HBC services in Dodoma, Morogoro, and Iringa. Quality improvements to clinic-based palliative care services will be undertaken by USG treatment partners, complementing the community-focused approach in this section. Organizations serving communities surrounding current and anticipated CTCs will be targeted by USG partners for development or expansion.

To strengthen the quality of services, USG will also support the African Palliative Care Association (APCA) and through them, the Tanzanian Palliative Care Association (TPCA). This funding will enable TPCA to strengthen capacity, quality, services, and advocacy for palliative care expansion in Tanzania. The TPCA will also disseminate information about best practices being applied in other countries, and help member organizations integrate core elements of palliative care into HBC programs. Both the APCA and TPCA will help Tanzania refine national policy, standards, training curricula, and monitoring tools to support provision of comprehensive, quality palliative care.

To enhance sustainability, programs supported by USG will engage the District Council Health Management Teams (DHMTs) and the newly-formed Council Multisectoral AIDS Committees in coordinating HIV/AIDS activities at the local level. The DHMT's role is especially important in developing integrated services and strong referrals between care and treatment sites, HBC, C/T, PMTCT programs, prevention programs, and community care and support.

USG will continue to work closely with NACP to harmonize programs so that all programs meet accreditation standards. This program strengthening and the organization of a network of implementing partners will be advanced with FY 2007 funding to NACP, as well as to key partners who work on national policy with NACP. With FY 2007 funds, Tanzania will also pilot an Integrated Community-Home Based Care model reflecting African best practice in delivering quality services through HBC. USG will work with NACP to document the experience of this pilot and share lessons learned among organizations implementing HBC.

The Supply Chain Management mechanism will be used to procure cotrimoxazole, though it is not yet set up for assembly of full HBC kits. Other central procurements will be made for mosquito nets, and water purification vessels and tablets

Program Area Target:

Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	331
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	84,517
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	6,551

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	ROADS
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7716
Planned Funds:	$ 75,000.00

Activity Narrative: This activity relates specifically to activities funded under Other Prevention (#7717), Counseling and Testing (#8657) Home-based Care(#8706) and Orphans and Vulnerable Children (#7715).

The activity has several components under the multisectoral Transport Corridor Initiative, targeting most-at-risk populations (MARPS). Regional mapping and HIV prevalence statistics support the need to more effectively target MARPs, especially along high-prevalence transport corridors. The overall goal of the multi-sectoral Regional Outreach Addressing AIDS through Development Strategies (ROADS) Project, branded SafeTStop, is to stem HIV transmission and mitigate impact in vulnerable communities along transport routes in East and Central Africa. In addition to high HIV prevalence, many of these communities are severely under-served by HIV services. To date, ROADS has launched SafeTStop in Kenya, Uganda, Rwanda, and Djibouti. Activities commenced in Tanzania in late 2006, but the substantive work in Tanzania will commence in FY 2007.

In June 2006, ROADS dispatched teams to Tunduma (Mbeya Region) and Makambako (Iringa Region) to assess the impact of HIV and AIDS, identify gaps in HIV services, and propose programming to address weaknesses using the SafeTStop model. This comprehensive model includes classic prevention, care and treatment programming, as well as essential wrap-around programming (HIV and alcohol, gender-based violence, food security, economic empowerment) to reduce vulnerability to HIV and barriers to care- and treatment-seeking. The sites were identified by NACP, TACAIDS, USAID, ROADS and other partners, recognizing their strategic location, high HIV prevalence, and gaps in critical services.

In the two sites, HIV prevalence estimates are significantly higher than the national average: 13.5 percent in Mbeya Region, with prevalence spiking to 20 percent or higher in Tunduma, Mlolo and Vwawa; 13.4 in Iringa Region, spiking to 23.6 percent in Njombe District, location of Makambako. These communities, ranging from 20,000 (Makambako) to 40,000 people (Tunduma), not including the mobile populations that spend considerable time there, are sizable. The combination of poverty, high concentration of transient workers, high HIV prevalence, hazardous sexual networking, lack of recreational facilities, and lack of HIV services create an environment in which HIV spreads rapidly, and that generates large numbers of orphans and vulnerable children (OVC).

In both sites, the care infrastructure for people living with HIV and AIDS (PLWHA) is extremely weak. People who test positive for HIV at Tunduma Health Centre (THC) find it difficult to reach the Care and Treatment Clinic (CTC) at Vwawa Hospital, the district's only anti-retroviral therapy (ART) site 30 kilometers inland. Shortage of trained home-based care (HBC) providers has compounded the lack of access. As of June 2006, only 16 people were receiving home-based care through the THC, with others receiving ad hoc support from one community-based organizations (CBO) and a few faith-based organizations (FBOs). There is no integration of services or a package of services that PLWHA can expect. Pharmacists/drug shop providers in Tunduma have had practically no training in HIV and AIDS, according to a June survey, and there is only one formal PLWHA support group.

In Makambako, people who test HIV-positive at one of the community's four C&T sites must travel 25 kilometers to Ilembula Mission Hospital or 60 kilometers to Njombe District Hospital (NDH) for ART services. Due to distance and inadequate staffing, follow up of these patients is weak. Non-existence of HBC in Makambako further inhibits follow up, while also inhibiting timely treatment of OIs, referral for clinical services, food/nutritional support, PMTCT, psychosocial support and other services.

ROADS can play an important role in getting basic HBC services to these communities until such time that other established HBC providers reach these remote areas.

With FY07 funds, care activities in Tunduma will build on the interventions launched in FY06. The project will expand and strengthen home-based care through FBOs and ABC Group, the lone CBO offering HIV support services in the community. The funding will train families and caregivers in basic palliative care, including hygiene, monitoring ART adherence, identifying and treating simple OIs, referral for clinical services and psychosocial support. With local health officials and PLWHA, funding will be used to devise

strategies to address the barriers to ART services. The project also will strengthen pharmacy-based HIV counseling, support, and referral. Finally, funding will target the development of alcohol support options for ART patients, linking closely with the THC and FBOs.

In Makambako, the focus with COP07 funds will be on strengthening pharmacy-based HIV counseling, support, and referral. These outlets are an untapped resource in an underserved community. As in Tunduma, funding will go toward addressing hazardous consumption of alcohol as a barrier to treatment adherence and efficacy. The activity will also address the transportation barriers facing PLWHA who need to reach CTCs for ART services.

The activity will strengthen referrals in these two regions, one working with Department of Defense and the other working with Deloitte's Tunajali (We Care) HBC activity.

Continued Associated Activity Information

Activity ID:	3460
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 400,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Needs Assessment	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	80	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,525	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	170	☐

Target Populations:

Business community/private sector
Brothel owners
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Nurses
Pharmacists
Men who have sex with men
Street youth
HIV/AIDS-affected families
International counterpart organizations
Military personnel
Truck drivers
People living with HIV/AIDS
USG in-country staff
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Migrants/migrant workers
Out-of-school youth
Religious leaders
Host country government workers
Other Health Care Worker
Pharmacists
Implementing organizations (not listed above)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Coverage Areas

Arusha

Dodoma

Iringa

Mwanza

Dar es Salaam

Pwani

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kikundi Huduma Majumbani
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 7735
Planned Funds: $ 215,000.00

Activity Narrative: This activity relates to activities in treatment (7747, 7749, 7797, 7794, 9240), counseling and testing (8660), prevention (7734) and other activities in palliative care (7723, 7851, 9640).

Kikundi Huduma Majumbani (KIHUMBE) is a large, local non-government organization (NGO) which has been serving the needs of PLWHA in the Mbeya Municipality's 36 wards and surrounding rural wards since 1991. It has one of the more comprehensive care and support programs in the region, linking its clients to the continuum of care through direct association with treatment facilities and by coordinating with an Mbeya "Network" of NGOs and FBOs to maximize coverage. KIHUMBE does this through two primary activities: the building the capacity of local providers in the region through training and supervision; and the direct provision of quality home-based palliative care services.

With FY 2006 funding, KIHUMBE expanded its Community Home Base Care (CHBC) volunteer staff to 85 trained individuals as well as trained 40 individuals from other organizations participating in a "network". This Network, of which KIHUMBE is a member, was formed in 2005 by 10 local NGOs and faith-based organizations (FBOs) in the Mbeya Region to coordinate community based prevention, counseling and testing, HIV home-based palliative care, and support for orphans and vulnerable children (OVC) in three of the four regions in the Southern Highlands Zone (Mbeya, Ruvuma, and Rukwa Regions).

Since its inception, KIHUMBE has worked with the Mbeya Regional Medical Office (MRMO), the local Ministry of Health and Social Welfare (MOHSW) office, responsible for supporting overall regional training in HBC. As a continuation of this collaboration, KIHUMBE has been designated by the Network to train volunteer CHBC providers from the other organizations. Individual volunteers to be trained will meet basic education requirements of having at least completed primary school and are able to read and write Kiswahili. Training in basic palliative care services for new volunteers in the Network, Ruvuma, and Rukwa regions will be conducted by the accredited training staff of KIHUMBE.

There is now a national curriculum for the training of CHBC providers in anti-retroviral (ART) adherence. KIHUMBE's medical staff is working closely with the regional TB and ART experts at the three Regional Medical Offices and the Mbeya Referral Hospital to devise a six-day refresher course to cover topics in adherence and basic patient monitoring using the curriculum. A module on record keeping will include provision of tools and questionnaires to assist the CHBC volunteer in identifying signs of complications due to treatment and when patients need to be referred to a health care facility. In addition to the training and care management forms, KIHUMBE and the RMOs are designing tools to monitor and evaluate the outcome of using CHBC providers as a means to enhance follow-up of patients on treatment and a data collection tool to control duplication of services to individuals or homes. Funding for the training will support staff salaries, rental of venues, transport of staff and materials, including production of management tools for distribution.

In the area of direct service delivery, KIHUMBE has been partnering with the Mbeya Referral Hospital with explanation of ART services since national support for ART roll out initiated in 2004. KIHUMBE serves as an excellent referral mechanism for patients to the ART Care and Treatment Centres (CTC) at the Referral Hospital and supports referrals from the hospital to aid in patient support when they return home. These referrals are facilitated by a social worker placed at the CTC specifically for this purpose. New patient identification by KIHUMBE is through the offering of counseling and testing at their municipal facility, in client's homes and through expansion to the use of mobile teams.

As the treatment population has expanded, so has the role KIHUMBE in HBC. In FY 2006 KIHUMBE opened branches in the towns of Mbalizi and Tukuyu. The branch in Mbalizi, just 30 minutes west of the Municipality, supports the military hospital and the new Mbeya Rural Designated District Hospital which have just initiated ART. The second in Tukuyu, 85 minutes south of the Municipality along the road to Malawi, is working with the Rungwe District Hospital to follow up their patients at home. Both new branches have seen rapidly expansion in the numbers of HBC clients this year. FY 2007 will see continued expansion of all three KIHUMBE sites, in order to assist these facilities and members of the community they serve.

KIHUMBE's basic care package for PLWHA includes provision of non-prescription medication, psycho-social-spiritual counseling, education about healthy living choices for positives, provision of situation appropriate basic commodities and nutritional support and counseling. Medical officers volunteering for KIHUMBE expand its capacity to provide prescription medications following a medical examination at home. This includes the use of cotrimoxizole prophylaxis as preventive therapy for PLWHA. In addition, HBC providers informally train caregivers of their clients in basic skill in hygiene, nutrition and caring for infected individuals. In FY 2007, produce from their agricultural plot initiated with FY 2004 funding (and now self sufficient) will continue to be used to supplement dietary needs of their clients as part of their nutritional counseling. KIHUMBE will provide produce grown on its plot to new ART clients on a "prescription" basis for a three to six month period as treatment is initiated.

Funding under this submission for services will support the provision of supplies for basic palliative services (non-prescription medications and disposables) for 550 individuals in 500 households with over 350 of these clients on ART, training of 200 CHBC providers in ART and TB adherence and patient follow up and 200 caregivers through at-home sessions in basic palliative support for the members of their household. Funds will also support the improvement of the organization's capacity, programmatic and administrative staff to assist the RMOs in monitoring the use of CHBC providers in treatment adherence and follow up. Cotrimoxazole and other items such as insecticide treated bed nets and WaterGuard units and supplies will be provided through a joint USG procurement.

In addition to provision of direct services, KIHUMBE works with other organizations through out the region to complement its package of services. Community providers and HBC clients will receive training in various income generating activities from the Network member the Iringa Residential Training Foundation. This will assist in the improvement of the livelihood of HIV+ and those who provide the services. In addition, attempts will be made to link to Peace Corps Volunteers working in the Mbeya Region with KIHUMBE to provide technical assistance in the training of staff, clients and providers in permaculture and home/community gardening.

KIHUMBE also looks to complement its services by accessing longer term, clean water solutions for its clients. Safe water is one of the greatest challenges for rural patients and their families in the Mbeya Region. Many clients have poor access to clean water, leading to frequent occurrence of diarrhea among HIV+ individuals in a household and thereby increasing the occurrence among other family members. A new partnership in FY 2006 between KIHUMBE and the US based NGO, Enterprise Works will continue into FY 2007. Enterprise Works helps develop systems of shallow wells at a very low cost and train people to make low cost point of contact water filtration systems for individual use and as an income generating activity. These activities are wholly financed by Enterprise Works.

Continued Associated Activity Information

Activity ID:	3375
USG Agency:	Department of Defense
Prime Partner:	Kikundi Huduma Majumbani
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 110,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,500	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	☐

Target Populations:

Community leaders
Community-based organizations
Nurses
Discordant couples
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
USG in-country staff
Volunteers
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Host country government workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Coverage Areas

Mbeya

Rukwa

Ruvuma

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Mildmay International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7753
Planned Funds:	$ 350,000.00

Activity Narrative: This activity will be linked with Pathfinder's activities (#7785). The activity strengthens the quality of home-based care (HBC) through training health–care professionals using the Mildmay Diploma and HBC focused short courses, and also scaling up Mildmay's existing HBC work in the Kilimanjaro region, helping to increase service capacity across several regions. These activities were initiated with FY06 plus-up funds, and have just started.

The Mildmay HBC program is designed to develop a strong, holistic model of home-based care that supports the Tanzanian Government's National Plan and can be replicated in other districts. A critical ingredient in this program includes working with the Regional Medical Office and with district health managers and faith-based hospitals thus ensuring a continuum of care.

With FY07 funds, the program will build sustainable capacity within the existing health care system by training health professionals on the Mildmay Diploma in the care and management of people living with HIV/AIDS, as well as with short courses. The activity will continue to mobilize and sensitize senior management on best practices and current thinking/science on home-based palliative care. It will also develop and encourage local ownership through stakeholder workshops, including visits to other Mildmay projects to share experiences and lessons learned.

The activity will also work to strengthen replicable community models of home-based care for adults and vulnerable children, using Moshi Rural, Moshi Urban, Same and Rombo, as the program "showcase" sites, especially for improving referrals between the health system and the community, ensuring adherence, follow-up, and supportive care. This pilot will expand new HBC services and develop linkages with existing programs that will support and strengthen anti retro-viral treatment (ART), prevention of mother-to-child transmission (PMTCT) and voluntary counselling and testing (VCT) services in these four districts. The community model would also aim to reduce stigma and discrimination through the involvement of the wider community in participatory action research and in the design and delivery of interventions. Presently there are no other established HBC programs that serve the Rombo and Same PMTCT plus sites that were initiated by Columbia University with USG funding.

Specifically, the activity will support Mildmay's modular Diploma in HIV/AIDS care and management including a training of trainers component module. Eight senior health professionals (two from each district mentioned above) who have already received some training and are currently attending a part-time diploma training course at the Mildmay Centre in Uganda and the Mildmay supported Kenya Medical training College (in Kisumu, Kenya) will be trained as trainers. This modular diploma provides graduates with management and leadership skills to co-ordinate HBC services at the district or regional level. These health care professionals have already completed the first six months of this 18-month modular diploma and FY07 funding will ensure they can complete the full curriculum.

The activity will support 2 workshops in Same and Moshi Urban for up to 20 senior managers selected from local government in the four districts and mission health institutions, as well as stakeholders from other sectors). These workshops will build upon work initiated in FY06. These workshops will ensure senior managers in local and regional health care institutions and departments and ministries are
informed, engaged, and sensitized to the aims and objectives of the program. This training will help ensure support for participating staff in program implementation and also assist in challenging and combating issues of stigma and discrimination.

For students who have completed a HBC modular short-course in FY06, small grants will be provided to develop new HBC services and scale up existing ones. The funding will support the active involvement of HIV positive people in the design and delivery of these HBC services, such as training on public speaking skills, HBC, and living positively. Mildmay will provide technical support and financial management of these small sub-grants to ensure performance is well monitored. These small grants are to help accelerate development of HBC services in the surrounding communities to serve the patients who do not have access to other HBC services, and especially those who need referral to Rombo or Same.

The final component is the creation of a patient support center (PSC). One PSC will be opened in FY06 in the Same District. FY 07 funding will continue to support the running of this PSC, helping provide a range of support services and acting as a referral hub for HBC within the districts, thereby supporting an unbroken continuum of care.

Continued Associated Activity Information

Activity ID:	6516
USG Agency:	U.S. Agency for International Development
Prime Partner:	Mildmay International
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 450,000.00

Emphasis Areas	**% Of Effort**
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	25	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	720	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Infants
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Pregnant women
Program managers
USG in-country staff
Volunteers
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Religious leaders
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Other Health Care Worker
Doctors
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Kilimanjaro

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Pathfinder International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 7785
Planned Funds: $ 2,375,000.00

Activity Narrative: This activity also relates to Pathfinder activities in Other-Policy and Systems Strengthening (#8978). It also relates to other Palliative Care Services under activities by the National AIDS Control Programme (#8692) and the National Palliatie Care Association (#8704).

The Pathfinder activity supports the development of community home-based care (HBC) services across Tanzania. Over the last two years, the activity reached over 8,000 people living with HIV/AIDS (PLWHA) in 12 districts across 4 regions of the country. The activity provides care for clients and supports other members of those clients' households.

With FY07 funds, Pathfinder, along with other HBC providers, will focus on strengthening the quality and comprehensiveness of HBC services, as well as expanding coverage to 22,000 recipients.

The first component of the activity will be to ensure provision of high-quality HBC services through a cadre of trained community HBC providers. All activities are in accordance with the Tanzanian Ministry of Health/NACP guidelines on HBC services. Activities will include but are not limited to: identification of vulnerable households and PLWHA; providing basic nursing care; training caregivers; providing adherence counseling, providing recommended prophylaxis and treatment for HIV opportunistic infections (such as Cotrimoxazole, and Isoniazid) and direct observations of anti-tuberculosis treatment for TB patients; referral to facilities for complicated opportunistic infection (OI) treatment and ART; conducting health education to prevent new HIV infections in the community and in-client households; promoting HIV testing and counseling of family members and other contacts; and offering psychosocial support to clients and household members.

The second component of the work to be done with FY07 funds includes support to district level Council Multisectoral AIDS Committees (CMACS) to strengthen Ward AIDS Committees and District Health Committees to better coordinate community HBC efforts. Emphasis will be placed on increasing participation of PLWHA in these bodies, strengthening the continuum of care and choosing and monitoring the community HBC providers. Attention will be given to helping the community establish an integrated network of community services available for PLWHA and their families.

A third component of the activity is to provide support to PLWHA, and especially ARV recipients in project areas. The FY07 funding will go toward instituting a system where Care and Treatment Clinics (CTCs) refer ARV patients for community services, assuring patient confidentiality. The CTCs will identify liaisons between the community and the facility, who will ensure that patients receive appropriate facility-based services and are then referred back to the community HBC providers. The activity will focus on strengthening and reinforcing linkages between the HBC services and other local resources or programs and CTCs to ensure there is a highly functional two-way referral system (community HBC to health facility and health facility to community HBC programs).

A fourth component of this activity will focus on continuing to build the institutional capacity of community- and faith-based organizations to play a key role in service delivery to households affected by HIV/AIDS. This will increase the number of people who benefit from quality, sustainable services that meet national standards. This funding will target local partners and tailor training to build capacity for skills needed to deliver quality services, sustain capacity, and attract future donors to diversify funding. Training will also cover developing proposals and administrative systems and procedures for program management. This will be done to extend coverage through qualified sub-grantees.

A fifth component of this activity is support for the procurement of goods for HBC kits. Providers receive community HBC kits, which contain essential supplies for their work. Cotrimoxazole will be purchased centrally through the Supply Chain Management (SCMS) Project , and other items such as ITNs and WaterGuard units and supplies will also be procured centrally. However, until SCMS is prepared to provide complete and assembled kits, it will still be necessary to procure other components locally through the activity. Resources from the activity will also cover transportation and distribution of the kits to the selected project areas. While the Ministry of Health and Social Welfare will be responsible for storage and re-supply, the activity will use existing logistics systems to trace all supplies, so as to ensure availability of resources to the beneficiaries. Procedures for requesting and issuing kit contents will ensure the replenishment of HBC supplies is

consistent and sustainable.

Finally, in FY07, the activity will add new training components for continuing HBC education. The availability of anti-retroviral treatment and Directly Observed Therapy (DOTS) are resulting in patients living longer, resulting in a need to focus on keeping clients healthy. New trainings will include prevention of malaria and water-borne diseases, use of cotrimoxazole to prevent OIs, and proper use of nets and water treatment equipment. The new HBC components will also be included in refresher trainings for trainers.

The activity will encourage community participation in HIV/AIDS activities. Creative avenues will be used to pass traditional HIV/AIDS prevention messages and introduce new topics (i.e., importance of safe water and treated bed nets). Behavior change communication materials will be produced with messages about community HBC, prevention for positives, and positive living. Finally, funding will be used to work with PLWHAs, HBC providers, caregivers, clients, and supervisors to determine how to best facilitate PLWHAs' participation in HBC activities.

Funds for FY07 will also be used to strengthen and revise Monitoring and Evaluation data collection tool and its analysis. Routine monitoring and supervision of HBC activities will be strengthened to ensure activities are implemented according to work plans and that project targets are met, and to improve the data that flows to the National AIDS Control Programme.

With plus up funds, Pathfinder will expand home-based care services to Manyara region. Funds will be used to ensure provision of high-quality CHBC services in the region by conducting the following activities: Conducting community sensitization on the need for CHBC;Train 12 CHBC Supervisors,train CHBC volunteers, identifying vulnerable households and people living with HIV/AIDS (PLWHA); and procure one vehicle to facilitate transport for supervision in the region. The program will increase the number of sites from 66 to 73, increase the number of individual provided with palliative care from 22,000 to 22,300 and increase the number of individual trained from 920 to 980. As the project expands, Pathfinder will continue cultivating the good relationships they have forged at the national, district, and ward levels. Pathfinder will work with Council Multisectoral AIDS Committees (CMACS) to train 15 Ward AIDS Committee and District Health Committees in coordinating CHBC efforts. Pathfinder emphasizes the need to increase participation by PLWHA.

In addition, due to rapid scale up of home-based care services and the necessity to track and analyze quality of service data that has been collected since the beginning of the program, Pathfinder is now in need of a computerized monitoring database system to evaluate already collected information and facilitate future collections and analysis. This new database system will be developed in consultation with Deloitte/Family Health International's (FHI) – Tunajali HBC program and through the HBC Working Group, and will help inform the NACP with its future HBC monitoring system plans.

Continued Associated Activity Information

Activity ID:	3468
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Pathfinder International
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,300,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	70	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	22,300	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	980	☐

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Nurses
Discordant couples
National AIDS control program staff
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
USG in-country staff
Volunteers
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Religious leaders
Host country government workers
Other Health Care Worker
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Arusha

Dar es Salaam

Kilimanjaro

Tanga

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Selian Lutheran Hospital - Mto wa Mbu Hospital
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 7803
Planned Funds: $ 220,000.00
Activity Narrative: This activity also relates to activities in Prevention of Mother-to-Child Transmission (#8220), Counseling and Testing (#8662), Orphans and Vulnerable Children (#7804), and HIV/AIDS Treatment (#7805). In addition, the program will be linked with the African Palliative Care Association (#8704) and the National AIDS Control Programme (#8692).

This activity's main component provides home-based care and palliative care to patients suffering with AIDS and the complications of the disease. Selian Lutheran Hospital AIDS Control Programme is a faith-based initiative with a wide spectrum of HIV/AIDS-related services, which work together to achieve a continuum of care. The overall program includes prevention and relief of suffering by means of early identification and effective assessment and treating of pain and other problems, physical, psychological and spiritual. The program includes prevention and relief of suffering by means of early identification and effective assessment and treating of pain and other problems, physical, psychological and spiritual.

Selian has been developing its Hospice and Palliative Care Programme since 1999. The initial focus was on end-of-life care, and that expanded with USG-funding through the Care/Tumaini activity. With FY06 Plus-up Funds, Selian "graduated" from sub-grantee status with several USG implementing partners to being supported directly by the USG for an array of programs, including palliative care and OVC, treatment, PMTCT, and counseling and testing. This will be an important year for Selian to develop their own capacity, especially in the area of their own programmatic and fiscal accountability.

Present services include pain control, physical and environmental hygiene, psychological and spiritual support, medication administration, and teaching and education for caregivers. Care is facilitated by the Selian Team, with the local assistance of 150 fully trained home-based care volunteers. By the end of FY06, the Home-based and Palliative Care program provided care to over 1,500 patients in four districts of Arusha. In addition, a Day Care Program was introduced at four sites in FY06. Currently, between 20 to 30 patients attend the Day Care Program each day.

With FY07 funds, the program will expand within the four district service areas, increasing the number of wards covered within each district. The Home-based and Palliative Care Programme plans to increase the number of patients receiving service to over 2500. The program will be enhanced to increase the comprehensiveness of services so that they meet the basic package identified in the Government of Tanzania Guidelines for Home-based Care.

In addition, staff at Selian Hospital are also the founders and officers of the newly formed Palliative Care Association of Tanzania. This is a progressive program that can help to strengthen other home-based and palliative care programs in Tanzania. In FY07, Selian also seeks to expand its training capabilities to serve as a training site for other programs initiating Home-based Care and Palliative Care.

With these additional Plus Up funds, Selian will be able to expand their home-based care services to other additional wards throughout the catchment area. Additional targets to be met include 600 new individuals provided with home-based palliative care, with an additional 35 people trained to provide and supervise these services.

Continued Associated Activity Information

Activity ID: 6515
USG Agency: U.S. Agency for International Development
Prime Partner: Selian Lutheran Hospital - Mto wa Mbu Hospital
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 300,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,100	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	43	☐

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Discordant couples
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
USG in-country staff
Children and youth (non-OVC)
HIV positive pregnant women
Religious leaders
Laboratory workers
Other Health Care Worker
Doctors
Nurses
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Coverage Areas

Arusha

Manyara

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 7839
Planned Funds: $ 13,500.00
Activity Narrative: In FY 2007, the USG will continue to collaborate closely with the Government of Tanzania, Ministry of Health (MOHSW), and other key partners to further strengthen technical and program capacity for implementing the Presidents Emergency Plan for AIDS Relief (PEPFAR). This will include the establishment and expansion of quality-assured national systems in the areas of surveillance, prevention of mother-to-child transmission (PMTCT), laboratory services, blood safety and blood transfusion, antiretroviral treatment, care, and TB/HIV programs.

USG agencies provide direct technical support for all of its HIV/AIDS programs through US and Tanzania based organizations, which manage and implement in-country activities. These activities are funded through cooperative agreements and contracts that are performed at the field level in direct partnership and collaboration with Tanzanian governmental and non-governmental organizations. The non-governmental implementing partners have considerable experience in the field of HIV/AIDS and have established offices in Tanzania to carry out these activities. The technical assistance (TA) and support provided by USG agencies through our cooperative agreements and contracts will ensure a long-term sustainable system for providing HIV/AIDS services to Tanzanians.

In FY 2007, this funding will support the in-country Palliative Care: Basic Health Care/Support program staff. The staff will: 1) support the National AIDS Control Programme (NACP) – Home-based Care (HBC) Unit co-ordination role; 2) assist with the provision of integrated, high quality care and support for people living with HIV/AIDS; 3) provide guidance for the strengthening of referrals between community and facility based care; 4) assist in the preparation for implementation of the preventive care package; 5) provide guidance on improving the information system; 6) conduct field visits and supportive supervision to USG sites that are implementing HBC; 7) review and compile quarterly and annual reports and oversee the HBC program mid-term review.

Continued Associated Activity Information

Activity ID: 5328
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: Country staffing and TA
Funding Source: GHAI
Planned Funds: $ 130,831.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Peace Corps
USG Agency:	Peace Corps
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	7851
Planned Funds:	$ 250,000.00

Activity Narrative: This activity relates also relates to Peace Corps activities in Abstinence and Be Faithful (#7774) and Orphans and Vulnerable Children (OVC) (#7687). It also relates to home-based care (#7816) and OVC (#8866).

Peace Corps Tanzania (PC/T) directly implements Emergency Plan (EP) activities through the actions of its 133 Peace Corps Volunteers (PCVs) in 15 of 21 regions on mainland Tanzania and five regions on Zanzibar. Approximately one-third of these 133 PCVs work on HIV/AIDS activities as a primary assignment and the remaining two-thirds of these PCVs work on HIV/AIDS activities as secondary projects. PC/T has three projects: the education project, brings PCVs to Tanzania to teach mathematics, hard sciences, or information and communication technology in secondary schools; the environment project, a rural, community-based project that helps people to better manage their natural resources; and the health education project, which places PCVs in communities to work as health educators primarily addressing HIV/AIDS prevention and care activities.

In FY06, PC/T implemented its HIV/AIDS program in four program areas: Abstinence and Being Faithful (AB), Other Prevention (OP), Basic Health Care and Support for People Living with HIV/AIDS (PLWHAs) (HBC) and Orphans and Vulnerable Children (OVC) and their caretakers. PC/T utilized the experiences gained in its environment project and experience with natural resources management to improve the nutritional status of PLWHAs and their caretakers through the initiation and promotion of demonstration permaculture and home gardening activities in their communities. Permaculture is an intensive form of agriculture aimed at household improvement of food production from gardening. Its main aims are to improve quantity and quality of food available to PLWHAs and their caretakers close to their homestead so they do not have to walk so far to get food. PC/T does not use EP monies to purchase food directly for the beneficiaries of the project. The strategy is to mobilize and train community groups including PLWHAs and their caretakers to start permaculture and home/community gardening activities. Training in nutritional concepts is provided alongside this activity with the aim of bolstering immune systems of PLWHAs in a more sustainable manner.

With FY07 funds, PC/T will scale up existing interventions with PLWHAs and their caretakers. PC/T plans to use FY07 HBC funds to facilitate income generation activities (IGA) targeted at PLWHAs and their caretakers. PC/T will promote obtaining vocational skills using resource people available in the community. PC/T will facilitate these resource people with various skills to mentor groups of PLWHAs to enable the beneficiaries to acquire these skills. PLWHAs with new vocational skills can better provide enough income for themselves, and reduce their dependence on food assistance. PC/T will facilitate these beneficiaries to start up small-scale IGA projects in their communities. PC/T will not use EP monies to pay for students' school or college fees. The expectation is that skilled resource people in the community will volunteer to work with PLWHAs. Some of the EP funds will be used to purchase training tools for different skills training.

With FY07 funds, PC/T will bring 10 additional EP fully funded Volunteers for primarily HIV related work. PC/T will use FY07 HBC funds to pay the costs of four of ten of these EP funded PCVs. This will increase PC/T's number of PCVs who work primarily on HIV to over 45, extending PC/T's reach to more PLWHAs and their caretakers with HBC funds. In addition, other PCVs will continue to work on PC/T's HIV program as a secondary activity.

In FY07, PCVs and their host country national (HCN) counterparts will expand their work to reach 600 PLWHAs and provide them with nutrition education and/or training in income-generating activities. The food that is produced from these permaculture, home/community gardening, and fruit drying activities will be available for needy PLWHAs to sell as income for their many needs.

PCVs and their HCN CPs will be oriented to the NACP-developed care guidance for HBC providers to ensure there is understanding and compliance with the national guidelines for HBC. PCVs will be encouraged whenever possible to link up with local HBC providers with the aim of providing a more comprehensive care package to the beneficiaries. This has worked effectively in communities in Dodoma in the first year of operation.

PCVs and their HCN CPs will identify 1,000 caregivers who may either be immediate family members of the PLWHAs, extended family members for OVCs, village health workers,

teachers in schools with OVC challenges, known HBC providers or members of other related groups.

PCVs and their HCN CPs will train these caregivers on nutrition and its importance in the continuum of care. Specific aspects of the trainings will include eating a balanced diet, food preparation practices, gardening using a permaculture approach, and food preservation techniques, for example fruit drying, as a means to keep nutritious foods longer.

PC/T will continue to conduct permaculture workshops and training with environment and heath education PCVs and their HCN counterparts to train them to conduct these nutrition education and income-generation activities in their communities. PC/T will set aside monies to fund a technical expert to conduct these trainings for PCVs and their counterparts and will introduce a fruit-drying workshop. Some EP funds will be set aside for PCVs to access through Volunteer Activities Support and Training (VAST) grants to fund care activities targeted to PLWHAs and their caretakers. PC/T will develop and acquire the needed materials for conducting the planned activities using EP funds. PC/T has proven experience and expertise in permaculture and IGA activities, which are already well integrated into PC/T's project plans and core programming, and will continue beyond the life of the EP.

Continued Associated Activity Information

Activity ID: 5007
USG Agency: Peace Corps
Prime Partner: US Peace Corps
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 75,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	600	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,000	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Nurses
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Teachers
USG in-country staff
Volunteers
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders
Other Health Care Worker
HIV positive infants (0-4 years)

Key Legislative Issues

Volunteers

Coverage Areas

Arusha

Dodoma

Iringa

Kagera

Kilimanjaro

Lindi

Manyara

Mara

Mbeya

Morogoro

Mtwara

Mwanza

Ruvuma

Singida

Tanga

Kaskazini Pemba (Pemba North)

Kusini Pemba (Pemba South)

Kaskazini Unguja (Unguja North)

Kusini Unguja (Unguja South)

Unguja Magharibi (Unguja West)

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National AIDS Control Program Tanzania
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8692
Planned Funds:	$ 511,880.00

Activity Narrative: This activity relates to all activities under Palliative Care-Basic Care and Support because of their coordinating role for Palliative Care services. It also relates to activities in ART Services (#7771), VCT (#7776), PMTCT (#7760), TB/HIV (#7772), and SI (#7772 and #7773).

The Tanzanian Health Sector Strategy for HIV/AIDS includes home-based care (HBC) as one of the interventions under HIV/AIDS care, treatment, and support. The term HBC in Tanzania refers to the broad spectrum of palliative care. HBC has been recognized as one of the most effective alternatives to mitigating the physical, mental, emotional, and economic difficulties of PLWHAs and their families. Physical, psychosocial, palliative, and spiritual services are included as part of comprehensive home-based care.

The Ministry of Health and Social Welfare (MOHSW) started implementing HBC in 1996 in 8 districts. Since then, many partners have initiated support for HBC. By September 2006, more than 70 districts were implementing HBC countrywide, 61 of which had some involvement from the MOHSW National AIDS Control Programme (NACP). However, establishment of HBC in Tanzania is still inadequate. There is only partial coverage of regions, with entire districts lacking HBC services, and services are often not comprehensive or linked to Care and Treatment Clinics (CTCs). Though data is inadequate, NACP estimates that 40% of the districts in Tanzania have not established services at all. The MOHSW has developed guidelines and training materials to guide, standardize, and harmonize both HBC training and service delivery, but implementation of the services is still fragmented and uncoordinated.

To address this service and coordination gap, FY07 funding is being requested for NACP to implement several critical components of a national program. One component of this activity is to provide training for HBC providers in districts where services have not already been established. Activities will include training of 20 district trainers, 300 health facility HBC providers, and 600 community-based care providers in 10 districts. The program targets five regions: Tabora, Shinyanga, Rukwa, Ruvuma, and Singida, where HBC services are weak, cut can be linked to ART services in Care and Treatment clinics supported by USG partners, namely Elizabeth Glaser Pediatrics AIDS Foundation, Department of Defense, the American International Health Alliance Twinning Program and AIDSRelief. NACP will coordinate with the USG partners implementing HBC in these regions to harmonies activities in order to ensure maximum district coverage and avoid overlap. Two districts will be covered in each region. With FY07 funding, care will be provided for over 4,000 people living with HIV/AIDS (PLWHAs) in the targeted communities. Specific interventions to be supported include: health education, including community sensitization on HIV prevention, nursing care, management of opportunistic infections (including pain management), basic counseling, adherence support, and referral for further management. In addition, cotrimoxazole prophylaxis will be provided to patients according to the national guidelines for prevention and management of opportunistic infections. The plan also involves the provision of insecticide-treated nets for prevention of malaria to improve the health status of PLWHA and their families.

A second component of the activity is to strengthen the coordination of key HBC players at the national level and enhance supervision by Council Health Management Teams (CHMTs) at the district level. Funding will be used to enhance the capacity of the Counseling and Social Support Unit (CSSU) at NACP to coordinate the national HBC implementation, including the standardization of HBC training, packages of services, and reporting systems. Funding will support quarterly coordination meetings for HBC implementing agencies as a step to improve standardization, coordination, and synergy among these services. These meetings will be conducted at all levels. At the national level, NACP will coordinate with HBC implementing partners and districts. At the district level, CHMTs will coordinate with HBC implementing partners and facilities. Finally, at the community level, the HBC focal point at the health center or dispensary will coordinate the community groups and volunteers involved in HBC. Because the CSSU at NACP is severely understaffed, an additional staff member will be hired using FY07 funds to strengthen the capacity of the unit and assist with the coordination detailed above.

In order to further enhance coordination, the CSSU will adopt the regionalization strategy of partners currently used in care and treatment. The staff person funded in FY07 will help to develop a work plan for HBC activities at the CSSU and ensure its implementation. The

person will also conduct periodic supportive supervision to the HBC sites to ensure the quality and comprehensiveness of activities being implemented.

The final component of this activity is the development and implementation of a national monitoring system for palliative care to enable providers to improve services at all service delivery points. This system will be developed by the CSSU, in collaboration with the Monitoring and Evaluation Unit at NACP. The initial system will be paper-based, but after the system has been successfully deployed, the NACP will ensure that an electronic database for the HBC monitoring system is designed. The rollout of the paper-based system at a national level will occur after a pre-test in three regions where HBC has already been established. The proposed regions for this activity are Coast, Iringa and Dodoma.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	40	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	920	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Traditional birth attendants
Traditional healers
HIV/AIDS-affected families
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
USG in-country staff
Volunteers
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Religious leaders
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Rukwa

Ruvuma

Shinyanga

Singida

Tabora

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	RPM+
Prime Partner:	Management Sciences for Health
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8694
Planned Funds:	$ 200,000.00

Activity Narrative: This activity will be related to the newly awarded program for Basic Care and Support that will be implemented by a consortium led by Deloitte Touche Tohmatsu (#8706), and also the AED T-Marc Social Marketing Program (#7667).

The duka la dawa baridis (DLDBs) outlets provide an essential service in Tanzania. They are small outlets, originally set up to provide non-prescription drugs in the private sector. DLDBs constitute the largest network of licensed retail outlets for basic essential drugs in Tanzania. They are found in all districts in the country. For many common medical problems, such as diarrhea, fungal infections, malaria, etc., a variety of factors encourage people to self-diagnose and medicate before going to a health facility. Because nearly 80% of the population of Tanzania is rural, DLDBs are often the most convenient retail outlet from which to buy drugs.

Evidence has demonstrated that DLDBs are not operating as had been originally intended. Prescription drugs that are prohibited for sale by the Tanzania Food and Drug Authority (TFDA) are invariably for sale, quality cannot be assured, and the majority of dispensing staff lack basic qualifications, training, and skills. Regulation and supervision are also poor. To address this, Management Sciences for Health (MSH) initiated a program (originally funded under the Gates funded SEAM program) to build the skills of the DLDBs and transform them into Accredited Drug Dispensing Outlets (ADDOs).

In the past two years, MSH's Rational Pharmaceutical Plus program has laid the groundwork in Morogoro to develop ADDOs and prepare them to support palliative care programs for HIV/AIDS. Elements of their work to date have included accreditation based on Ministry of Health and Social Welfare/TFDA-instituted standards and regulations governing ADDOs; business skills training, pharmaceutical training, education, and supervision; commercial assistance; marketing and public education; and regulation and inspection.

The work done to date has been primarily focused on ensuring accreditation, but has not yet been linked with home-based care activities. Beginning in FY07, the ADDO work will be linked with the newly awarded Tunajali home-basesd care/orphan and vulnerable children activity in Morogoro, Iringa, and Dodoma. ADDOs, in collaboration with community-based organizations and NGOs, may provide HBC services to remote and rural areas through the provision of HBC kits and services that might no otherwise be available in rural areas. Selected ADDOs would be assigned a catchment area where they could provide HBC services to volunteers and possibly HIV patients identified by local NGOs and/or clinical facilities. If this linkage works well, the USG would propose the expansion of the network of ADDOS to another region covered by Tunajali, e.g., Iringa. The ADDOS could also support referrals of patients for counseling/testing and for clinical services at the closest HIV/AIDS Care and Treatment Clinic.

The proposed role of ADDOs in community-based HIV/AIDS prevention and care would also include dissemination of HIV/AIDS information whereby ADDOs would become centers for providing basic HIV/AIDS information to the public. This way, information on HIV prevention, treatment, and the fight against stigma can be provided using available IEC materials and social marketing techniques in collaboration with other partners (e.g. PSI, T-Marc) would reach groups and areas that might not otherwise be reached.

It is expected that through this program, additional beficiaries will be reached, but the first focus will be on providing quality and accessible goods to existing NGOs whose beneficiaries are counted under the Tunajali program. In future years, the program could reach more persons in remote areas who are unduplicated. Consequently, no targets are set.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

Community-based organizations
Faith-based organizations
Pharmacists
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
USG in-country staff
HIV positive pregnant women
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Iringa

Morogoro

Table 3.3.06: Activities by Funding Mechanism

Mechanism: ZACP
Prime Partner: Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Progra
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8695
Planned Funds: $ 100,000.00
Activity Narrative: This activity also relates to other activities in PMTCT (#7756), Care and Treatment (#7757), Counseling and Testing (#8690), and Strategic Information (#8224) and Laboratory Infrastructure (#7755).

Zanzibar is made up of the islands of Unguja and Pemba, with a population of approximately 1,078,964. Since 1988, home-based care (HBC) services have been established in 100 health facilities within eight districts. More than 154 health care workers and 30 community volunteers have been trained on HBC. Still, there are few trained counselors, and the quality of counseling is unsatisfactory due to poor infrastructure, as well as a lack of privacy and confidentiality.

One component of this activity is to continue support to HBC services in Zanzibar and coordinate all HBC services in the five regions of Zanzibar. With FY07 funds, activities will focus on linking facility-based and community home-based care interventions; expanding HBC services from 8 to 10 districts; establishing linkages with faith-based institutions, civil service organizations, and community-based organizations; building capacity, specifically training and retraining of 154 health care workers and community volunteers who will provide HIV – related palliative care to a total of 842 individuals; procuring and distributing HBC kits; reviewing and developing the HBC guidelines and training manuals; providing supportive supervision of HBC services; and developing a monitoring and evaluation component for HBC and integrating into the comprehensive Zanzibar system. Funding will also be used to provide technical support to assist ZACP to address gender issues as an integral part of training and guidelines. Finally, ZACP will be provided with the Stigma Took Kit, developed by PACT, for use by all USG partners.

The second component of this activity will expand and harmonize the overall HBC monitoring system. Funding will be used to introduce a paper-based HBC monitoring system. The system will enable providers to use collected information to improve services at service delivery points as well as contribute to the overall continuum of care. The monitoring system will be introduced in two new districts and eight existing sites where HBC services are currently provided. Funding will also be used to bring together stakeholders, including regional and district level personnel, selected HBC workers, all partners working in HBC and other stakeholders. The outcomes of the meeting will include the development of monitoring tools, a work plan with a timeline outlining development of the HBC monitoring system, and the development of data collection tools. Data collection tools will be pre-tested in three districts. The paper-based system will then be rolled out at a national level. Supportive supervision will be built into data collection training to ensure data quality and data use for program planning. Collected data will be incorporated into a national electronic database.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	842	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	154	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Nurses
Discordant couples
HIV/AIDS-affected families
National AIDS control program staff
People living with HIV/AIDS
USG in-country staff
Volunteers
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Religious leaders
Nurses
Other Health Care Workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Kaskazini Pemba (Pemba North)

Kusini Pemba (Pemba South)

Kaskazini Unguja (Unguja North)

Kusini Unguja (Unguja South)

Unguja Magharibi (Unguja West)

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	APCA
Prime Partner:	African Palliative Care Association
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8704
Planned Funds:	$ 400,000.00

Activity Narrative: This activity will be linked with all Palliative Care—Basic Care and Support Programs, and will help to ensure quality standards and comprehensiveness of services.

Palliative care has only recently been introduced in Africa. Many cultures and communities have long traditions of caring for the dying at home, yet few have had organized options in symptom control, counseling, emotional and spiritual support. The HIV/AIDS epidemic has greatly increased the need for home-based services and the relief of suffering, and it is now considered a core component of all home-based care (HBC) for people living with HIV/AIDS in Tanzania.

Palliative care in Tanzania is in its infancy. Presently it only available through a limited number of organizations, including Selian Lutheran Hospital in Arusha, Muheza District Hospital in Muheza, the Ocean Road Cancer Institute in Dar es Salaam, and PASADA in Dar es Salaam. There has been an increased effort to integrate the fundamental precepts of palliative care, including access to oral morphine for the treatment of people with severe AIDS-related pain, within the numerous HBC programs throughout the country. However, significant barriers remain. Only four centers country-wide, of which two are in Dar es Salaam, can access oral morphine which is the only available potent oral opiate. Moreover, three out of the four centers account for all trained palliative care professionals in Tanzania.

In FY06, the African Palliative Care Association (APCA) was provided with funding from Emergency Plan Plus Up Funds to help integrate quality palliative care into HBC services in Tanzania, to advocate for comprehensive palliative care, and to provide technical assistance to the newly formed Tanzanian Palliative Care Association (TPCA). This work will soon be initiated. APCA will support TPCA's effort to scale-up and strengthen palliative care services in Tanzania. The TA offered by APCA will include support on organizational development, advocacy and policy influencing, training, education and standards, monitoring and evaluation. APCA will also support integration of the core elements of palliative care into HBC programs and a review of the Tanzanian national health policy to ensure that it supports the provision of comprehensive, quality palliative care to people living with HIV/AIDS, including orphans and vulnerable children. Important priorities for both APCA and TPCA will be to work with the National AIDS Control Programme (NACP), to promote quality standards in palliative care training and service provision for different levels of health professionals and care providers. In addition, efforts will be initiated to include palliative care in the curricula for all medical and nurse training to increase the skills base so that palliative care provision in the region becomes sustainable. APCA and TPCA can also help NACP to advocate for policy change on the use of oral morphine.

In particular, with FY07 funds, the program will focus on recruiting program staff for advocacy, supporting the implementation of developed palliative care standards, and supporting TPCA to implement a mentorship and accreditation program (planned by NACP, but not yet implemented) for palliative care services in Tanzania. In order to promote linkages and knowledge sharing, the APCA will continue to hold quarterly CME palliative care updates for all stakeholders and TPCA membership, support TPCA to publish a palliative care journal twice a year for dissemination to stakeholders and membership, facilitate and support a national palliative care conference to coincide with the world Hospice and Palliative Care Day, develop and implement a palliative care IEC strategy for Tanzania, and support a TPCA team to attend and participate in the APCA regional palliative care conference.

APCA will also work with TPCA to sensitize policy makers on the role of palliative care in HIV/AIDS, support the development and implementation of a national palliative care strategy, and sensitize key medical and nursing schools on the need to incorporate palliative care within training for all undergraduate doctors and nurses. FY07 funds will also support the development of training materials and train trainers to educate community-based care givers/volunteers to integrate palliative care into services they provide and as trainers for other community-based volunteers. These will be especially important for organizations such as TACARE in Kigoma.

Monitoring and evaluation plans will also be developed maintain a database of members and services, and to evaluate the effectiveness of programs.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	300	☐

Target Populations:

Community leaders
Community-based organizations
Disabled populations
Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Program managers
USG in-country staff
Volunteers
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Religious leaders
Other Health Care Worker
Doctors
Nurses
Other Health Care Workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Deloitte Touche Tohmatsu
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8706
Planned Funds: $ 4,225,000.00

Activity Narrative: This activity also relates to activities in OVC (#8866) and ART (#7701). The program will also link with the Peace Corps (#7581), the RPM activity (#8694), the Palliative Care Association (#8704) and the National AIDS Control Programme coordinating activity (#8692).

This is a newly competed and awarded mechanism that will absorb all of the home-based care services previously funded under CARE/Tumaini. Beginning in FY 07, a consortium led by Deloitte Touche Tohmatsu, called Tunajali ("We Care") will continue to provide home-based palliative care through 23 community. A key component of the activity is the ensuring comprehensive care across the continuum of care to people living with HIV/AIDS, and will be linked with OVC services provided under the same mechanism, and treatment under a separate mechanism with the same major implementing partners. The CARE/Tumaini activity, which has been active since early 2004, was successful in establishing functional linkages with programs and services that address the various needs of PLWHA through the 23 CSOs/subgrantees. In addition, it has provided technical assistance to each of the sub-grantees to strengthen their ability to provide quality and sustainable services. These services will continue with the new mechanism.

The activity operates in Mwanza, Dodoma, Iringa, Coast, and Arusha regions. It has recently expanded to Zanzibar. The new Tunajali activity will work in Dodoma, Iringa, Morogoro, Mwanza, and Zanzibar, and will focus on four critical priorities: 1) quality service delivery through sub-grants to support the national scale up of home-based palliative care in; 2) identifying and integrating components of service to provide a continuum of care; 3) strengthening local coordinating bodies to ensure the availability of quality, integrated services to PLWHA, and 4) ensuring the application of a national framework, standards, guidelines, curricula, and systems.

Previous experience with anti-retroviral treatment (ART) sites in Iringa and Mwanza will help to inform the approach for enhancing services and linkages for comprehensive care. This experience has demonstrated that services to PLWHA across a continuum has been accepted and embraced by clinicians, nurses, local government officials and civil society. Health care facilities, government institutions, civil society organizations, communities, and PLWHA will be engaged in the activity to work together to build a continuum of care that spans from health facility to household and vice versa. With this new activity, simple protocols will be developed to further assist sub-grantee CSOs in establishing functional referral systems and networks. Tools to enhance adherence to ART are already in development and will be applied through training, simple visuals, and supervision.

A key priority for the FY07-funded activity will be enhancing home-based palliative care to strengthen nursing supervision, and to include provision of cotrimoxozole, improved supervision of volunteers, and strengthened preventive services. In addition, the program will strengthen linkages with ART, clinic-based management of patients as appropriate, pediatric AIDS services, PMTCT, prevention, and OVC programs in Dodoma, Iringa, Morogoro, Mwanza, and Zanzibar. The number of CSOs in these five regions will increase from 23 to 35. Emphasis will be placed on enhancing coordination and effectiveness. Targets for this activity will increase for PLWHA to 35,000.

Using new guidance from the USG and WHO, programs will also be enhanced with FY07 funds to include safe water kits and vouchers for Insecticide Treated BedNets in HBC kits. The activity will also review the procurement and distribution of HBC kits in the most efficient way to ensure timely and continuous availability of drugs and other essentials to patients at household level. Further reviews and adaptations of training materials will be conducted with NACP.

The continuum of care will be strengthened with the reassignment of regions in the ART site regionalization. Deloitte/FHI has been assigned Dodoma, Iringa, and Morogoro for ART, and with this new award they will be responsible for home-based care and OVC in the same regions, as well. Since the regionalization approach includes strengthened planning and budgeting with the Regional and District Health Management Teams for care and treatment services, it will help to maximize the integration of care and services. Sub-awards from the Deloitte/FHI mechanism will link Catholic Relief Services (CRS) in Mwanza with CRS ART sites, further strengthening the continuum of care. Previous CARE/Tumaini sub-grantees in Arusha Region either have been "graduated" to direct

support from the USG or have been reallocated to Pathfinder, which works in Arusha. This alignment should help to increase coordination and decrease transaction costs inherent in working with different service providers.

Achievement of this anticipated increase in targets will require that considerable additional human resources be trained, deployed, and supervised, involving district level home-based care coordinators from the District Medical Office. The regionalization approach will help to make the linkages with local government to increase staff and training for technical monitoring and supervision. It is crucial that volunteers and CSO staff be trained in recording numbers and events and proper reporting. By bringing activity monitoring to the service delivery level and by including the District Medical Office staff in monitoring, the activity will be able to improve service and data quality.

Presently, female clients outnumber male clients in HBC programs and the same applies to use of VCT and ART services. Also, family care providers, volunteers, and HBC coordinators are mostly women. In addition to this gender imbalance, there is considerable stigma that serves as a barrier to seeking services. In coordination with Muhimbili University College of Health Sciences and the International Centre for Research on Women, FHI will pilot innovative interventions, such as community-based educational tools, deploying male PLWHA on treatment in community programs, using local radio chat shows, promoting male family caregivers through peers, etc., to increase the uptake of services. These interventions will be aimed at both HBC and Care and Treatment programs.

Tunajali will identify opportunities for wraparound programs that will provide for income generating activities and nutritional support. The program has already initiated discussions to pilot programs that would leverage resources from the USAID Economic Growth Sector through local implementing partners.

The Deloitte oversight of the sub-granting process will help to ensure the sustainability of CSO organizations who will provide essential services, assessing and strengthening their programmatic and fiscal accountability on a routine basis.

Additional funding will be used to: a) increase the number of CSOs supported; b) initiate scale up of home-based care services in their newly assigned region of Singida (This funding will be used to provide grants to two civil society organizations to launch home-based care services for PLWHA that will link with treatment services that Deloitte will initiate with other FY2007 Plus Up funding requested under ARV Services); c) initiate home-based counseling and testing, using lay providers, including the hiring of a full-time counsellor to manage the initiative and train field staff (including approximately 100 volunteers and approximately 15 supervisors); and d) extend the Permaculture and Bio-intensive Micro Farming project to care and treatment clinics in Dodoma, Iringa, Morogoro, and Singida.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	37	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	36,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,000	☐

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
Nurses
Discordant couples
HIV/AIDS-affected families
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
USG in-country staff
Volunteers
Children and youth (non-OVC)
Men (including men of reproductive age)
Caregivers (of OVC and PLWHAs)
Religious leaders
Host country government workers
Other Health Care Worker
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Coverage Areas

Dodoma

Iringa

Morogoro

Mwanza

Pwani

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Deloitte Touche Tohmatsu
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8707
Planned Funds: $ 275,000.00
Activity Narrative: This activity is related to requests for funds for the RFE under Orphans and Vulnerable Children (OVC) (#7700), and Other Policy and Systems Strengthening (#8979).

The Rapid Funding Envelope (RFE) has been evaluated as an effective mechanism to get funding to small community-based organizations (CBOs) for urgent and innovative projects. The RFE is supported by ten donors, including the Bernard van Leer Foundation, Canadian International Development Agency, Development Cooperation Ireland, Embassy of Finland, Royal Danish Embassy, Royal Netherlands Embassy, Royal Norwegian Embassy, Swiss Agency for Development and Cooperation, and United Kingdom's Department for International Development. USG support, which is not pooled with the other donors, is used instead to support the management of the RFE program. During both FY05 and FY06, over $3.6 million of other donor support was distributed each year to 23 small organizations through the RFE.

FY07 funds are requested to cover management costs for the RFE activities covering OVC, palliative care, and stigma programs. These funds leverage nearly $6 million each year in contributions from the other donors to address the HIV/AIDS situation, especially in under-served areas of Tanzania.

At least once each year, there are rounds of grantsmaking supported by the RFE where grants of up to $200,000 are given to CBO or FBO sub-grantees. This coordinated mechanism has helped to ensure a consistent approach to link donors, CBO, and FBO organizations with the programs and policies of the Government of Tanzania (GOT). The RFE also helps to link diffuse and disjointed community programs with decentralized management of HIV/AIDS programs, where otherwise the CBO or FBO might have worked independent of the GOT infrastructure or other available resources. For example, those organizations who are funded to do home-based palliative care or other community services for people living with HIV/AIDS (PLWHA) are requested to link locally with the Council Multi-sectoral AIDS Committees (CMACS) to maximize the resources available locally and to integrate all available programs to improve comprehensiveness of programs. The work with the CMACS will enhance the sustainability. These local projects will also be requested to coordinate closely with anti-retroviral treatment centres in the community to foster a continuum of care.

Deloitte provides important technical assistance in proposal review, pre-award assessment, and awards; technical assistance to grantees in implementation and reporting; and grants management in terms of financial management and monitoring. The technical assistance for small grantees provided by the RFE will complement the several palliative care and impact mitigation activities that were initiated in FY05 and FY06. The RFE allows for the rapid "piloting" and evaluation of innovative interventions, as well as sharing of lessons learned, that then can be shared with and used by USG implementing partners, as well as smaller programs. For example, RFE support for a Heifer Project income generating project (goat husbandry) provided both nutritional support for PLWHAs and their families, and the wherewithall to build sustainable livlihoods. Present and future priority activities include a continued collaboration with civil society to find innovative and effective ways to meet the complex and comprehensive needs of PLWHA and minimize caregiver burnout.

NOTE: Targets are primarily upstream (indirect), since the actual funds for the sub-grants come from other donors. RFE funds are primarily for management of the sub-grants.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Target Populations:

Community leaders
Community-based organizations
Disabled populations
Faith-based organizations
Nurses
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
USG headquarters staff
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Religious leaders
Host country government workers
Other Health Care Worker
Nurses
Other Health Care Workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Wrap Arounds

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	STRADCOM
Prime Partner:	Johns Hopkins University
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8709
Planned Funds:	$ 100,000.00

Activity Narrative: This activity also relates to activities in ARV Services (#5567), Counseling and Testing (#7811), and Abstinence and Be Faithful (#7810), as well as the National AIDS Control Programme Coordinating activity (#8692).

Following the termination of the BBC World Service Trust radio project in December 2005, USG/Tanzania opted to replace the activity through a competitive procurement process. This new mechanism is expected to be awarded in November 2006 for immediate implementation.

The activity – Strategic Radio Communications for Development (STRADCOM) – is intended to deliver demonstrable improvements in knowledge and attitudes relating to a wide variety of HIV/AIDS issues throughout the continuum of care. The activity will also support and contribute to behavior change efforts and activities of other implementing partners. The activity is designed to serve as a "center of excellence" for radio production that will concentrate on radio expertise to create appropriate and entertaining radio formats and to leverage maximum impact at the community level by working in collaboration with other implementing partners providing the full spectrum of prevention to treatment services.

The activity will use entertainment to promote messages about reducing people's risk of infection and reducing myths and misconceptions about treatment. It is intended to increase the number of Tanzanians seeking treatment and especially reduce stigma and discrimination. Some messages will have gender-specific focus so as to address gender imbalance in care-seeking and care-providing behavior. The activity is designed to run for three years and will draw on a variety of radio formats that have broad appeal, but are also flexible. An illustrative list of these formats includes Public Service Announcement-type radio spots, mini dramas, call-in shows, radio dramas, and discussion programs. The activity is intended to create radio programming that adapts messages rapidly to incorporate emerging issues in HIV and AIDS, as well as issues that concern specific groups of people. These messages will target youth and other appropriate populations; it is also anticipated that this activity will serve as a major component of the USG portfolio that reaches out to men, with important messages to increase their presence among those tested, providing care services, seeking care, and being faithful.

The main focus of the activity will be to create the messages necessary to convey appropriate information to the Tanzanian population about a variety of issues throughout the continuum of care. In addition, some training will take place to create a pool of radio producers and writers who will be able to continue these efforts when project funding has ended. Given the high cost of prime media time in Tanzania, it is anticipated that the project will pursue sponsorships and leverage corporate social responsibility interests in an effort to offset these costs over the course of the three years. All messaging will need to be developed in close collaboration with the National AIDS Control Programme, as well as support messaging outlined in the National HIV/AIDS Communications Strategy.

Care-focused broadcasts will be delivered in Kiswahili under the guidance of the NACP and TACAIDS; and will be complemented by community-level activities related to palliative care services that are conducted by other partners including, but not limited to, Family Health International, Pathfinder, KIHUMBE, the Henry Jackson Foundation, etc. Focus will be on national coverage at both urban and rural levels.

For the majority of Tanzanians, radio is the main source of news and entertainment and it is the most popular media outlet. For 35 years, Tanzanians have been listening to the government-owned Radio Tanzania. There are now four stations with a national reach: Radio Tanzania, privately owned Radio One and Radio Free Africa, and Radio Uhuru as well as two major Christian religious radio stations – Radio Tumaini and Radio Sauti ya Injili . Radio Free Africa and Clouds FM are music stations. In a 2002 survey, 81 percent of respondents claimed to have listened to radio within the past day. Thus, the popularity of radio will enable the STRADCOM project to reach out to millions of Tanzanians with important messages regarding comprehensive services across the prevention-to-care continuum. On their own, these messages will convey necessary information to influence knowledge and attitudes – in combination with complementary messages delivered at the community outreach level, it becomes possible to influence the necessary corresponding behavior change.

Specific palliative care messages will help to dispel myths and misconceptions about treatment (especially the benefits of care and treatment) so as to encourage individuals to seek care and treatment. Stigma reduction messages should have a positive impact on stigma reduction, and encourage those who are HIV+ to live positively and influence others to reduce risk and seek care/treatment. In addition, messages will focus on prevention, fidelity, and partner reduction. Particular emphasis will also be placed on the importance of adhering to treatment regimens so as not to develop resistance.

The flexibility of community-based radio communications allows the weaving of multi-pronged messages into programming. The STRADCOM implementing partner will work together with NACP, TACAIDS, and other Emergency Plan partners to assure messages are appropriate, support policies, and are linked to services. The project will also work to strengthen links between radio broadcasters, GOT, and the private sector thus enabling more effective health campaigning by increasing media skills in the Government sector, by working closely with local broadcasters to enhance their capacity, and with commercial businesses to enhance their commitment to produce quality health programming.

In FY07 under Palliative Care funding, the STRADCOM Project will produce a variety a media outputs which are not captured in the direct targets. All of these outputs will contribute to community program activities undertaken by other Palliative Care partners mentioned in the narrative.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	51 - 100

Target Populations:

Adults
Business community/private sector
Community leaders
Faith-based organizations
Most at risk populations
HIV/AIDS-affected families
Mobile populations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
USG in-country staff
Girls
Boys
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Religious leaders
Host country government workers

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: AIHA
Prime Partner: American International Health Alliance
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8715
Planned Funds: $ 200,000.00
Activity Narrative: This activity links to the AIHA Preceptorship activity (#7679) under ARV Services and the National AIDS Control Programme activitiy for coordination (#8692).

Through an agreement with the Tanzanian government, the Evangelical Lutheran Church in Tanzania (ELCT) operates 20 hospitals and 160 primary healthcare institutions, accounting for about 15 percent of the healthcare services in Tanzania. The Pare Diocese of the ELCT provides healthcare services to over 200,000 people at the Gonja Hospital and the 10 dispensaries affiliated with it.

Palliative care is a necessary element of the complex assistance provided to persons living with HIV/AIDS (PLWHA); however, palliative healthcare services, both hospital and home-based, and skilled providers are very scarce. The Twinning Center proposes a partnership between the ELCT, the Southeastern Iowa Synod of the Evangelical Lutheran Church in America (SIELCA), Iowa Health—Des Moines, and Iowa Sister States (ISS) to increase the number of healthcare and non-healthcare personnel able to provide quality palliative care services through training and capacity-building. This partnership would work with the Pare Diocese to achieve the palliative care goals set forth in the Tanzanian Health Sector Strategic Plan for HIV/AIDS (2004-2006).

The SIELCA synod consists of 150 congregations and is in relationship with various social service agencies and educational institutions. The ELCT and the SIELCA have had a companion relationship for 18 years, during which time they have worked together to address issues related to agriculture, education, and water development systems. In the last three years, 20 physicians and nurses from SIELCA have visited the Pare District. Iowa Health—Des Moines is a healthcare system of three hospitals in central Iowa. ISS is a 501(c)3 entity which contracts with all its sister state partners. The four organizations would be partnered to develop and implement a palliative care training program for 200 healthcare and non-healthcare providers that would reach over 2,000 PLWHA in the first partnership year and provide mentoring for healthcare providers, family members, and church volunteers in Pare. The Twinning Center will work with the National AIDS Control Program, as well as with the Palliative Care Association of Tanzania, in updating the national curriculum for home-based care training to include the principles of palliative care for people living with HIV/AIDS; pain evaluation and pain control management according to the World Health Organization (WHO) protocols (March, 2004); principals of HIV symptom management according the WHO protocols (March, 2004); use of complementary and alternative medicine; palliative care support to adults and children; emotional and spiritual aspects of care; and the organization of care including collaboration with NGOs and community and faith-based organizations. Mentoring through partnership exchanges with both ELCT and with local health authorities, such as the District Health Management Teams and District-level Community-based Coordinators will increase the understanding of the model and provide the opportunity for ongoing quality assurance monitoring and sustainability. This effort will be coordinated with the activities of the ELCT Health Department.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	☐

Target Populations:

Community leaders
Doctors
Nurses
Traditional healers
HIV/AIDS-affected families
National AIDS control program staff
People living with HIV/AIDS
USG headquarters staff
Volunteers
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Religious leaders
Host country government workers
Other Health Care Worker
Doctors
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Volunteers

Twinning

Coverage Areas

Singida

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9419
Planned Funds: $ 100,620.00
Activity Narrative: n FY 2007, the USG will continue to collaborate closely with the Government of Tanzania, Ministry of Health (MOHSW), and other key partners to further strengthen technical and program capacity for implementing the Presidents Emergency Plan for AIDS Relief (PEPFAR). This will include the establishment and expansion of quality-assured national systems in the areas of surveillance, prevention of mother-to-child transmission (PMTCT), laboratory services, blood safety and blood transfusion, antiretroviral treatment, care, and TB/HIV programs.

USG agencies provide direct technical support for all of its HIV/AIDS programs through US and Tanzania based organizations, which manage and implement in-country activities. These activities are funded through cooperative agreements and contracts that are performed at the field level in direct partnership and collaboration with Tanzanian governmental and non-governmental organizations. The non-governmental implementing partners have considerable experience in the field of HIV/AIDS and have established offices in Tanzania to carry out these activities. The technical assistance (TA) and support provided by USG agencies through our cooperative agreements and contracts will ensure a long-term sustainable system for providing HIV/AIDS services to Tanzanians.

In FY 2007, this funding will support the in-country Palliative Care: Basic Health Care/Support program staff. The staff will: 1) support the National AIDS Control Programme (NACP) – Home-based Care (HBC) Unit co-ordination role; 2) assist with the provision of integrated, high quality care and support for people living with HIV/AIDS; 3) provide guidance for the strengthening of referrals between community and facility based care; 4) assist in the preparation for implementation of the preventive care package; 5) provide guidance on improving the information system; 6) conduct field visits and supportive supervision to USG sites that are implementing HBC; 7) review and compile quarterly and annual reports and oversee the HBC program mid-term review.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9487
Planned Funds: $ 6,000.00
Activity Narrative: In FY 2007, USG will continue to collaborate closely with the Government of Tanzania, Ministry of Health and Social Welfare (MOHSW), and other key partners to further strengthen technical and program capacity for implementing the President's Emergency Plan for AIDS Relief (PEPFAR). This will include the establishment and expansion of quality-assured national systems in the areas of surveillance, prevention of mother to child transmission (PMTCT), laboratory services, blood safety and blood transfusion, antiretroviral treatment, care and TB/HIV programs.

USG agencies provide direct technical support for all of their HIV/AIDS programs through US and Tanzania based organizations, which manage and implement in-country activities. These activities are funded through cooperative agreements and contracts and are performed at the field level in direct partnership and collaboration with Tanzanian governmental and non-governmental organizations. The non-governmental implementing partners have considerable experience in the field of HIV/AIDS and have established offices in Tanzania to carry out these activities. The technical assistance (TA) and support provided by USG agencies through our cooperative agreements and contracts will ensure a long-term sustainable system for providing HIV/AIDS services to Tanzanians.

The FY 2007 funding will support the in-country Palliative Care Basic Health Care program with technical assistance (TA) from USG agencies Headquarters. The TA will work closely with the Ministry of Health and Social Welfare National AIDS Control Program Home Based Care (HBC) Program and its national technical committee that involve partners implementing HBC and facility based care in Tanzania. The TA will support development of monitoring for preventive care package and give technical advice on how to measure the impact of the activities.

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9488
Planned Funds: $ 6,000.00
Activity Narrative: In FY 2007, USG will continue to collaborate closely with the Government of Tanzania, Ministry of Health and Social Welfare (MOHSW), and other key partners to further strengthen technical and program capacity for implementing the President's Emergency Plan for AIDS Relief (PEPFAR). This will include the establishment and expansion of quality-assured national systems in the areas of surveillance, prevention of mother to child transmission (PMTCT), laboratory services, blood safety and blood transfusion, antiretroviral treatment, care and TB/HIV programs.

USG agencies provide direct technical support for all of their HIV/AIDS programs through US and Tanzania based organizations, which manage and implement in-country activities. These activities are funded through cooperative agreements and contracts and are performed at the field level in direct partnership and collaboration with Tanzanian governmental and non-governmental organizations. The non-governmental implementing partners have considerable experience in the field of HIV/AIDS and have established offices in Tanzania to carry out these activities. The technical assistance (TA) and support provided by USG agencies through our cooperative agreements and contracts will ensure a long-term sustainable system for providing HIV/AIDS services to Tanzanians.

The FY 2007 funding will support the in-country Palliative Care Basic Health Care (HBC) program with technical assistance (TA) from USG agencies Headquarters. The TA will work closely with the Ministry of Health and Social Welfare National AIDS Control Program HBC Program and its national technical committee that involve partners implementing home based care and facility based care in Tanzania. The TA will support development of monitoring for preventive care package and give technical advice on how to measure the impact of the activities.

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: CARE International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9498
Planned Funds: $ 0.00
Activity Narrative: This activity also relates to a new activity initiated under both Orphans and Vulnerable Children (OVC) (#8866) and Palliative Care: Basic Health Care and Support (#7816), as well as another CARE close out activity (#9574).

CARE Tumaini is an activity that has been providing both home-based care palliative care and OVC services through 23 subgrantees in five regions of Tanzania. To date, they have served nearly 20,000 people living with HIV/AIDS. The CARE Tumaini activity was re-competed recently, and will not be continued. Though this particular activity was scheduled to come to a close on September 30, 2006, the close date was extended until December 31, 2006 to avoid any interruption of service as the newly awarded palliative care/OVC activity starts up. This will allow CARE Tumaini to focus on service delivery until September 30, and then there are three months for close-out activities and handover to the new activity. Note: Targets will be reported by the new activity, as all sub-grantees will transfer to the new activity, a consortium let by Deloitte Touche Tohmatsu.

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	TACARE Project
Prime Partner:	Jane Goodall Institute
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	9501
Planned Funds:	$ 50,000.00

Activity Narrative: This activity will link with activities in Abstinence/Be Faithful (8681). It also links with programs in other parts of the USAID/Tanzania Mission (Natural Resources Management and Health).

The Jane Goodall Institute (JGI) has been involved in the implementation of the community-centered conservation project for the last 12 years. The Institute, through its TACARE Project, had generated valuable experiences and relationships through working with the local community. The project is demonstrating a holistic approach to community-centered conservation that integrates sustainable agriculture, population, HIV/AIDS, social infrastructure and education, water and sanitation and youth-to-youth education.

The project covers 24 villages within Kigoma rural district of Kigoma region where HIV/AIDS pandemic prevails below 5% with towns centers being the most affected than rural settings. Kigoma has a porous boarder with Burundi and Congo DRC countries where AIDS prevails above 10%. The recurrent refugee influx into the region puts Kigoma potentially at a high risk to raise its prevalence rate. This prevalence of HIV/AIDS among the local communities has already affected the lifes of extended families in Kigoma, resulting into increasing death toll, orphans, and widows.

Despite the ongoing awareness campaigns in the country, there are still some unfavorable beliefs, attitudes, and values that affect proper understanding of the diseases and its impacts. Most people know the sign and symptoms of the disease and can roughly identify people living with HIV, though the signs are easily confused with other chronic illnesses. Many symptoms of AIDS are associated with witches and so improper traditional treatment is used. When people start to realize it might be HIV/AIDS, which is infectious, they tend to avoid and isolate the patient from other members of the family.

TACARE received Emergency Plan funds from the USG in 2005 to integrate HIV/AIDS interventions into several components of its ongoing projects. The AIDS education care and support for the rural community of Kigoma District offered mobile VCT services, home-based care (HBC), services for orphans and vulnerable children, abstinence and education for youths. Our experience shows that out of community members who attended the VCT services, 2% was HIV+. Apart from those tested, there are people who would not go for testing but they have been suffering for a long time. Our trained HBC program care providers, who are also Community-based Distributing agents (CBDA) of family planning methods, have identified about 214 people in their working areas with long-standing diseases, of which HIV/AIDS is one of them. The volunteer HBC providers visit them at home and support the family nursing services. Members of the family area also educated on nutrition and locally available foods that are necessary for the patient, hygiene measures that they should employ when nursing the patient to avoid further infections and also to reduce stigma.

The demand for HBC services is high. Out of 157 CBDA, 68% received first phase training on how to provide HBC services people with prolonged illnesses. There is a need to provide them with the second phase training so they can be full functioning and reach more people. In addition, there is need to enhance the comprehensiveness of their training to ensure that national HBC Guidelines are followed. The program will also need to link with the District Management Health Team (DHMT) to integrate other critical components of HBC into the services to be provided. The activity will link with other USG programs in Natural Resources Management. This integrated approach of activities has proved to be effective and produce better results than single standing activity.

JGI-TACARE project is requesting funds for FY 2007 to continue with its existing HBC intervention on AIDS. These HBC funds will be used to complete training of 119 HBC service providers to increase their competence and the comprehensiveness of their services. TACARE intends to reach 300 patients in their communities, and will transition during FY07 to use of the Government of Tanzania guidelines for HBC. As spillover effect, at least two caretakers of each patient will be counseled on appropriate nutrition and hygiene measures for the patient. Educational materials will be adapted to increase awareness and reduce stigma among the community. Prevention will be highlighted among PLWHA to minimize further transmission of the disease. PLWHA will be referred to other services in the community. Identified PLWHA who are still strong will be facilitated to

join micro credit scheme wraparound programs established by the TACARE project in their villages to facilitate their involvement in economic production. Not only does this activity help them to mix with the rest of the community, but also generates income to meet their daily needs for food and other items.

A project coordinator and support staff will be employed for the whole year to supervise the care being provided, and to refer patients for clinical care and treatment. An initial step will be to orient staff to the National Guidelines for Home-based Care. Where necessary, the training program will be adapted to include important components of the minimum package of HBC, e.g., adherence counseling, psychological support, care for carers, recordkeeping and reporting, etc. In addition, it will apply the Stigma Tool Kit developed by Pact for use by USG implementing partners. Office supplies, equipments, furniture and a vehicle will be procured and used to facilitate office and field work respectively. Field and in country travel will as well be covered by this fund as will be necessary.

This activity will be carried out in Kigoma rural district where TACARE is also carrying out other interventions and is well integrated in the community.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	24	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	300	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	119	☐

Target Populations:

Adults
Family planning clients
HIV/AIDS-affected families
Refugees/internally displaced persons
Non-governmental organizations/private voluntary organizations
USG in-country staff
Volunteers
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Workers

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Coverage Areas

Kigoma

Table 3.3.06: Activities by Funding Mechanism

Mechanism: MEDA
Prime Partner: Mennonite Economic Development Associates
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9635
Planned Funds: $ 1,250,000.00
Activity Narrative: This procurement is related to all activities providing home-based care services, particularly Pathfinder International (#7785), the Deloitte Touche Tohmatsu Tunajali activity (#8706), and Selian Hospital (#7803).

Malaria is reportedly twice as common for adults and children with HIV than those who do not have HIV, and severe complications from malaria, including death, are probably more common among persons with HIV. Insecticide-treated bed nets (ITNs) have proven to be useful in reducing malaria. Consequently, ITNs have been recommended as an important component of a preventive care package for persons with HIV.

One central purchase will be made for the ITNs, which will be distributed to people living with HIV/AIDS at no cost through a voucher system. Vouchers will be distributed through home-based care volunteers who are providing service through UGS programs.

Building on a program to be initiated with funding from FY2007, a central purchase will be undertaken for the long-lasting ITNs, which would be distributed at no cost to approximately 75,000 households with People Lliving with HIV/AIDS through an established voucher system by home-based care volunteers who are already providing service through PEPFAR-funded programs.

Local vendors are provided with nets, and the voucher covers about 75% of the cost, with a cost share of 25% for the purchaser. In the case of those ill with HIV/AIDS, a second voucher will be available for the cost-share portion. Approximately 37,500 households would have benefited from the purchase to be made with funds requested in the FY 2007 COP, and this additional investment will allow for all PLWA households served by PEPFAR-funded home-based care partners to benefit from this intervention. The vouchers will be distributed by all the Palliative Care implementing partners.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Logistics	10 - 50

Target Populations:

Adults
Business community/private sector
Community-based organizations
HIV/AIDS-affected families
National AIDS control program staff
People living with HIV/AIDS
Policy makers
Pregnant women
Program managers
USG in-country staff
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	9740
Planned Funds:	$ 12,000.00
Activity Narrative:	USG agencies provide direct technical support for all of its HIV/AIDS programs through US and Tanzania-based organizations, which manage and implement in-country activities. These activities are funded through cooperative agreements and contracts and are performed at the field level in direct partnership and collaboration with Tanzanian governmental and non-governmental organizations. The non-governmental implementing partners have considerable experience in the field of HIV/AIDS and have established offices in Tanzania to carry out these activities. The technical assistance (TA) and support provided by USG agencies to our cooperative agreements and contracts will ensure a shared vision for a long-term sustainable system for providing HIV/AIDS services to Tanzanians. In FY07, this funding will support the in-country Palliative Care Basic Health Care program with TA from USG agencies Headquarters. The TA will work closely with the Minstry of Health and Social Welfare National AIDS Control Program Home-based Care Program and USG-funded partners who are charged with the implementation of the national guidelines for facility- and home-based palliative care. The TA will support the monitoring of various partners to achieve the goals of the national program and ensure the enhancement of existing services to include new components and stronger linkages with ART sites and the community.

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 12389
Planned Funds: $ 1,150,000.00
Activity Narrative: Comprehensive palliative care is essential to the health and well being of PLWAs. Volunteers are organized in Tanzania to provide home-based palliative care to people who are infected with HIV/AIDS or other critical chronic diseases. The home-based care kit provided to these volunteers is a backpack outfitted with medication for basic pain and symptom management; bandages and other wound dressing; gloves; condoms; and materials for integrated counseling and testing (where appropriate), hygiene, malaria prevention, promotion of good nutritional practices, integrated prevention messaging, family planning, and other child survival interventions. The supplies not only facilitate care but also endow the volunteer with credibility and a sense that they can provide concrete support as well as psycho-social assistance. Plus Up funding in the amount of $400,000 is requested for the purchase of these kits. The proposed funding would support the purchase of approximately 2,600 kits. Restocking would be provided through local GoT facilities as part of the overall service.
In addition, an additional $250,000 is requested for the purchase of nutritional support for people living with HIV/AIDS (PLWHA) who are receiving palliative care services through Home-based Care. HIV/AIDS and malnutrition are both highly prevalent in Tanzania, and their effects are integrated and exacerbated by one another. The current WHO recommendations for the nutrient requirements for PLWHA call for increases for energy over the intake levels recommended for healthy non-HIV infected individuals. The proposed intervention will support those who are HIV-infected with confirmed severe malnutrition. It is estimated that 15 - 20% of the adult population on ART will have severe malnutrition.
The requested funding will allow the piloting of the intervention. This pilot will be linked to the funding requested for nutritional support for orphans and vulnerable children. Broader implemention of the nutritional support for severely malnourished HIV-positive individuals will be planned with FY2008 funding.

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Pastoral Activities & Services for People with AIDS
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 12392
Planned Funds: $ 50,000.00
Activity Narrative: Pastoral Activities and Services for People with AIDS-Dar es Salaam (PASADA), has been operating since 1992, in urban Dar es Salaam, under the auspices of the Roman Catholic Archdiocese of Dar es Salaam. PASADA offers a community-based holistic approach to care and provides a wide range of HIV/AIDS Services, including voluntary counseling and testing (VCT), home-based and palliative care, health education and prevention, prevention of Mother-to Child Transmission (PMTCT), and social support to those infected with or affected by HIV/AIDS.

Until 2006, PASADA was a sub-recipient under Catholic Relief Services, but for the FY07 COP, it was listed as a prime partner for the US Government. For the first year, funds available were awarded to PASADA for scaling up, and their focus was on facility based palliative care. PEPFAR presently funds PASADA under treatment, PMTCT, VCT, and OVC. With this additional Plus Up funding, PASADA will be abel to expand their home based care services to other church clinics thoughout the diocese, and through that expansion will identify additional people requiring home-based palliative care services. Additional targets to be met include 600 new individuals provided with home-based palliative care, with an additional 35 people trained to provide and supervise these services.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	600	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	35	☐

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Wrap Arounds

Coverage Areas

Dar es Salaam

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Mbeya HIV Network Tanzania
Prime Partner:	Mbeya HIV Network Tanzania
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	19295
Planned Funds:	$ 526,032.00

Activity Narrative: This activity also relates to activities in AB prevention (#8688), counseling and testing (#8658), treatment (#7749, #7794, #7797), and other activities under palliative care (#7735, #7851, water and supply procurement).

Through the Henry M. Jackson Foundation, the Department of Defense (DOD) established HJF Medical Research International (HJFMRI) in Tanzania in 2004 to manage and provide technical assistance to HIV care initiatives in the Southern Highlands. In FY 2005, HJFMRI worked with several local non-government (NGOs) and faith-based organizations (FBOs) in the Mbeya Region to form an HIV Network (Network) in support of HIV programming in three of the four regions in the Southern Highlands Zone (Mbeya, Ruvuma, and Rukwa Regions) and work in a coordinated manner to implement HIV services.

Each Network member has unique expertise which is shared with other members to strengthen the overall capacity and program for all. Some examples of members and their strengths include: KIHUMBE (which receives its own funding as a prime partner and does not receive funds under the Network) excels in home-based care and prevention education and is the Zone's premier source of training in both technical areas working along side the Mbeya Regional AIDS Control Programme (MRACP); the Iringa Residential Training Foundation (located in Mbeya Municipality) has extensive experience with training in income generation and small business start up; Save Tanzania trains other network members to build an organization's capacity in program and budget management; the Anglican Diocese of the Southern Highlands has extensive experience in training orphan counselors and orphan caregivers; and The Evangelical Lutheran Church of Tanzania, provides training in gender, legal and human rights through their Local Community Competence Building scheme. Since the Network was formed, significant results have been achieved in all areas of member programming and it is allowing them to achieve coordinated and sustainable solutions and members draw upon their expertise to ensure a comprehensive package of services.

In support of sustainable programming, in FY 2007, the oversight of the Network, activities currently under taken by HJFMRI, will be transferred to a local institution. This will occur through an open and competitive process where a local organization with a demonstrable track record in service provision, coordination and excellent management and accountability, will be selected to serve as the umbrella organization for the Network. The Network itself has been incorporated as a legal entity, has developed a steering committee and is working on strengthening an administrative core to manage and oversee member activities. The selected organization or entity will be the prime partner for this activity under this submission, determining awards, ensuring regional coverage, and assuring proper fiscal management and oversight with sub-grantees implementing activities at the community level. The funding under this submission will support management on the Network and palliative care services as part of its portfolio ensuring a comprehensive program to address HIV services in the region.

In FY 2006, Network members provided HBC services for over 900 clients. Under FY 2007 funding the number of clients receiving services will be increased significantly as the capacity of current members organizations are further developed and new organizations covering sites in the Rukwa and Ruvuma Regions are added. HBC partner expansion through the Network mirrors the National AIDS Control Programme's ART facility roll out to ensure comprehensive services for clients from the facility to the home supporting the continuum of care model in the Southern Highlands. New community HBC providers will be trained by KIHUMBE in basic HBC skills. Both new and current providers from Network members will be trained in the additional skills necessary for ART counseling and ART and TB adherence in a six-day refresher course to cover topics in adherence and basic patient monitoring using the national ART adherence curriculum

Training by KIHUMBE will also include a module on record keeping and Network members will be provided tools and questionnaires to assist the CHBC volunteer in identifying signs of complications due to treatment and when patients need to be referred to a health care facility. In addition to the care management forms, providers will be given tools to monitor and evaluate the outcome of using CHBC providers as a means to enhance follow-up of patients on treatment. This data will be collected by the RMOs to monitor the quality and inform improvement of services in their regions.

The basic care package provided by these organizations for PLWHA include provision of non-prescription medication, psycho-social-spiritual counseling, education on healthy living choices for positives, provision of situation-appropriate basic commodities, legal literacy, access to training in IGA, and nutritional support and counseling. HBC providers also offer informal training to caregivers of clients on skills necessary to assist in the support of the HIV-positive members in their homes. To monitor quality and expand the level of services member organizations can provide, each member is "assigned" medical expertise with ART-trained clinicians through an agreement with the nearest medical facility to which they are linked. The assigned medical officers assist the organizations in providing prescription medications to clients. This includes the use of cotrimoxazole prophylaxis as preventive therapy for PLWHA. Funding under this submission for delivery of services will support the provision of supplies for basic palliative care (non-prescription medications and disposables). Cotrimoxazole and other items such as insecticide treated bed nets and WaterGuard units and supplies will be provided through a joint USG procurement.

Combined, these organizations will care for 6,000 patients, train 175 HBC providers and 500 caregivers. New patient identification by Network members complements HBC through the offering of counseling and testing in client's homes and will be expanded though to the use of mobile teams. All patients will be linked to HIV Care and Treatment Centres (CTC) at district, regional, or referral hospitals for facility-based palliative care and ART. The number of member organizations providing these services will increase from 17 in FY 2006 to 28 in FY 2007 (including branches of larger organizations).

To complement HBC services funded under this submission, attempts will be made to link to organizations outside the Network. Peace Corps Volunteers working in the Mbeya and Ruvuma Regions will be approached to provide technical assistance in the training of Network member staff, clients and providers in permaculture and home/community gardening. Basic services will also be complement by providing longer term, clean water solutions for clients. Through a new partnership initiated on a pilot basis in FY 2006 with the U.S.-based NGO Enterprise Works, members will address safer drinking water needs for rural patients and their families. The work will focus on development of low cost shallow well systems, training people in building lost cost point of contact water filtration systems for individual use and as an income generating activity. The activity will continue in FY 2007 and is wholly financed by Enterprise Works.

Plus up funding will be used to expand home-based VCT services in the Rukwa, Ruvuma and some parts of Mbeya regions of in the Southern Highlands of Tanzania; train health care workers to provide VCT services door-to-door; expand home-based palliative care services to 1,250 person; and to help assure coordination of the 10 implementing groups, including the training of an additional 35 persons.

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	RODI
Prime Partner:	Resource Oriented Development Initiatives
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	19296
Planned Funds:	$ 131,651.00

Activity Narrative: This activity also relates to activities in AB prevention (#8688), counseling and testing (#8658), treatment (#7749, #7794, #7797), and other activities under palliative care (#7735, #7851, water and supply procurement).

Through the Henry M. Jackson Foundation, the Department of Defense (DOD) established HJF Medical Research International (HJFMRI) in Tanzania in 2004 to manage and provide technical assistance to HIV care initiatives in the Southern Highlands. In FY 2005, HJFMRI worked with several local non-government (NGOs) and faith-based organizations (FBOs) in the Mbeya Region to form an HIV Network (Network) in support of HIV programming in three of the four regions in the Southern Highlands Zone (Mbeya, Ruvuma, and Rukwa Regions) and work in a coordinated manner to implement HIV services.

Each Network member has unique expertise which is shared with other members to strengthen the overall capacity and program for all. Some examples of members and their strengths include: KIHUMBE (which receives its own funding as a prime partner and does not receive funds under the Network) excels in home-based care and prevention education and is the Zone's premier source of training in both technical areas working along side the Mbeya Regional AIDS Control Programme (MRACP); the Iringa Residential Training Foundation (located in Mbeya Municipality) has extensive experience with training in income generation and small business start up; Save Tanzania trains other network members to build an organization's capacity in program and budget management; the Anglican Diocese of the Southern Highlands has extensive experience in training orphan counselors and orphan caregivers; and The Evangelical Lutheran Church of Tanzania, provides training in gender, legal and human rights through their Local Community Competence Building scheme. Since the Network was formed, significant results have been achieved in all areas of member programming and it is allowing them to achieve coordinated and sustainable solutions and members draw upon their expertise to ensure a comprehensive package of services.

In support of sustainable programming, in FY 2007, the oversight of the Network, activities currently under taken by HJFMRI, will be transferred to a local institution. This will occur through an open and competitive process where a local organization with a demonstrable track record in service provision, coordination and excellent management and accountability, will be selected to serve as the umbrella organization for the Network. The Network itself has been incorporated as a legal entity, has developed a steering committee and is working on strengthening an administrative core to manage and oversee member activities. The selected organization or entity will be the prime partner for this activity under this submission, determining awards, ensuring regional coverage, and assuring proper fiscal management and oversight with sub-grantees implementing activities at the community level. The funding under this submission will support management on the Network and palliative care services as part of its portfolio ensuring a comprehensive program to address HIV services in the region.

In FY 2006, Network members provided HBC services for over 900 clients. Under FY 2007 funding the number of clients receiving services will be increased significantly as the capacity of current members organizations are further developed and new organizations covering sites in the Rukwa and Ruvuma Regions are added. HBC partner expansion through the Network mirrors the National AIDS Control Programme's ART facility roll out to ensure comprehensive services for clients from the facility to the home supporting the continuum of care model in the Southern Highlands. New community HBC providers will be trained by KIHUMBE in basic HBC skills. Both new and current providers from Network members will be trained in the additional skills necessary for ART counseling and ART and TB adherence in a six-day refresher course to cover topics in adherence and basic patient monitoring using the national ART adherence curriculum

Training by KIHUMBE will also include a module on record keeping and Network members will be provided tools and questionnaires to assist the CHBC volunteer in identifying signs of complications due to treatment and when patients need to be referred to a health care facility. In addition to the care management forms, providers will be given tools to monitor and evaluate the outcome of using CHBC providers as a means to enhance follow-up of patients on treatment. This data will be collected by the RMOs to monitor the quality and inform improvement of services in their regions.

The basic care package provided by these organizations for PLWHA include provision of non-prescription medication, psycho-social-spiritual counseling, education on healthy living choices for positives, provision of situation-appropriate basic commodities, legal literacy, access to training in IGA, and nutritional support and counseling. HBC providers also offer informal training to caregivers of clients on skills necessary to assist in the support of the HIV-positive members in their homes. To monitor quality and expand the level of services member organizations can provide, each member is "assigned" medical expertise with ART-trained clinicians through an agreement with the nearest medical facility to which they are linked. The assigned medical officers assist the organizations in providing prescription medications to clients. This includes the use of cotrimoxazole prophylaxis as preventive therapy for PLWHA. Funding under this submission for delivery of services will support the provision of supplies for basic palliative care (non-prescription medications and disposables). Cotrimoxazole and other items such as insecticide treated bed nets and WaterGuard units and supplies will be provided through a joint USG procurement.

Combined, these organizations will care for 6,000 patients, train 175 HBC providers and 500 caregivers. New patient identification by Network members complements HBC through the offering of counseling and testing in client's homes and will be expanded though to the use of mobile teams. All patients will be linked to HIV Care and Treatment Centres (CTC) at district, regional, or referral hospitals for facility-based palliative care and ART. The number of member organizations providing these services will increase from 17 in FY 2006 to 28 in FY 2007 (including branches of larger organizations).

To complement HBC services funded under this submission, attempts will be made to link to organizations outside the Network. Peace Corps Volunteers working in the Mbeya and Ruvuma Regions will be approached to provide technical assistance in the training of Network member staff, clients and providers in permaculture and home/community gardening. Basic services will also be complement by providing longer term, clean water solutions for clients. Through a new partnership initiated on a pilot basis in FY 2006 with the U.S.-based NGO Enterprise Works, members will address safer drinking water needs for rural patients and their families. The work will focus on development of low cost shallow well systems, training people in building lost cost point of contact water filtration systems for individual use and as an income generating activity. The activity will continue in FY 2007 and is wholly financed by Enterprise Works.

Plus up funding will be used to expand home-based VCT services in the Rukwa, Ruvuma and some parts of Mbeya regions of in the Southern Highlands of Tanzania; train health care workers to provide VCT services door-to-door; expand home-based palliative care services to 1,250 person; and to help assure coordination of the 10 implementing groups, including the training of an additional 35 persons.

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	SONGO-NET
Prime Partner:	SONGONET-HIV Ruvuma
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	19297
Planned Funds:	$ 117,317.00

Activity Narrative: This activity also relates to activities in AB prevention (#8688), counseling and testing (#8658), treatment (#7749, #7794, #7797), and other activities under palliative care (#7735, #7851, water and supply procurement).

Through the Henry M. Jackson Foundation, the Department of Defense (DOD) established HJF Medical Research International (HJFMRI) in Tanzania in 2004 to manage and provide technical assistance to HIV care initiatives in the Southern Highlands. In FY 2005, HJFMRI worked with several local non-government (NGOs) and faith-based organizations (FBOs) in the Mbeya Region to form an HIV Network (Network) in support of HIV programming in three of the four regions in the Southern Highlands Zone (Mbeya, Ruvuma, and Rukwa Regions) and work in a coordinated manner to implement HIV services.

Each Network member has unique expertise which is shared with other members to strengthen the overall capacity and program for all. Some examples of members and their strengths include: KIHUMBE (which receives its own funding as a prime partner and does not receive funds under the Network) excels in home-based care and prevention education and is the Zone's premier source of training in both technical areas working along side the Mbeya Regional AIDS Control Programme (MRACP); the Iringa Residential Training Foundation (located in Mbeya Municipality) has extensive experience with training in income generation and small business start up; Save Tanzania trains other network members to build an organization's capacity in program and budget management; the Anglican Diocese of the Southern Highlands has extensive experience in training orphan counselors and orphan caregivers; and The Evangelical Lutheran Church of Tanzania, provides training in gender, legal and human rights through their Local Community Competence Building scheme. Since the Network was formed, significant results have been achieved in all areas of member programming and it is allowing them to achieve coordinated and sustainable solutions and members draw upon their expertise to ensure a comprehensive package of services.

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Table 3.3.07: Program Planning Overview

Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07

Total Planned Funding for Program Area: $ 5,425,000.00

Program Area Context:

The Tanzania Health Sector Strategy on HIV/AIDS identifies Tuberculosis (TB) as the leading cause of death among people living with HIV/AIDS (PLWHA). According to the Ministry of Health and Social Welfare (MOHSW), the incidence of TB cases has increased , due in part to the expanding HIV epidemic with 61,603 and 65,665 TB cases reported in 2001 and 2005 respectively. Many TB patients in Tanzania are co-infected with HIV and account for 60-70 % of all smear positive TB patients in the country.

Following the adoption of a draft TB/HIV policy document, USG will continue to support the Government of Tanzania (GOT) in key TB/HIV activities such as screening, diagnosis and treatment of TB disease among PLWHA, including strengthening laboratory infrastructure, and TB infection control in HIV palliative care settings and ARV programs. USG will also support provision of HIV Diagnostic Counseling and Testing (DCT) to all patients in TB clinical settings to increase efforts to identify HIV-positive patients eligible for treatment. Furthermore, support will also focus on strengthening referrals of TB/HIV infected patients between specialty clinics and improving the provision of cotrimoxazole as prophylaxis to HIV-diagnosed TB patients. USG TB/HIV activities in Tanzania are complementing similar efforts done in other geographical areas by Global Fund Round 3.

In FY 2006, TB/HIV services were implemented in 30 services outlets in seven districts. A total of nine trainer of trainers and 150 health care workers were trained in DCT and management of TB/HIV co-infection. From July 2005 to June 2006, 3,904 TB patients were registered at these sites with 3,383 (87%) of them counseled and tested for HIV. Out of 3,383 patients with active TB counseled and tested, 1,535(45%) patients were found to be HIV positive and were referred to the nearest HIV Care and Treatment Center (CTC), although reports have shown that only small percentage reached CTC.

In addition, TB/HIV needs assessments were completed in 150 TB clinics and 60 have been selected for implementation of TB/HIV integrated services which include DCT, TB/HIV co-management, stronger linkages to CTCs, provision of cotrimoxizole and introduction of already developed monitoring tools and systems for these activities. In addition, through work with CTCs, HIV-positive patients are being screened for TB and referred to TB clinics for treatment. According to the USG 2006 Semi-Annual Report, a total of 1,112 HIV-positive patients received treatment for TB disease under direct USG support. These numbers may be under-reported as proper monitoring systems are not yet in place to capture this data accurately.

During FY 2006, with support of USG and other bi-lateral donors, a National Policy for Collaborative TB/HIV activities was drafted, a draft national DCT training manual was developed, and the TB registers and forms were modified to include HIV-related categories. In addition, in an attempt to address the low up-take of referrals between TB clinics and HIV CTC's, the National TB and Leprosy Programme (NTLP) and the National AIDS Control Programme (NACP) accredited one TB clinic to provide ART as a pilot project. It was determined that the low referral uptake of TB/HIV co-infected individuals identified at TB clinics was due to patients being discouraged by the large volume of patients at CTCs. It was hoped that by offering ART at the TB clinic, patients will be more likely to initiate this treatment and transfer to CTCs upon completion of TB treatment and observation of the benefits of ART. Experience has shown that this pilot clinic has proven to be very successful as a model for integrated services increasing the uptake of ART by TB/HIV co-infected individuals identified in the TB clinic. It will be expanded to another ten TB clinics in ten districts with FY 2007 funds.

Supportive supervision conducted by other partners like the World Health Organisation (WHO), NACP, NTLP including the USG team in the sites implementing TB and HIV services identified challenges that included shortage of staff and lack of coordination. Based on this survey, 20 District TB/HIV Coordinators (DTHC)s were recruited and hired. 13 have now been trained and provided transport to carry out activities and improve quality of services. Together with the District Health Management teams, DTHC supervises and coordinates TB/HIV collaborative activities and ensures proper referral and linkages between TB clinics

and CTC at the district level through improved communication between TB and CTC units. The DTHC and the CTC coordinator ensure monthly meetings are conducted to build up team spirit, have a holistic approach to patient management, identify challenges, and plan for common solutions.

FY 2007 USG funds will continue to support the expansion of DCT for HIV in 124 TB clinics (service outlets) in 39 districts reaching nearly half of all estimated TB patients (29,407) in Tanzania, targeting high HIV prevalence areas and those with high TB case notification. Additionally USG, through improved linkages and referrals, will document 12,650 individuals in CTC who are anticipated to require TB treatment.

In FY 2007, at the national level, USG will directly support the NTLP and NACP TB/HIV program in the finalizing of national DCT and TB/HIV policies and training materials for comprehensive TB/HIV co-management. USG partners will work with NTLP and NACP on standardization of a TB screening tool and harmonization of the existing referral forms for all TB/ HIV partners. USG will also support implementation of the national TB/HIV policy of TB infection control in CTC's through improving the infrastructures of the clinics.

Direct support will also include piloting the testing of a rapid screening procedure to pick up TB in HIV positive clients with smear negative sputum using Mycobacterium Growth Indicator Tube (MGIT). This has the foreseen advantage of starting treatment early and preventing TB transmission. As part of the scale-up in new districts, funding to the NTLP will support the hiring of more local TB/HIV Coordinators. Lastly, direct funding to the NTLP, in collaboration with NACP, will expand ARV treatment to ten additional TB clinics based on the success of the pilot program in FY 2006.

At the regional and district levels USG will support the implementation of TB/HIV activities in both the TB clinic and CTC settings. TB/HIV FY 2007 funds will support three ART partners working in direct service delivery in 28 CTC sites in 14 districts. They will work to improve the treatment of TB/HIV co-infected patients at the CTCs through training 266 clinicians in case management. Another two USG partners will support improvement of management of TB/HIV co-infected individuals under their treatment submissions. All USG partners will work in collaboration with NTLP and NACP to strengthen systems to screen all HIV patients for TB and improve monitoring systems to track their referrals to TB clinics. At all levels, USG will work with NTLP and NACP to ensure that the newly-modified TB monitoring tools are introduced through training to all partners and are implemented.

Program Area Target:

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	245
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	25,150
Number of HIV-infected clients given TB preventive therapy	2,409
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	1,459

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	AIDRelief Consortium TZ Budget
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	7693
Planned Funds:	$ 350,000.00

Activity Narrative: This activity narrative links to activity #. 7692 and 7694 on ART Services.

AIDS Relief has incorporated efforts to maximize the entry points for early HIV diagnosis and treatment and screening for TB and is working to strengthen links between these services through a process of networking, training, and supportive supervision within a network of institutions providing quality HIV care and treatment to underserved populations in Tanzania.

Objective: To strengthen the capacities of Care and Treatment Centers (CTCs) to be able to detect more TB cases among HIV-positive clients, provide referrals to TB units, and deliver appropriate care to TB/HIV co-infected clients.

AIDSRelief will work with health facilities and other partners to: strengthen the capacities of CTCs for early detection of TB cases among HIV-positive patients and facilitate referral to a TB clinic for appropriate treatment; to strengthen capacities of CTCs to receive TB/HIV co-infected clients referred from TB units for appropriate HIV care and treatment, including cotrimoxazole prophylaxis if indicated; to strengthen referral linkages and monitoring between CTCs and TB services in order to capture the maximum number of patients and to identify those who do not complete the referral link; and to collaborate with other stakeholders working on TB/HIV linkages.

Partner sites will be located in the Manyara, Tanga, Mara, and Mwanza regions. Work sites will include the two existing health facilities and 10 new service outlets bringing the total to 12

In FY 2007 proposed Major Activities includes:
Facility Needs Assessment and Sensitization of Key Stakeholders:

AIDSRelief appreciates and recognizes complementary efforts of various stakeholders in achieving objectives. AIDSRelief will identify these players throughout the process as part of the needs assessment at each facility. Sensitization workshops will be conducted for key stakeholders (e.g., TB and Leprosy Coordinators, HIV/AIDS Control Coordinators) and health facilities key staff (from CTCs and TB units) to help these professionals better understand the TB/HIV link and its implications. Finally AIDSRelief will design an individual facility-based workplan to address various gaps identified during the needs assessment.

Capacity Building:
Sustainability and the building of local capacity will be a priority throughout implementation. Using the Tanzania National Guidelines for TB/HIV Linkage, and trainers from the National AIDS Control Program (NACP) and the National Tuberculosis and Leprosy Program (NTLP), key health facility staff will discuss relationships between TB and HIV, TB screening, diagnosis and management of co-infected patients in many scenarios. The number of staff to be trained will depend on factors such as staff availability and area prevalence rates.

Monitoring and Evaluation:
AIDSRelief will train CTC staff on the use of TB/HIV indicators tools, data collection, analysis, and reporting. This will help hospital staff to become more comfortable with various data-reporting tools in use at their facilities and to meet the criteria of the National Care and Treatment Plan and supporting partners. Well-integrated and efficient facility-based strategic information systems will assist CTC teams to analyze collected data and use it for planning and decision making.

Development and Dissemination of Screening Tools:
In collaboration with various stakeholders, AR will develop a harmonized, comprehensive TB screening tool and disseminate it for use in voluntary counseling and treatment centers.

Establishment and Strengthening of Efficient Referral Mechanisms
AIDSRelief will establish and strengthen efficient referral mechanisms for clients diagnosed with TB at the CTCs, ensuring that they are referred to TB units for appropriate treatment. Also those referred from TB units and co-infected with HIV will be received and managed at CTCs accordingly. AIDSRelief intends to strengthen this bidirectional traffic by

conducting regular meetings between the TB units and CTC staff teams. These meetings will help staff to build team spirit around patient management, identify challenges, and plan for common solutions.

Supportive Supervision:
AIDSRelief will provide regular onsite supportive supervision in both clinical and technical mentorship and monitoring. This will involve onsite training via AIDSRelief's multidisciplinary team. Ongoing opportunities for skills improvement to hospital staff, especially to those dealing with data management will be provided. AIDSRelief will provide technical assistance to local partner treatment facilities and maximize opportunities provided through collaboration with the Ministry of Health and Social Welfare (MOHSW) with the goal of establishing an efficient and accurate medical records system for TB/HIV services that is based on quality data and consistent with the national referral system.

Information, Education, and Communication Materials:
IEC materials developed for TB/HIV from the MOHSW will be made available to clients. This will be supplementary to the health information provided at the clinic

Working with Other Partners:
AIDSRelief will use approved national guidelines to train our staff and use facilitators from NTLP and NACP whenever possible. Also, AIDSRelief will collaborate with other key partners (e.g., NTLP in Tanga, and PATH in Mwanza) who are working on TB/HIV linkages; so that efforts and activities will be complementary including managing HIV among those referred from the TB unit and referring HIV-positives with TB to them.

Targets:
AIDSRelief's goal is to screen 100% of all HIV clients enrolled for care and treatment at each service facility for TB. It is predicted that approximately 30% of these targeted clients will be co-infected with TB. At least 90% of TB patients will be screened for HIV; 50% of them will be expected to to be HIV-positive.

Continued Associated Activity Information

Activity ID:	5114
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Catholic Relief Services
Mechanism:	AIDSRelief Consortium
Funding Source:	GHAI
Planned Funds:	$ 350,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of TB service outlets providing counseling and testing.		☑
Number of TB postive individuals who received counseling and testing for HIV, and received their results, at TB service outlets.		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	6,650	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	50	☐

Target Populations:

Faith-based organizations
Doctors
Nurses
Pharmacists
Infants
People living with HIV/AIDS
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers

Key Legislative Issues

Wrap Arounds

Coverage Areas

Mwanza

Tanga

Manyara

Mara

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Tz Budget
Prime Partner:	Harvard University School of Public Health
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	7721
Planned Funds:	$ 200,000.00

Activity Narrative: This activity narrative links to activity no. 7722 and 7719 ART services.
From the start of the program in November 2004 to July 2005, Harvard (MDH) enrolled 16,102 patients in care and treatment, initiated antiretroviral treatment (ART) for 8,500 patients, and provided tuberculosis (TB)-related treatment and care for 4,500 patients. The program has expanded from four to 23 sites, including the three main district hospitals, health centers, and semiprivate and private facilities in Dar-es-Salaam thereby rapidly increasing the number of patients in care and treatment.

At Care and Treatment Centers (CTCs): At our present site, provider-initiated counseling and testing, pediatric care and treatment, and treatment of opportunistic infections, screening HIV-positive patients for TB, if possible referred to TB clinics and MDH receives TB patients from TB clinics for ART. MDH provides laboratory services for better TB detection; strengthens home-based care (HBC) to enable HBC providers to pick up TB cases; trains physicians to diagnose and treat TB in HIV patients and trains lab personnel on TB diagnostics; develops quality assurance processes by using already developed Care and Treatment Standard Operating Procedures (SOP) for treatment of co-infected patients; and provides monitoring and evaluation (M&E) which includes a database with built-in quality checks and surprise Quality Improvement (QI) visits which are conduced biweekly by site managers trained in QI.

At MDH's pilot TB/HIV integration clinic: To maximize entry points for HIV diagnosis and treatment and screening for TB in Dar-es-Salaam, at this site, MDH provides CT, diagnoses HIV, determines eligibility criteria and, if indicated, provides ART at the TB clinic, in collaboration with the National Tuberculosis and Leprosy Program (NTLP) and the National AIDS Control Program (NACP).

Proposed activities:
At the CTCs: To further decrease the burden of TB among people living with HIV/AIDS (PLWHA) and increase the HIV care available for TB patients, activities will be expanded from one site to a total of 10 MDH CTCs. Activities will include: screening all PLWHA for TB; referring PLWHA to TB clinics where they will receive TB care and management; and receiving TB patients from TB clinics for ART.
It is anticipated that all patients attending MDH supported CTC's will be screened for TB and those diagnosed to have TB disease will be referred to TB clinics for TB treatment. An estimate of 5400 HIV infected clients will be attending care/treatment services and at the same time receiving treatment for TB disease.
At the TB Clinics: Results of the pilot will be evaluated and the possibility of expanding complete integration of these activities will be decided after discussions with the NTLP and NACP.

Generally, in addressing TB/HIV care and treatment, MDH in close collaboration with the NTLP and the NACP will focus on the following:

Strengthening communication and referral systems: Key stakeholders have already taken part in sensitization meetings; they include the TB and leprosy coordinators and the HIV/AIDS control program coordinators at all three districts where MDH has proposed activities. they have assessed the communication and referral systems between the CTCs and TB staff at the proposed sites. To improve communication between TB and CTC units, MDH will conduct monthly meetings to build up team spirit, have a holistic approach to patient management, identify challenges, and plan for common solutions. They will work with the NTLP on a standardized TB screening tool and the Ministry of Health (MOH) to harmonize existing referral forms for all TB/ HIV partners. Onsite personnel will be identified in both these units to coordinate referrals and document them in referral logs and national registers. Staff at the CTCs and TB clinics will be able to compare daily logs and generate lists of missed referrals, which they can send to HBC for further follow-up. This will significantly improve: the provision of HIV counseling and testing to all TB patients; screening all HIV-infected patients for TB; linkage of all HIV-infected TB patients to HIV care and treatment; and linkage of all HIV-infected TB suspects to TB diagnosis and therapy.

Data management for effective M&E: MDH will monitor staff skills and consolidate current recording and reporting systems to improve program management and address difficulties of TB diagnoses in HIV patients. Using a strong M&E system at these sites, all

facility-based strategic information systems will be well-integrated to improve quality of care. Staff will be able to use the resulting data collection and the management and reporting system to make information-based decisions to support patients and meet reporting requirements. Furthermore, a combination of supportive supervision, technical assistance, preceptorship, systems strengthening, and logistics improvement will be used to monitor, evaluate, and increase the quality of services.

Capacity building, training and sustainability: This is the core of the program as is seen by the local capacity they have and continue to build. Locally feasible, sustainable SOPs will be developed in collaboration with healthcare providers (HCP). MDH will conduct regional and inter-country workshops where participants can share experiences and lessons learnt in care and treatment of TB/ HIV. Support for personnel to attend workshops with the NTLP, MOH, and other partners on various aspects including the national M&E system will be provided. Minor renovations of the physical structures of the CTCs will be made for optimal utilization of space and improving patient flow.

MDH will use national guidelines and curricula to train HCPs on TB screening, diagnosis, and management of TB/HIV co-infection. In collaboration with the NTLP and NACP, training workshops on TB/HIV indicators, strategic information systems, data documentation and analysis and reporting to personnel will be offered. MDH will train TB clinic staff, strengthen lab diagnostics related to TB, and ensure that regular QI of lab activities at the sites will be done by our central lab.

IEC: In addition to the counseling and information provided by MDH health care professionals, they will offer informational material developed for TB/HIV by the MOH.

Continued Associated Activity Information

Activity ID: 5120
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Harvard University School of Public Health
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 200,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of TB service outlets providing counseling and testing.		☑
Number of TB postive individuals who received counseling and testing for HIV, and received their results, at TB service outlets.		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy	120	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	5,400	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	150	☐

Target Populations:

Community leaders
Doctors
Nurses
HIV/AIDS-affected families
Infants
National AIDS control program staff
People living with HIV/AIDS
Policy makers
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Wrap Arounds

Coverage Areas

Dar es Salaam

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National Tuberculosis and Leprosy Control Program
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	7781
Planned Funds:	$ 1,100,000.00

Activity Narrative: This activity narrative link to activity # 7771 ARV services.

The Government of the United Republic of Tanzania has mandated the National Tuberculosis and Leprosy Program (NTLP) to coordinate and implement activities necessary for the control of TB and TB/HIV in collaboration with the National AIDS Control Program (NACP) and other stakeholders. The NTLP has wide experience in implementing the DOTS (Directly Observed Treatment short course) strategy throughout the country. Having achieved national coverage since 1983, the program is one of the best functioning disease control programs in the country and enjoys high government and international commitment. The NTLP therefore is uniquely positioned, in terms of legal authority, credibility and support from the government and the public, to coordinate and implement TB/HIV activities in the country.

NTLP is currently scaling-up TB/HIV activities in the country after successfully piloting in three districts. From July 2005 to June 2006 a total of 3904 TB patients were registered in the 3 pilot districts of Temeke, Iringa and Korogwe. Of these, 3383 (87%) were counseled and tested for HIV. Of the latter, 1,535 (45%) were found to be HIV positive. Despite delays in accessing the funds (received in April 2006) there has been good progress in scaling-up TB/HIV activities. Needs assessments have already been conducted in 10 districts. To date, 9 trainers have been trained and 30 others are to be trained before the end of September 2006. More than 150 health workers have been trained on collaborative TB/HIV interventions and training for another 100 health workers is planned by December 2006.

Funds requested in FY 2007 will be used to scale-up TB/HIV activities in an additional 33 service outlets in 11 districts and sustain interventions in the districts supported in the first and second year. The plan is to have at least three service outlets in each district. At the end of the third year, the project will reach 66 service outlets in 21 districts in the country. It is envisaged that scaling up will significantly and rapidly increase the number of patients on HIV care and treatment and thus contribute to the President's Emergency Plan for AIDS Relief (PEPFAR) goal.

At the national level, the funds will be used to support a TB/HIV coordinating body that will include members from the TB and HIV community. This group is charged with providing strategic direction of TB and HIV integrated activities the country.

Specific activities include training 165 health staff on TB/HIV activities including Diagnostic Counseling and Testing (DCT) which will result in 13,562 TB patients receiving HIV counseling and testing by September 2008. It is estimated that 6,781 (50%) of these will be HIV-infected and 4,068 (60%) will be eligible for ART. In order to increase the number of PLHA on Anti Retroviral Treatment (ART) and care, patients who are co-infected with TB/HIV will be provided ART services within the TB clinic in the first six months in at least one TB clinic within a district. Furthermore, 80% of all TB/HIV patients will be provided with cotrimoxazole preventive therapy (CPT). In order to provide ART to TB patients within TB clinics, upgrading of these clinics is required. At least one clinician and a nurse will be recruited and trained in the 10 districts to strengthen the capacity of TB clinics to provide ART. In addition, district TB/HIV coordinators will be recruited to support the 11 new districts in implementation of the collaborative TB/HIV activities. HIV rapid test kits and ARVs will be provided by NACP. It is estimated that a total of 1,500 TB/HIV patients will be provided with ART in TB clinics.

The funds will also be used to strengthen the referral system and linkages between TB and HIV/AIDS clinics. Linkages and networking systems will be enhanced to ensure that all eligible TB/HIV patients access appropriate HIV care, treatment and support. NTLP will take the lead to establish information exchange meetings between TB and HIV/AIDS clinics and other stakeholders at the district level. Specifically, NTLP will take the lead to work with NACP and other stakeholders to develop a TB screening tool for PLHA to be used in CTC clinics and will update the existing TB registers and referral forms to capture TB/HIV data to and from the CTC clinics for monitoring targets. These tools will be computerized to improve data quality and provide timely and accurate information for program planning. The ongoing roll-out of the Electronic TB Register (ETR.NET) will continue in FY07. Training and dissemination of ETR.NET is planned for districts where partners are conducting TB/HIV collaborative activities. The Electronic TB Register

facilitates management and supervisory functions of health facilities and generates reports and feedback to health facilities on case finding. It is also capturing information on HIV testing that is aggregated at the national level. These aggregated testing results will be shared with NACP. In addition, NTLP will ensure TB clinics receive referrals of suspected or diagnosed TB cases among PLHAs from CTC clinics. Patients will be confirmed for TB diagnosis and if positive will be provided with TB treatment.

Supervision will be strengthened at all levels in order to improve data quality. The existing NTLP supervision plans will be update to accommodate monitoring of TB/HIV activities at the national, regional, district and health facility levels using the updated tools. Challenges and gaps found during supervision will be addressed on site and through committee meetings. Where necessary, NTLP will seek technical assistance from local and international experts especially in the area of laboratory quality assurance for HIV testing in TB clinics, monitoring and evaluation, TB/HIV training curricula and TB/HIV health communication strategy. A mid-term evaluation will be conducted using local and international consultants.

With FY07 plus-up funds, NTLP will further scale up TB/HIV activities beyond their COP targets. They will provide TB/HIV services in 15 additional service outlets, increase community awareness on TB/HIV in order to increase health care seeking behavior and thus improve TB infection control. Funds will also be used to train 45 additional health care workers on TB/HIV collaborative activities including infection control and patient administration. Finally, funds will also be used to implement activities that will lead to the prevention of MDR/XDR TB.

Plus-up FY07 funds are also requested to support the following M&E activities; a) development of a paper-based tool to aggregate TB/HIV information from the Unit TB register, b) training of TB clinic staff to produce this report as well as use the information for program improvement, c) procure the services of UCC to enable the ETR to automatically produce the TB/HIV activity report d) collaborate with NACP and USG treatment partners to develop paper-based tools and strategies for cross referral between TB clinics and HIV Care & Treatment Clinics (CTCs) in order to ensure continuum of care for infected patients and ensure smooth integration of M&E activities that focus on TB/HIV and e) procure the services of UCC to develop linkages between the CTC database and ETR in order to effectively capture information on the continuum of care between TB and the CTC.

Continued Associated Activity Information

Activity ID:	3464
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National Tuberculosis and Leprosy Control Program
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 600,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Targeted evaluation	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of TB service outlets providing counseling and testing.	66	☐
Number of TB postive individuals who received counseling and testing for HIV, and received their results, at TB service outlets.	14,312	☐
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	81	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	210	☐

Target Populations:

Business community/private sector
Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Doctors
Nurses
Traditional healers
Infants
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Doctors
Laboratory workers
Nurses
Other Health Care Workers
Implementing organizations (not listed above)

Key Legislative Issues

Wrap Arounds

Coverage Areas

Singida

Iringa

Morogoro

Ruvuma

Shinyanga

Tanga

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: PharmAccess
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 7790
Planned Funds: $ 500,000.00

Activity Narrative: This activity narrative links to activity # 7749 ART services and activity narrative # 7733 ARV drugs.

The Tanzanian Peoples Defense Forces (TPDF) has a network of eight military hospitals and a multitude of dispensaries, supporting 40,000 personnel and 90,000 dependents. Services at these hospitals are not limited to military personnel or their dependents, however, as 80% of patient load is attributable to the civilian population.

PharmAccess International (PAI), a large, nonprofit organization based in the Netherlands, is experienced in providing management services, products, and technical assistance supporting care and treatment in sub-Saharan countries. PAI focuses on private and public sector HIV/AIDS workplace programs.

Over the past four years, PAI and TPDF have developed a strong working relationship in the area of health service provision. PAI, with direct technical assistance from the U.S. Department of Defense (DOD), is the primary partner supporting Emergency Plan (EP) activities with the TPDF.

This DOD/PAI Emergency Program supports a comprehensive HIV/AIDS program in eight military hospitals. The program started with FY 2005 funds and includes prevention, voluntary counseling and testing (VCT), prevention of mother-to-child transmission, and care and treatment (CT) services in Lugalo, the national military referral hospital, and the regional military hospitals within eight regions Due to the delay of release of funds some activities are only now beginning to ramp up.

Current HIV/TB Activities in the Military Hospitals includes an ongoing Directly Observed Therapy (DOT)-tuberculosis (TB) program monitored by the Regional Medical Officer (RMO), in line with the guidelines of the National Tuberculosis and Leprosy Program (NTLP) and the Ministry of Health and Social Welfare (MOHSW). TPDF contributes space and staff.

Lugalo Hospital, with two-year EP support, is far ahead of the seven regional hospitals in terms of numbers of patients, referrals, and quality of TB and HIV/AIDS services. Lugalo currently has 2,000 HIV-positive patients enrolled, and 1,200 are on antiretrovirals (ARVs). At present, 120 patients are receiving DOT at the TB Unit (250 patients per year).

PAI have initiated an active referral policy between the TB-, VCT- and CT-units. Also, PAI counsel all TB-positive patients to be tested for HIV. Approximately 50% of the TB patients are HIV-positive.

PAI are also performing screening of all newly diagnosed HIV-positive persons at the Care and Treatment Clinics (CTCs) for TB. HIV patients are evaluated for TB symptoms and 30% of these (300) individuals are found to be positive for TB, and are referred to TB Unit for management.

Recent assessments have shown that capacity and infrastructure for HIV/AIDS care and treatment services are substandard in the seven regional hospitals. Capacity for TB and ARV services in these hospitals is limited to 1-3 clinicians/medical officers who serve the entire facility, and who see both the TB and HIV/AIDS patients. In these cases there is no referral between the TB Unit and the CTC.

HIV testing of TB-positive patients will be done on the to all patient in TB Clinics. The total number of patients under HIV care and treatment services in the seven hospitals is less than 500, and the
number of patients on ARVs is currently 160. The number of HIV-positive patients varies from 20-150. The number of patients on ARVs varies from 0 to 80. At any given time, each hospital has 20-40 patients on TB treatment, and each may treat 40- 60 patients per year.

In conclusion: a total of 300-350 patients are currently on TB treatment (600-700 per year) in all eight military hospitals. We predict that 50% of those individuals are HIV-positive. A total of 2,500 HIV-positive patients are known at the CTCs, and 1,360 patients are on ARV treatment.

Only Lugalo Hospital has a well-functioning referral system between the TB Unit and the CTC. Training of staff in the TB Units and the CTCs, and refurbishment of counseling rooms and laboratories, are priorities under the FY 2005 and FY 2006 programs. Expansion of treatment under this funding includes the development of all services related to
identification of, and care for, HIV-positive and TB-positive individuals

In FY07, PAI will strengthen referrals between the TB Units and the CTCs at all sites. Funding will support intensive training for clinicians, nurses, laboratory technicians on comprehensive management for TB/HIV co- infection including opt-out HIV counseling and testing, TB diagnostics and HIV care and treatment

Through US Supply Chain Management, PAI will procure cotrimoxazole and provide to diagnose HIV patients with TB. In collaboration with the University Computing Center of Dar es Salaam and NACP/ MOHSW, and in agreement with TB/HIV reporting obligations, we will organize electronic data handling for all CTCs; we will train two persons per site on data-handling.

By September 2008, PAI anticipate that 600 TB-positive individuals attending the TB units at TPDF hospitals will undergo opt-out counseling and testing for HIV and 50% (300) will be co-infected and will be evaluated for ART eligibility.

In FY 2007, 3000 new HIV-positive patients attending the CTCs and 70% will be screened for TB. It is estimated that all HIV patients that will be diagnosed to have TB will be referred to TB clinic for TB treatment Targets for prophylaxis and treatment of OIs will be determined by the number of eligible patients and by the availability of medication, depending on MOHSW and the Supply Chain Management System's capacity to deliver.

Activities under this submission will support achievement of EP goals towards care and treatment for the general public, as 80% of the population accessing services at military facilities is civilian. Under the FY 2007 submission, PAI will provide technical support and management assistance to ensure that TB/HIV activities become a routine part of the service package. Lugalo, the national military referral hospital, will serve as the coordinating body for services and oversee quality assurance following national standards. Additional support for military facilities in Mbeya and Ruvuma will be provided by the USG/DOD field office overseeing civilian-based activities in these regions.

With plus up funding, PIA proposes to scale up year 2007 TB HIV activities by strengthen diagnostic counseling and testing of TB clients, screening TB to HIV infected clients and those on ART and providing preventative prophylaxis based on the national guidelines. PAI will also improve infection control practices and strengthen referral mechanisms to enhance patient client care. Under this submission PharmAccess will work in 10 facilities: 5 police and 5 prison health facilities in Dar es Salaam, Mbeya, Mwanza, Moshi, and Zanzibar. Funding will support training of 60 clinicians and counselors (3 per TB unit and 3 per CTC), infrastructure improvement and equipping the laboratories for basic TB monitoring. Target population is 1600 HIV +, of which 400 will receive TB prophylaxis or -treatment. Police and prison hospitals are open for general public. 80% of the population accessing these services is civilian.

Continued Associated Activity Information

Activity ID:	5093
USG Agency:	Department of Defense
Prime Partner:	PharmAccess
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 150,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of TB service outlets providing counseling and testing.	8	☐
Number of TB postive individuals who received counseling and testing for HIV, and received their results, at TB service outlets.	600	☐
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	28	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,000	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	126	☐

Target Populations:

Community-based organizations
HIV/AIDS-affected families
Infants
International counterpart organizations
Military personnel
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Host country government workers
Doctors
Laboratory workers
Nurses
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Arusha

Mbeya

Morogoro

Mwanza

Tabora

Dar es Salaam

Ruvuma

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Program for Appropriate Technology in Health
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	7791
Planned Funds:	$ 1,444,000.00

Activity Narrative: This activity narrative link to activity # 7781 HVTB and 7771, 7694, 7722, 7705 ARV Services.

The Program for Appropriate Technology (PATH) proposes to continue scaling up a coordinated response to TB/HIV through the public and private sectors in close collaboration with the Ministry of Health and Social Welfare (MoHSW), National TB and Leprosy Program (NTLP), the National AIDS Control Program (NACP), and the Association of Private Health Facilities of Tanzania (APHFTA). The objective of the project include strengthening human resource capacity, introducing and scaling up integrated TB/HIV services, stimulating community awareness of TB and TB/HIV, and mobilizing communities to reduce stigma and promote HIV testing and care-seeking. The project capitalizes on existing human resources in both public and private sectors, supplementing the existing core with a minimal number of critical staff at central, zonal, and district levels.

During FY 2006, PATH's key task was to carry out start-up activities such as establishing an office, engaging MOHSW and the association of Private Health Facilities in Tanzania (APHFTA) through signing a Memorandum of Understanding (MoU) and recruiting key project staff. PATH initiated TB/HIV activities in 10 districts in four regions: Ilemela and Nyamagana municipalities, Geita, Misungwi, (Mwanza); Arusha municipality (Arusha); Ilala and Kinondoni municipalities (Dar es Salaam); and Bagamoyo, Kibaha, Kisarawe (Coast region) by placing local TB/HIV coordinators also referred to as DTHCs.

PATH, in collaboration with MoHSW and other stakeholders supported MoHSW to draft TB/HIV policy and develop a modular DTHCs training course for TB/HIV collaborative services. Using this module, one training course that had 13 participants took place and the course has been endorsed by MoHSW to be the course for the rest of the TB/HIV coordinators through Zonal training teams. The 13 trainees have been earmarked as TB/HIV facilitators for facility-based staff training.

In addition, assessment of facilities' capacity to provide TB/HIV collaborative services was carried out in all 10 districts where TB/HIV services have been initiated; four of the district hospital provides Diagnostic Counseling and Testing (DCT), Cotrimoxazole Preventive Therapy (CPT), and condoms under one roof.
By the end of FY 2006, 30 service outlets will be providing TB/HIV collaborative services.

Work has started to develop a TB/HIV manual and information, education, and communication (IEC) strategy. A total of 52 media persons participated in seminars on TB and TB/HIV education and advocacy aimed at building their capacity and establishing good working relationships with media houses.

During FY 2007, PATH will continue to support and expand services in current Project districts and introduce services in eight new districts (Kwimba, Magu, Sengerema, Ukerewe (Mwanza); Arumeru, Monduli (Arusha); Mafia Island; and Mkuranga in Coast region) where the President's Emergency Plan for AIDS Relief (PEPFAR) is expanding access to Antiretroviral Therapy (ART). The current DTHCs will be tasked to coordinate expansion of TB/HIV services to neighboring districts, except for Mafia, Dar Es Salaam and Arusha. For Mafia Island a new DTHC will be recruited to respond to the logistical challenge the island presents and ZTHC will be recruited to coordinate activities and improve efficiency in the Coast, Dar es Salaam, and Arusha regions.. In both the current and new districts TB/HIV collaboration plans will be incorporated into Comprehensive Council Health Plans (CCHP). In total, TB/HIV collaborative services will be introduced to 40 outlets in the new districts and 15 additional outlets in the 10 initial Project districts. PATH will also support establishment of Regional and District TB/HIV Coordinating Committees according to National TB/HIV Policy guidelines. By September 2007, about 7,000 new TB/HIV co–infected patients will be identified through the offering of DCT to new TB patients and referred for HIV care and support at nearby CTCs. TB/HIV patients will continue receiving CPT and condoms at TB clinics until after completion of their TB therapy when they will be referred to CTCs for further care and support. By scaling up TB/HIV integrated activities, it is envisioned that by end of the project period (2009) the following practices will be routine in both TB clinics and CTCs at both public and private facilities in targeted districts: (1) DCT of all TB patients, (2) TB screening of all confirmed HIV positives, and (3) HIV/AIDS Care and Treatment.
PATH will support NTLP to introduce TB services in both the public and private health care

sectors as a strategy for introducing TB/HIV collaborative services. Support will be provided on work already underway to finalize the TB/HIV manual and other training materials for consistent and quality training at the district level. PATH will also support exchange of experiences between districts and between health facilities by facilitating staff participation in quarterly DTHCs and service outlets meetings, strengthening of the referral system, and provision of tools for patient referral, case management, and monitoring of systems and data quality through supportive supervision and on-the-job training. A public health evaluation on improving the diagnostic capability of the TB/HIV service will be carried out including Mycobacteria Growth Indicator Tube (MGIT) as a diagnostic tool and options for simple digital X-ray that omit the need for x-ray films will be considered and supported.
To reach patients through the private sector, PATH will continue to engage private-sector providers, diagnostic and service-delivery facilities in close collaboration with APHFTA. The private sector will play a crucial role in the referral network, supporting a seamless flow of patients between the public and private sectors. DTHCs will support day-to-day implementation, including on-the-job training and supervision of service outlets, CTC and laboratory staff. A total of 209 individuals will be provided with training on TB/HIV by September 2007. To stimulate community awareness of TB and TB/HIV and mobilize communities to reduce stigma, PATH will support completion of the TB/HIV Collaborative IEC and Social Mobilization strategy, establish community-based IEC committees, train Community's Own Resource Persons (CORPS), and explore opportunities within schools and through public and private networks. PATH will also continue to operate through media and health journalists to increase awareness and community knowledge and promote uptake of HIV testing and ART. PATH will continue to develop and disseminate TB/HIV patient education materials.

With availability of this supplementary funding, PATH plans to recruit 7 additional DTHCs who will work to coordinate TB/HIV collaborative services in the new Project districts of Monduli, Arumeru (Arusha), Kwimba, Magu, Sengerema, Ukerewe (Mwanza) and Mkuranga in Coast region. Availability of these additional personnel will greatly enhance and accelerate the scaling up of TB/HIV services in these districts. It will also ensure DTHCs who used to cover their own districts and the new districts can concentrate better in their own localities.
In addition PATH plans to procure 7 motorbikes for the new coordinators to support them in their work and provide refresher course for all existing DTHCs and 2 Zonal TB/HIV Coordinators (ZTHCs). Part of the training will be to introduce the changes on the HIV testing protocol/algorithm that promotes the use of non cold chain dependent test kits. Similarly, gaps in DOT nurses skills (nurses that provide DOT) for Diagnostic counseling and Testing that that were observed during supervisory visits, will be addressed through training so that DOT nurses are better empowered to provide DCT to TB positive clients.

Continued Associated Activity Information

Activity ID:	5117
USG Agency:	U.S. Agency for International Development
Prime Partner:	Program for Appropriate Technology in Health
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 550,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Targeted evaluation	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of TB service outlets providing counseling and testing.	55	☐
Number of TB postive individuals who received counseling and testing for HIV, and received their results, at TB service outlets.	17,068	☐
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	55	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	203	☐

Target Populations:

Business community/private sector
Faith-based organizations
Doctors
Nurses
Pharmacists
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Other Health Care Worker
Laboratory workers
Nurses
Other Health Care Workers

Key Legislative Issues

Wrap Arounds

Coverage Areas

Arusha

Dar es Salaam

Mwanza

Pwani

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 7838
Planned Funds: $ 9,660.00
Activity Narrative: In FY 2007, USG will continue to collaborate closely with the Government of Tanzania, Ministry of Health (MOH), and other key partners to further strengthen technical and program capacity for implementing the Emergency Plan. This will include the establishment and expansion of quality-assured national systems in the areas of surveillance, prevention of mother to child transmission (PMTCT), laboratory services, blood safety and blood transfusion, antiretroviral treatment, care and TB/HIV programs.

USG agencies provides direct technical support for all of its HIV/AIDS programs through US and Tanzania based organizations, which manage and implement in-country activities. These activities are funded through cooperative agreements and contracts and are performed at the field level in direct partnership and collaboration with Tanzanian governmental and non-governmental organizations. The non-governmental implementing partners have considerable experience in the field of HIV/AIDS and have established offices in Tanzania to carry out these activities. The technical assistance (TA) and support provided by USG agencies through our cooperative agreements and contracts will ensure a long-term sustainable system for providing HIV/AIDS services to Tanzanians.

In FY 2006, this funding will support the in-country TB/HIV program staff . The staff will: assist with the development of policy, training guidelines, curriculum and manuals for TB/HIV programs implemented by the USG partners; support the development and use of a national TB/HIV register; conduct field visits and provide supportive supervision to the districts that are implementing TB/HIV programs; and support the NTLP and NACP in preparing scale-up and expansion plans of TB/HIV services on the mainland and Zanzibar.

Continued Associated Activity Information

Activity ID: 5107
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: Country staffing and TA
Funding Source: GHAI
Planned Funds: $ 107,850.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8721
Planned Funds: $ 6,000.00
Activity Narrative: In FY 2007, USG will continue to collaborate closely with the Government of Tanzania, Ministry of Health and Social Welfare (MOHSW), and other key partners to further strengthen technical and program capacity for implementing the President's Emergency Plan for AIDS Relief (PEPFAR). This will include the establishment and expansion of quality-assured national systems in the areas of surveillance, prevention of mother to child transmission (PMTCT), laboratory services, blood safety and blood transfusion, antiretroviral treatment, care and TB/HIV programs.

USG agencies provide direct technical support for all of its HIV/AIDS programs through US and Tanzania based organizations, which manage and implement in-country activities. These activities are funded through cooperative agreements and contracts and are performed at the field level in direct partnership and collaboration with Tanzanian governmental and non-governmental organizations. The non-governmental implementing partners have considerable experience in the field of HIV/AIDS and have established offices in Tanzania to carry out these activities. The technical assistance (TA) and support provided by USG agencies through our cooperative agreements and contracts will ensure a long-term sustainable system for providing HIV/AIDS services to Tanzanians.

In FY 2007, this funding will support the in-country TB/HIV program with technical assistance from USG agencies Headquarters. The TA will meet with the Ministry of Health and Social Welfare specifically National Tuberculosis and Leprosy and National AIDS Control Program and its National TB/HIV Technical Committee. The TA will focus on HIV laboratories and assess Quality Assurance (QA) of HIV testing in TB clinics. The technical assistance will be in TB laboratory strengthening, including TB lab smear microscopy networks as well as strengthening the national reference laboratory for QA of smear microscopy, culture, and drug susceptibility. Also there will be TA on Mid term target evaluation of TB/HIV activities and progress.

Targets

Target	Target Value	Not Applicable
Number of TB service outlets providing counseling and testing.		☑
Number of TB postive individuals who received counseling and testing for HIV, and received their results, at TB service outlets.		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9250
Planned Funds: $ 59,340.00
Activity Narrative: In FY 2007, USG will continue to collaborate closely with the Government of Tanzania, Ministry of Health and Social Welfare (MOHSW) and other key partners to further strengthen technical and program capacity for implementing the President's Emergency Plan for AIDS Relief (PEPFAR). This will include the establishment and expansion of quality-assured national systems in the areas of surveillance, prevention of mother to child transmission (PMTCT), laboratory services, blood safety and blood transfusion, antiretroviral treatment, care and TB/HIV programs.

USG agencies provide direct technical support for all of its HIV/AIDS programs through US and Tanzania based organizations, which manage and implement in-country activities. These activities are funded through cooperative agreements and contracts and are performed at the field level in direct partnership and collaboration with Tanzanian governmental and non-governmental organizations. The non-governmental implementing partners have considerable experience in the field of HIV/AIDS and have established offices in Tanzania to carry out these activities. The technical assistance (TA) and support provided by USG agencies through our cooperative agreements and contracts will ensure a long-term sustainable system for providing HIV/AIDS services to Tanzanians.

The FY 2007 funding will support the in-country TB/HIV program staff. The staff will: assist with the development of policy, training guidelines, curriculum and manuals for TB/HIV programs implemented by the USG partners; support the development and use of a national TB/HIV register; conduct field visits and provide supportive supervision to the districts that are implementing TB/HIV programs; and support the National TB and Leprosy Programme (NTLP) and the National AIDS Control Programme (NACP) in preparing scale-up and expansion plans of TB/HIV services on the mainland and Zanzibar.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9251
Planned Funds: $ 6,000.00
Activity Narrative: In FY 2007, USG will continue to collaborate closely with the Government of Tanzania, Ministry of Health and Social Welfare (MOHSW), and other key partners to further strengthen technical and program capacity for implementing the President's Emergency Plan for AIDS Relief (PEPFAR). This will include the establishment and expansion of quality-assured national systems in the areas of surveillance, prevention of mother to child transmission (PMTCT), laboratory services, blood safety and blood transfusion, antiretroviral treatment, care and TB/HIV programs.

USG agencies provide direct technical support for all of its HIV/AIDS programs through US and Tanzania based organizations, which manage and implement in-country activities. These activities are funded through cooperative agreements and contracts and are performed at the field level in direct partnership and collaboration with Tanzanian governmental and non-governmental organizations. The non-governmental implementing partners have considerable experience in the field of HIV/AIDS and have established offices in Tanzania to carry out these activities. The technical assistance (TA) and support provided by USG agencies through our cooperative agreements and contracts will ensure a long-term sustainable system for providing HIV/AIDS services to Tanzanians.

In FY 2007, this funding will support the in-country TB/HIV program with technical assistance from USG agencies Headquarters. The TA will meet with the Ministry of Health and Social Welfare specifically National Tuberculosis and Leprosy and National AIDS Control Program and its National TB/HIV Technical Committee. The TA will focus on HIV laboratories and assess Quality Assurance (QA) of HIV testing in TB clinics. The technical assistance will be in TB laboratory strengthening, including TB lab smear microscopy networks as well as strengthening the national reference laboratory for QA of smear microscopy, culture, and drug susceptibility. Also there will be TA on Mid term target evaluation of TB/HIV activities and progress.

Targets

Target	Target Value	Not Applicable
Number of TB service outlets providing counseling and testing.		☑
Number of TB postive individuals who received counseling and testing for HIV, and received their results, at TB service outlets.		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Regional Procurement Support Office/Frankfurt
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9731
Planned Funds: $ 550,000.00
Activity Narrative: This activity links to activity number 7781 TB/HIV services (NTLP).

Proposed physical infrastructure improvements include upgrades of existing building space in TB clinics provided for patient examination areas, laboratory spaces, medical dispensaries, counseling and patient waiting rooms in order to improve patient flow, ensure confidential adherence counseling, hygienic laboratory conditions to contribute to quality patient care and enhance delivery of TB/HIV services in the 10 TB Clinic sites.

Consolidating infrastructure improvements will take away administrative and management burden from partners to allow a single country contact to oversee and coordinate the process for all RPSO procurements across program areas in Tanzania. The added benefit will ensure quality and consistency of products and services and ideally lead to cost efficiency with bulk purchasing. The in-country requisitioner will work with identified technical leads to assist RPSO in their contracting responsibilities. Funding for the representative is covered under the CDC management and staffing portion of the COP. RPSO has previously assisted CDC Tanzania with laboratory improvements and equipment purchases.
The Government of Tanzania has mandated that the National Tuberculosis and Leprosy Program (NTLP) coordinate and implement TB/HIV activities in collaboration with the National AIDS Control Program (NACP) and other stakeholders. In the FY 2007 COP, NTLP, through the Regional Procurement Support Office/Frankfurt (RPSO), proposed physical infrastructure improvements that included the upgrade of existing space in TB clinics. This space included areas for patient examination, laboratory spaces, medical dispensaries, counseling and patient waiting rooms. These upgrades will improve patient flow, ensure confidential adherence counseling and hygienic laboratory conditions. These changes will ultimately improve the quality of patient care and enhance delivery of TB/HIV services in 10 TB Clinic sites. The funds initially allocated in the 2007 COP were insufficient for the proposed renovations. Therefore, plus-up funds are being requested to cover the gaps. These gaps include procurement of furniture for patient comfort and building confidential storage systems for patient records.

Emphasis Areas	% Of Effort
Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of TB service outlets providing counseling and testing.		☑
Number of TB postive individuals who received counseling and testing for HIV, and received their results, at TB service outlets.		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Coverage Areas

Morogoro

Ruvuma

Shinyanga

Singida

Tanga

Table 3.3.07: Activities by Funding Mechanism

Mechanism: I-TECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12451
Planned Funds: $ 300,000.00
Activity Narrative: The National TB and Leprosy Programme (NTLP) has requested I-TECH to assist with three activities which will improve the quality of TB/HIV co-management training for health workers.

The first component of this activity involves development of improved TB/HIV training materials for health workers. The National TB/HIV training is a 6 day interdisciplinary course for health care workers. The course currently consists of slides with no accompanying training materials including facilitator guide, participant handbook, or job aids. I-TECH has been asked to enhance the curricula and make it more teachable and interactive. Some content review will be needed and there is also a need to incorporate the International Standards for TB Care. There is a draft facilitator guide that is currently being pilot tested. Using this pilot-tested draft, I-TECH will also enhance the facilitator guide to make it more usable and to better reflect the revised curriculum. I-TECH will develop a participant manual and job aids. This will be a collaborative process with NTLP, PATH, and the 4 Zonal Training Centres that are involved in the pilot. The UCSF Curry TB Center will provide technical assistance with content review.

The second component of this activity involves review of the national draft TB/HIV policy for grammar, language and flow. A final content review will also be conducted, with technical assistance from the Curry TB Center at UCSF.

The third component involves provision of technical assistance in development of a TB/HIV operations manual for use in health care facilities. I-TECH has also been asked to assist in the development of an Operations Manual in collaboration with NTLP and PATH, and with technical assistance from the Curry TB Center.

Deliverables for this work will include: National TB/HIV Policy; National TB/HIV Operations Manual; Facilitator guide (x2 with revision); Participant handbook (x2 with revision); Finalized slide sets (x2 with revision); Job Aids (x2 with revision); and Designed CDROM.

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12461
Planned Funds: $ 300,000.00
Activity Narrative: The Columbia program in Tanzania will use FY07 Plus Up funds to fully implement the integration of TB and HIV in their 28 care and treatment sites in four regions in Tanzania: Pwani/Coast, Kagera, Kigoma and Zanzibar. As part of their robust care and treatment program, they will expand services to include screening of at least 80% of HIV care and treatment clients for TB at all care and treatment clinics (CTC). This will involve instituting a "TB screening checklist" as part of routine clinical assessment at each visit; training of providers in co-management of TB and HIV and on effective TB screening (symptom checklist and diagnostic algorithm) and carrying out supportive supervision at CTC sites. They will also provide family members of TB-positive CTC clients with TB screening through use of the genealogy TB testing tree tool and provide training and supportive supervision on quality TB screening, such as TB microscopy to laboratory staff. All TB clients will be actively provided routine counseling and testing, either directly in the TB clinic or as part of an active referral system within the facility. CU will seek innovative methods to link with local community based organizations or private groups providing TB services.

Within district and district-designated hospitals, CU will assist in building linkages between the TB and HIV clinics through a multi- disciplinary team approach. Management and focal persons in the CTC and the TB clinics will be supported to plan and implement an integrated program. To improve access to care at lower level centers as part of a district network approach, CU will increase the referral of TB/HIV positive adult and pediatric clients from these sites to CTC's and TB service outlets. This will involve linking these clients from lower level health centers to the appropriate CTC service outlet and tracking them through a two-way referral system.

CU will implement practical measures to prevent TB transmission in health care settings such as minor repairs, innovative work schedules, improved ventilation and protective gear. Clinical care will also focus on decreasing incidence of opportunistic infections among TB/HIV co-infected adults, children and infants through training providers on the use of cotrimoxazole prophylaxis among TB/HIV co-infected clients.
Finally, CU will emphasize adherence to both TB and HIV treatment. They will ensure delivery of adherence counseling to minimize loss to follow up, as well as implement a defaulter tracing system. They will institute a system of coordinated appointments for families with multiple HIV-positive family members, train providers and pharmacists in adherence counseling at each visit and train providers in family-oriented adherence.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100

Targets

Target	Target Value	Not Applicable
Number of TB service outlets providing counseling and testing.		☑
Number of TB postive individuals who received counseling and testing for HIV, and received their results, at TB service outlets.		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	28	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	24,000	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	90	☐

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Project HEART - Tz Budget
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12462
Planned Funds: $ 300,000.00
Activity Narrative: The Elizabeth Glaser Paediatric AIDS Foundation (EGPAF) will support the Regional TB and Leprosy Coordinator in Tabora region to initiate and coordinate TB/HIV activities in each district hospital and health centre that has both a TB clinic and a CTC. As part of their comprehensive care and treatment program EGPAF will expand services that will increase case finding of TB-positive adults, infants and children in care and treatment clinics and will establish a system that targets to screnning 2040 HIV patients for TB. This will involve institute a "TB screening checklist" as part of routine clinical assessment at each visit; training of providers in co-management of TB and HIV and on effective TB screening (symptom checklist and diagnostic algorithm) and supportive supervision at sites.
EGPAF will collaborate with partner supporting TB Clinics by training TB clinic staff (clinical officer in charge, DOTs nurse and lab staff) in Diagnostic counselling and testing so that they can ensure that all TB clients are actively provided diagnostic counseling and testing, either directly in the TB clinic or as part of an active referral system within the facility. Within district and district designated hospitals EGPAF will assist in building linkages between the TB and HIV clinics through a Multi Disciplinary Team approach. Management and contact persons in the CTC and the TB clinic will be supported to plan for implementing an integrated program. To reach lower level centers as part of a district network approach they will increase the referral of TB/HIV positive adult and pediatric clients to care and treatment services and TB service outlets. This will involve linking clients from lower level Health Centers to the appropriate CTC service outlet and tracking through a two way referral system.
EGPAF will implement practical measures to prevent TB transmission in health care settings – focusing on minor repairs, innovative work schedules, improved ventilation and protective gear. Finally, EGPAF will conduct community sensitization on TB/HIV interaction, diagnosis and treatment of the two conditions; Providing reagents and supplies for TB and HIV diagnosis; Providing mentorship by staff from Kibong'oto National TB hospital on TB/HIV management.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100

Targets

Target	Target Value	Not Applicable
Number of TB service outlets providing counseling and testing.		☑
Number of TB postive individuals who received counseling and testing for HIV, and received their results, at TB service outlets.		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	25	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	600	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	60	☐

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Deloitte Touche Tohmatsu
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12463
Planned Funds: $ 300,000.00
Activity Narrative: The MOHSW has successfully adopted the STOP-TB TB/HIV Collaborative approach and through the National Tuberculosis and Leprosy Program, is currently scaling-up TB/HIV activities in the country after successfully piloting in three districts. The goal of the country's TB/HIV program is to reach all health facilities in 21 region.
However the program is still short of covering the entire country. Deloitte &Touche Tohmatsu through plus up funding, intends to contribute to this coverage gap by engaging TB/HIV activities in Morogoro, Iringa, Singida and Dodoma regions.
Based on previous funding and work, Deloitte supports care and treatment in the regions of Morogoro, Iringa and Dodoma, and soon the support will be extended to Singida. This is in accordance to the strategy of Care and treatment regionalization whereby USG supported partners has been assigned regions that they should cover and support.
Deloitte has adopted a comprehensive continuum of care approach that covers both clinical and social needs of the individuals accessing HIV services. HIV service delivery is addressed across a continuum of care, from home based care to the care and treatment clinic. Similarly, the referral system within the hospital has been elaborated in all Deloitte supported sites to make sure no opportunity is missed in capturing would be beneficiaries of HIV Care and ART.

Deloitte intends to use the plus up funds to add and support TB/HIV service, a move that will enhance the services to become more comprehensive in scope and breath.
To implement TB/HIV, Deloitte will include the following strategies that are aimed at decreasing TB infection among HIV patients and manage HIV infection among TB patients: improve the diagnosis of TB in all clients attending CTC through better screening (at least 80% of HIV Care and treatment clients to be screened using TB screening checklist as part of clinical assessment), enquiring on history of contact with suspects TB patient etc. Support for TB diagnosis will be aided by chest x-ray where facilities are available and microscopic examination of sputum to identify AFB.

Prophylactic preventative therapy and DOTS will be instituted as per national guidelines.On the other side, TB client will undergo diagnostic counseling and testing to determine if they are HIV infected, infected clients will be staged and initiated on ART as appropriate. Where ART services can be provided under one roof, this will be supported and in other situations referral mechanisms will be strengthened.
We propose to increase the collaboration between the CTC and TB clinics and staffs so as to maintain a good working relationship service to clients.Health care providers will be trained in TB-HIV co-management and importance of team work emphasized. Monitoring of PLHA and TB patients through community based and home based care programs will ensure follow-up and completion of treatment.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100

Targets

Target	Target Value	Not Applicable
Number of TB service outlets providing counseling and testing.		☑
Number of TB postive individuals who received counseling and testing for HIV, and received their results, at TB service outlets.		☑
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	38	☐
Number of HIV-infected clients given TB preventive therapy	2,280	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	547	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	570	☐

Table 3.3.08: Program Planning Overview

Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08

Total Planned Funding for Program Area: $ 14,775,551.00

Program Area Context:

Orphans represent approximately 10% of all Tanzanian children, approximately one million of whom have lost at least one parent due to AIDS-related illness. According to UNICEF and UNAIDS (2004), nearly 2.5 million children are considered vulnerable. Without increases in prevention, treatment, and impact mitigation, the number of orphans and vulnerable children (OVC) is expected to exceed four million children by 2010.

The national OVC Rapid Assessment and Analysis Action Program (2004) reported that a majority of orphans (53%) are living in households cared for by grandparents, while 31% are living with other relatives/extended families, 12% with siblings, and 2% with non-family care providers. Many families are overwhelmed by a growing number of orphans. The strain of caring for infected relatives with prolonged illnesses and poverty, especially from the loss of a wage earner, has significantly weakened the traditional extended family safety nets.

Tanzanian OVC live in extremely vulnerable circumstances, with poor or minimal access to protection, education, health care, nutrition, shelter and property. More orphans live in urban areas, where 14% of children under age 18 have lost one or both parents. There is a high degree of variability in the availability of OVC services and serious geographic inequities exist in regions with the highest percentage of orphans and HIV prevalence. With the majority of the orphans children over the age of 10, there is a strong need to focus on adolescents.
Until FY2006, there was little progress in rectifying the coordination, comprehensiveness and quality of service, and coverage challenges related to OVC services. By the end of FY 2006, organized OVC services are being provided in 73 of 132 districts, 59 of which have some funding from USG. During FY 2006, considerable progress has also been made in several important areas to lay a strong foundation for OVC services. The Government of Tanzania (GOT) Department of Social Welfare (DSW) formally launched the implementation of the National Plan of Action for Most Vulnerable Children (MVC). DSW has secured alliances with other ministries, formed an OVC National Steering Committee and a technical working group, finalized a national OVC monitoring system, and drafted community-based care/support guidelines.
All USG and other OVC implementing partners have agreed to subscribe to the National Plan of Action, using the prescribed national MVC identification process and national OVC monitoring system data collection tools, and strengthening local government authorities and community-based organizations to ensure local engagement, support, and sustainability. Though only implemented on a limited basis, the national OVC identification process and monitoring system have already proven to be key planning and management tools for GOT and USG-funded partners. They will also help to identify gender imbalance in services received by OVC (such as access to secondary school).
Despite this progress, the GOT DSW faces difficult challenges that require aggressive, consistent, and outcome-oriented leadership and direction. The vision that has taken programs to this point is somewhat stalled due to inadequate leadership for implementation from GOT. DSW is under-resourced and the National Plan of Action is not well-known or understood at the local level. GOT social workers are inadequately trained in OVC issues, and are sparsely deployed in only a third of the districts. In addition, the legal system that protects children in Tanzania remains frail. As USG and other implementing partners initiate their work at the district and ward levels, it is apparent that these shortcomings and the labor intensiveness of the national OVC identification process are proving costly and time-consuming.
The USG imprint is and will be huge. The USG-funded Jali Watoto (Caring for Children) Initiative has helped significantly with the coordination challenges. Jali Watoto has helped to form a network called the National Implementing Partner Group (IPG), chaired by the Deputy Commissioner of the DSW, for the purpose of informing policy decisions, unifying approaches, identifying and sharing best practices, and maximizing resources. Jali Watoto has also provided several small grants to address stigma among vulnerable children, and the materials, tools, and lessons learned can be shared with other partners in the network. In the 73 districts where the USG, the Global Fund (activities also initiated during FY 2006), Axios, and UNICEF are working as implementing partners, there is considerable momentum at this time. These implementing

partners are charged with achieving the vision that has been laid out in the National Plan of Action, and will help to strengthen the district-level Most Vulnerable Children Committees (MVCCs). In time, it will be the responsibility of the MVCCs to coordinate and provide direction to OVC service programs and social workers in their areas, to ensure that the needs of these children in their communities are being met.

With FY 2007 funds, USG/Tanzania will focus primarily on improving the quantity and quality of services provided by both Track 1.0 and USG/Tanzania-funded partners. Where partners may have started with only limited services for OVC, attention will be given to strengthening the comprehensiveness and quality of their programs. USG-funded programs will expand OVC programs to 10 additional districts with FY 2007 funds, totaling at least 69 of the districts and providing services to approximately 180,000 OVC. A targeted evaluation of what services are most effective for child well-being, initiated in FY 2006, will help to inform the enhancement of OVC services. In particular, USG implementing partners will work with the MVCCs at the district level to identify services most required in response to OVC needs, including shelter, nutritional support, education, health care, life skills education, recreational materials, economic opportunity, psychosocial support, HIV education, and social and legal protection. Also, OVC will be provided with insecticide-treated nets for malaria prevention, and efforts to identify HIV positive OVC will be stepped up in order to link them with ART facilities for care and treatment. To pilot innovative programs to provide nutritional and economic support, activities that were initiated in FY 2006 for developing community agricultural plots for nutritional support and income generation will be expanded. Lastly, USG will support the review of laws and policies that affect OVC, and will continue to sit on the National Steering Committee for OVC and support the National IPG.

In addition to service delivery scale-up, USG will also continue a twinning partnership with the University of Illinois Jane Addams School of Social Work to strengthen the Tanzanian Institute of Social Work and develop the necessary human capacity to address OVC needs. Several new levels of training programs are being developed through this partnership in order to strengthen an ability to provide for case management of children: i.e., training for 1) lay community workers to care for OVC, 2) pre-service training for social workers, 3) in-service training for current social workers who lack training in OVC, and 4) enhancing faculty expertise. A recently completed assessment of human capacity to deal with OVC issues at all levels is helping to inform those training programs and in systems strengthening.
Lastly, specific actions through two major partners will be undertaken to strengthen management and leadership at DSW. USG will: 1) place a medium-term public services management volunteer mentor in DSW to work with the Deputy Commissioner; 2) provide capacity building support to the staff; and 3) continue to fund the two recently-hired technical staff to oversee the roll out of the OVC identification process and the national OVC monitoring system.

Program Area Target:

Number of OVC served by OVC programs	228,160
Number of providers/caregivers trained in caring for OVC	24,082

Table 3.3.08: Activities by Funding Mechanism

Mechanism: AC Track 1.0
Prime Partner: Africare
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7674
Planned Funds: $ 730,033.00

Activity Narrative: This activity also relates to activities in OVC (#7674).

The Community-Based Orphan Care, Protection, and Empowerment (COPE) Project is a Track 1.0 regional project being implemented in four countries (Uganda, Tanzania, Rwanda, and Mozambique) to address the needs of orphans and vulnerable children (OVC). In Tanzania, the project is being implemented in the five districts of Dodoma region.

The project supports the scale up of Tanzania's National Plan of Action for Most Vulnerable Children (MVC) working with the Department of Social Welfare. It applies the national MVC identification process and emphasizes a community approach to enhance community participation leading to sustainable activities. The project works with the local government and emphasizes community mobilization for participation; linkages with complementary programs, and referrals; information and education, as well as behavior change communication; capacity building of local organizations; quality assurance and supportive supervision; training and, to a lesser extent, infrastructure improvement.

Over the five years of the activity, (begun in FY 2005), the project targets 60,500 orphans and vulnerable children, as well as 12,500 caregivers with direct support, and the surrounding community with indirect support. By the end of FY 2006, the COPE program has reached approximately 42,000 MVC and established 297 MVC Committees (MVCCs) to ensure sustainability of the services. These committees have received training in identification of MVC, their care, and support.

The project has five major components. First, enhancing district and community capacity to coordinate care and support services to orphans and vulnerable children (OVC) and caregivers to ensure greater community participation for sustainability. Second is providing life-skills training to youth in school and out-of-school, so that they can make responsible decisions. Psychosocial care and support services to OVC and caregivers are provided by trained Service Corps Volunteers from the community and in COPE Clubs. The COPE Clubs are a platform for HIV/AIDS prevention education and youth activities such as games, songs, and drama. Third is increased access to health care, malaria prevention, and nutritional support, including nutrition education and increased food production at the household level through the development of backyard gardens and small animal husbandry. The fourth seeks to increase educational opportunities for OVC. This will be accomplished through direct support to OVC in terms of uniforms and scholastic materials and providing block grants to secondary schools to offer scholarships to enroll and retain OVC. The last component, increased livelihood opportunities for OVC and caregivers, will be accomplished through partnership with the Emerging Markets Group who will facilitate the enrollment of older OVCs into vocational training and will provide grants and micro-credit to caregivers for small business ventures.

With FY 2007 funds, COPE will expand the number of trained Service Corps Volunteers from 45 to 70, and ensure they are prepared to provide PSS to MVCs and caregivers. The Volunteers and project staff will expand the number of COPE Clubs from 39 to 100 (extending to 3,000 members, comprised of both vulnerable and non-vulnerable children to prevent stigma of the clubs). The club members, through group discussions, meetings, games, drama, choir and sports, and interaction, will share HIV/AIDS prevention messages and support each other, In addition to life skills training for COPE Club members, the program will provide school uniforms, exercise books, pens, pencils and erasers for approximately 3,000 students from nursery to secondary schools. Where necessary, block grants will be made to enable OVC to continue with schooling without paying fees. In food production, caregivers will continue to be trained in the use of "double dig beds" labor-saving technology, whereby beds can be cultivated for three years before they have to be reploughed. The gardens are encouraged in the back yard, when space is available, to increase availability of vegetables for food as well as for sale. Training in nutrition, vaccination, and early health-seeking practices will be offered, as well as distribution of insecticide-treated bed nets. Africare will also provide support to local organizations currently serving OVC/MVC, including the MVCCs, to boost their capacity to work with more children and youth. With FY 2007 funds, Africare's COPE activity will cover an additional 3,000 OVC/MVC (total of 45,000).

As with all USG-funded implementing partners, Africare will support the implementation of

the national Data Management System (DMS), and will use that system for their own Monitoring and Evaluation (M&E) system. They will ensure that information about those MVC/OVC identified at the local level feeds into the national system, but also that it is available to MVCCs at the local level for planning, decision making, and monitoring.

Continued Associated Activity Information

Activity ID:	3419
USG Agency:	U.S. Agency for International Development
Prime Partner:	Africare
Mechanism:	N/A
Funding Source:	N/A
Planned Funds:	$ 0.00

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for stratetgic information activities		☑
Number of local organiztions		☑
Number of OVC served by OVC programs	45,000	☐
Number of providers/caregivers trained in caring for OVC	11,250	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
Infants
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Program managers
Teachers
USG in-country staff
Volunteers
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Out-of-school youth
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker
Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Coverage Areas

Dodoma

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Africare
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7675
Planned Funds: $ 970,000.00

Activity Narrative: This activity also relates to Track 1.0 OVC activities for Africare OVC (#7674). As an OVC partner, this activity will link with the PACT Coordinating Implementing Partner Group (IPG) network for OVC (#7783) and the FHI OVC Data Management System (#7715).

The Community-Based Orphan Care, Protection, and Empowerment (COPE) Project started as a Track 1.0 regional project being implemented in four countries (Uganda, Tanzania, Rwanda, and Mozambique) to address the needs of orphans and vulnerable children (OVC). In Tanzania, the project is being implemented in the five districts of Dodoma region.

Since the beginning of the activity in FY05, the COPE Program has reached approximately 42, 000 OVC and established 297 Most Vulnerable Childrens Committees (MVCCs) to ensure sustainability of the services. FY07 funding will be used to scale up Africare's field work and complement Africare's support of OVC through Track 1.0. With the requested supplementary funds, an additional 2,500 OVC will be served. Funds will also be used to purchase school materials and other basic services, and ITNs for the most vulnerable children. In addition, 100 caregivers will be trained.

The project supports the scale up of Tanzania's National Plan of Action for Most Vulnerable Children (MVC) working with the Department of Social Welfare. It applies the national MVC identification process and emphasizes a community approach to enhance community participation leading to sustainable activities. The project works with the local government and emphasizes community mobilization.

FY07 COPE activities include five major components. The first component is to provide training to enhance district and community capacity to coordinate care and support services to OVC and caregivers to ensure greater community participation for sustainability. The second component is to provide life skills training to youth in and out-of-school so that they can make responsible decisions. Psychosocial care and support services to OVC and caregivers are provided by trained Service Corps Volunteers from the community and in COPE Clubs. The COPE Clubs are a platform for HIV/AIDS prevention education and youth activities such as games, songs, and drama. The third component is to increase access to health care, malaria prevention, and nutritional support through wraparound activities, including nutrition education and increased food production at the household level through the development of backyard gardens and small animal husbandry. The fourth component seeks to increase educational opportunities for OVC. This will be accomplished through direct support to OVC for uniforms and scholastic materials and providing block grants to secondary schools to offer scholarships to enroll and retain OVC. The final component is to increase livelihood opportunities for OVC and caregivers through partnerships with the Emerging Markets Group, who will facilitate the enrollment of older OVC into vocational training and will provide grants and micro-credit to caregivers for small business ventures.

As with all USG-funded implementing partners, Africare will support the implementation of the national Data Management System, and will use that system for their own Monitoring and Evaluation system. They will ensure that information about MVC/OVC identified at the local level not only feeds into the national system, but is also available to MVCCs at the local level for planning, decision making, and monitoring. Finally, as a member of the IPG, COPE will implement stigma and discrimination activities from the Stigma Tool Kit.

The Plus Up funding will support the provision of more than one service to the 42,000 already identified children and scale up to identify and serve an additional 10,000 OVC. Also, the funds will be used to purchase six computers for the district social welfare officers and will ensure that information about MVC/OVC identified at the local level feeds into the national system. Moreover Africare will train 3000 additional caretakers on caretaking skills and stigma.

Continued Associated Activity Information

Activity ID: 4986
USG Agency: U.S. Agency for International Development
Prime Partner: Africare
Mechanism: Track 1 OVC Additional Funding

Funding Source: GHAI
Planned Funds: $ 50,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for stratetgic information activities		☑
Number of local organiztions		☑
Number of OVC served by OVC programs	55,000	☐
Number of providers/caregivers trained in caring for OVC	13,250	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
Infants
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Program managers
Teachers
USG in-country staff
Volunteers
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Out-of-school youth
Religious leaders
Other Health Care Worker
Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Coverage Areas

Dodoma

Table 3.3.08: Activities by Funding Mechanism

Mechanism: AIHA
Prime Partner: American International Health Alliance
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7677
Planned Funds: $ 600,000.00
Activity Narrative: This activity relates to other twinning programs to support Palliative Care (#8715), Treatment (#7679), Laboratory Infrastructure (#7676), and Other Policy and Systems Strengthening (#7678). As an OVC partner, this activity will link with the PACT coordinating implementing partner group network for OVC (#7783) and the FHI OVC data management system (#7715).

AIHA is a twinning partnership between the Institute of Social Welfare of Tanzania (ISW) and the Jane Addams School of Social Work, University of Illinois (JASW), with an overall goal to strengthen the ISW pre- and in-service training curriculum to better equip social workers to respond to the needs of OVC.

There is an acute need for trained manpower at the local level to address the needs of OVC, with social workers represented in only about 1/3 of the 132 districts. In addition, many of the existing social workers have no training in the needs of vulnerable children.

This partnership will address both the short-term and long-term needs of OVC. To address immediate needs, the partnership will: 1) develop a short refresher course for current practitioners who have not received continuing education and may not have ever received training on the needs of OVC; and 2) develop a short-term training certification program (possibly in coordination with the Community Development Institute in Arusha, Tanzania) to train para-professionals who can provide direct services to children and families at the local village level. The training for para-professionals will involve the immediate identification and training of lay persons to serve as "social referents" to provide a more immediate response in USG geographic priority areas for most vulnerable children. The social referent training will be a standardized certificate program guided by the Department of Social Welfare, with advisory consultations with the Tanzanian Association of Social Workers.

The second two objectives of the partnership, that address the long-term needs of OVC, are to: 1) strengthen the training and mentoring of social work students to respond to the needs of OVC through improving the curriculum and student field work experiences; and 2) to expose ISW's faculty to different models and delivery of community social work training. During FY06, the JASW faculty initiated an assessment of the pre-service curriculum and will identify and recommend new components to be added or revised.

With FY07 funds, the partnership will train a total of 200 para-professionals, and conduct continuing education programs for 50 social workers. In addition to training, activities will include curriculum development, recruitment of lay persons, development of training procedures, and identification of pilot region(s) to implement the social referent (SR) project. The SR recruitment/public relations workgroup (formed in 2006) will work with local community and faith-based organizations and churches to announce the project and recruit lay persons. The advisory committee and pre-service curriculum workgroup will outline competencies for pre-service training and identify appropriate curricula for adaptation. Trainer faculty will be identified to conduct a pre-service curriculum TOT; and additional revisions to the curriculum, if needed, will be made based on the TOT results/findings. In addition, in FY07, the partners will begin their work on continuing education to assess the content needed for refresher course(s) and a continuing education strategy will be developed.

Continued Associated Activity Information

Activity ID: 5002
USG Agency: HHS/Health Resources Services Administration
Prime Partner: American International Health Alliance
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 300,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for stratetgic information activities		☑
Number of local organiztions		☑
Number of OVC served by OVC programs		☑
Number of providers/caregivers trained in caring for OVC	400	☐

Indirect Targets

Nearly 300,000 OVC will be reached indirectly through this effort.

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Policy makers
Program managers
Teachers
USG in-country staff
Volunteers
Primary school students
Secondary school students
University students
Caregivers (of OVC and PLWHAs)
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Workers
HIV positive children (5 - 14 years)

Key Legislative Issues

Twinning

Volunteers

Stigma and discrimination

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	CRS Track 1.0
Prime Partner:	Catholic Relief Services
USG Agency:	U.S. Agency for International Development
Funding Source:	Central (GHAI)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7690
Planned Funds:	$ 187,000.00

Activity Narrative: This activity also relates to activities in Tb/HIV (#7693), and Treatment (#7692 and #7694).

Catholic Relief Services (CRS) works closely with other members of National Implementing Partner Group implementing partners to support the roll out of the Tanzanian National Plan Of Action for Most Vulnerable Children (MVC). This activity is performed with Track 1.0 funding. CRS provides funds to and works through partner dioceses to support orphans and vulnerable children affected by HIV/AIDS. The CRS OVC program is to support local partners in the provision of quality care and support services to OVC. CRS will build on its current achievement of supporting 7,000 OVC and increase that support to a total of 8,500 OVC by September 2007, with a goal of 10,000 OVC by September 2008. With COP07 funds, CRS should reach approximately 9,000 OVC

With FY 2007 funds, CRS will continue to provide interventions in the areas of education and vocational training, economic strengthening, food and nutritional support, access to health care services and psychosocial support programs, including life skills education through the Stepping Stones training methodology. Other interventions include: HIV/AIDS prevention; coordination of referrals and linkage of OVC living with HIV and AIDS to care and treatment programs; advocacy of child rights and protection; and housing renovation and rental assistance to child-headed households.

CRS will maintain the existing community-based, nationally approved, OVC identification and enrollment system. The standard core package of care and support services, including the provision of school materials and uniforms needed for children to attend primary school, and school fees for students attending secondary and vocational schools, will be provided according to specific individual needs as determined through community support coordinating mechanisms, in particular the Most Vulnerable Children's Committee (MVCC). A continuum of care and support will be provided to OVC living with HIV and AIDS to be healthy and self-sustaining. Integrating the delivery of services to OVC through ongoing home-based care (HBC) programs at the community level will increase their access to counseling and testing, anti-retroviral treatment, and nutritional services

To enhance capacity building, CRS will continue to provide training and supportive supervision to its partners, MVCCs, small Christian communities, community volunteers, Village Multisectoral AIDS Committees and Ward Multisectoral AIDS Committees. CRS will also work to strengthen its coordination agenda with the Council Multisectoral AIDS Committees and the District Social Welfare Officer and HBC Coordinator.

To further strengthen the financial capacity of local communities to provide OVC care and support services, CRS has introduced a Community Savings and Internal Lending (SILC) program for self-help groups to help them address their credit needs by using the resources of the community, rather than external inputs. The CRS activity has identified four additional wrap-around opportunities for linking with existing programs with FY 2007 funding.

The first wrap-around program is a linkage with the existing Seed for Survival-funded DAI PESA Agro-enterprise program to achieve higher economic strengthening objectives in Songea Rural and Namtumbo districts. Strengthened partner capacity will, in turn, allow them to expand existing income generating activities to OVC/MVC and their families. The other wrap-around components will be initiated in Njombe. OVC services will be linked with the nutrition component of the Tunajali activity involving Heifer International, a dairy program that provides goats to OVC guardians and child-headed households. Peace Corps volunteers will also strengthen services through community mobilization and data collection and project monitoring. Lastly, the integrated Home Based Care program to Care and Treatment Centers (CTC) in the district hospitals in Njombe, will assure better coordination, referral and linkage of OVC living with HIV and AIDS to the general continuum care and treatment services. Related to this, CRS partners will work with teachers, guardians, and communities to sensitize them and raise awareness on the available services for AIDS-affected communities, including orphans and vulnerable children. CRS partners will also assist in setting up referral mechanisms for children to benefit from the services offered by these health facilities.

As with all USG-funded implementing partners, CRS will support the implementation of the

national Data Management System (DMS), and will use that system for their own Monitoring and Evaluation (M&E) system. They will ensure that information about those MVC/OVC identified at the local level feeds into the national system, but also that it is available to MVCCs at the local level for planning, decision- making, and monitoring.

Continued Associated Activity Information

Activity ID: 3471
USG Agency: U.S. Agency for International Development
Prime Partner: Catholic Relief Services
Mechanism: Track 1 OVC Program
Funding Source: GHAI
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for stratetgic information activities		☑
Number of local organiztions		☑
Number of OVC served by OVC programs	9,000	☐
Number of providers/caregivers trained in caring for OVC	400	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Most at risk populations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Program managers
Teachers
USG in-country staff
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders
Host country government workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)

Key Legislative Issues

Wrap Arounds

Coverage Areas

Iringa

Ruvuma

Pwani

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Catholic Relief Services
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7691
Planned Funds:	$ 550,000.00

Activity Narrative: This activity also relates to Peace Corps (#7850), TB/HIV (#7693), Treatment (#7692 and #7694). It relates to other Orphan and Vulnerable Children Initiatives (#7690, 7783, and 7715). Finally, as an OVC partner, this activity will link with the PACT coordinating implementing partner group network for OVC (#7783) and the FHI OVC data management system (#7715).

CRS works closely with other members of National Implementing Partner Group (IPG) to support the roll out of the Tanzanian National Plan of Action for Most Vulnerable Children (MVC) through their Track 1.0 funding. CRS works through partner dioceses to support orphans and vulnerable children affected by HIV/AIDS.

CRS is requesting additional funding from field support to serve 3,000 more OVC and train 240 more caretakers. Thus, with both Track 1.0 funds and field support, CRS will be able to reach a total of 12,000 OVC. For these additional OVC, CRS will continue to provide the same interventions in the areas of education and vocational training, economic strengthening, food and nutritional support, access to health care services and psychosocial support programs including life skills education through the Stepping Stones training methodology. CRS links with Peace Corps for food and nutrition activities. Other interventions include: HIV/AIDS prevention, coordination of referrals and linkage of OVC living with HIV and AIDS to care and treatment programs, advocacy of child rights and protection, and housing. Finally, as a member of the IPG, CRS will implement stigma and discrimination activities from the Stigma Tool Kit.

CRS will maintain the existing community-based, nationally approved, OVC identification and enrollment system. The standard package of OVC care and support services, including shelter, education, health, nutrition, bedding, and medical services, will be provided according to specific individual needs as determined through community support coordinating mechanisms, in particular the Most Vulnerable Children's Committee (MVCC). A continuum of care and support will be provided to OVC living with HIV/AIDS to be healthy and self-sustaining. Integrating the delivery of services to OVC with ongoing home-based care (HBC) programs at the community level will increase their access to counseling and testing, anti-retroviral treatment, and nutritional services.

To enhance capacity building, CRS will continue to provide training and supportive supervision to its partners, MVCCs, small Christian communities, community volunteers, Village Multisectoral AIDS Committees, and Ward Multisectoral AIDS Committees. CRS will also work to strengthen its coordination agenda with the Council Multisectoral AIDS Committees, District Social Welfare Officer, and HBC Coordinator.

To further strengthen the financial capacity of local communities to provide OVC care and support services, CRS has introduced a Community Savings and Internal Lending (SILC) program for self-help groups to help them address their credit needs by using the resources of the community, rather than external inputs. The CRS activity has identified four additional wrap-around opportunities for linking with existing programs with FY07 funding.

As with all USG-funded implementing partners, CRS will support the implementation of the national Data Management System, and will use that system for their own Monitoring and Evaluation system. They will ensure that information about MVC/OVC identified at the local level not only feeds into the national system, but is also available to MVCCs at the local level for planning, decision making, and monitoring.

With the requested Plus Up funding, CRS will identify children and serve an additional 6,000 children and train 600 caregivers in Ruvuma, (Songea Archdiocese), Arusha, and Tanga. Also, the funds will be used to purchase three computers for CRS sub-grantees to ensure that MVC/OVC data are entered into the national tracking system.

Continued Associated Activity Information

Activity ID: 6522
USG Agency: U.S. Agency for International Development
Prime Partner: Catholic Relief Services
Mechanism: Track 1 OVC Program

Funding Source: GHAI
Planned Funds: $ 200,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for stratetgic information activities		☑
Number of local organiztions		☑
Number of OVC served by OVC programs	9,000	☐
Number of providers/caregivers trained in caring for OVC	840	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Most at risk populations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Program managers
Teachers
USG in-country staff
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders
Host country government workers
Implementing organizations (not listed above)

Key Legislative Issues

Wrap Arounds

Stigma and discrimination

Coverage Areas

Iringa

Ruvuma

Pwani

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Deloitte Touche Tohmatsu
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7700
Planned Funds:	$ 300,000.00

Activity Narrative: This activity is related to requests for funds for the RFE under Palliative Care (#8707) and Other Policy and Systems Strengthening (#8979). In addition, all OVC awards made with other donor funds managed by this multi-donor pool will be linked with the PACT Coordinating Implementing Partner Group network for OVC (#7783) and the FHI OVC data management system (#7715).

The Rapid Funding Envelope (RFE) has been evaluated as an effective mechanism to get funding to small community-based organizations (CBOs) for urgent and innovative projects. The RFE is supported by ten donors, including the Bernard van Leer Foundation, Canadian International Development Agency, Development Cooperation Ireland, Embassy of Finland, Royal Danish Embassy, Royal Netherlands Embassy, Royal Norwegian Embassy, Swiss Agency for Development and Cooperation, and United Kingdom's Department for International Development. USG support, which is not pooled with the other donors, is used instead to support the management of the RFE program and where there are special program needs, such as grants focused on orphans and vulnerable children (OVC). During both FY05 and FY06, over $3.6 million of other donor support was distributed each year to 23 small organizations through the RFE.

FY07 funds are requested to cover management costs for the RFE activities covering OVC, palliative care, and stigma programs. These funds leverage nearly $6 million each year in contributions from the other donors to address the HIV/AIDS situation, especially in under-served areas of Tanzania. USG funds will focus on managing projects funded by the other donors to address community-based OVC and related impact mitigation among those infected with or affected by HIV/AIDS. In addition, as funds permit, Deloitte will make up to four special awards to NGOs and FBOs funded exclusively by the USG that will build community capacity to respond to OVC needs and train and prepare adolescent OVC for a profession.

Deloitte will help develop the local response to OVC needs by linking sub-grantees with both the newly formed Council Multisectoral AIDS Committee. In addition, sub-grantees will be linked with Most Vulnerable Children Committees (MVCCs) on the local level to ensure the utilization of the national MVC identification process, implementation of the National Plan of Action for OVC, and to strengthen the local response.

The sub-grantees will assist adolescent OVC to complete vocational training programs certified by the national Vocational Education Training Authority (VETA). This assistance will be aimed at enabling the adolescents to gain financial security and independence through suitable careers. This program will be of particular importance to OVC adolescents who are heads of households because it will provide training that will enable them to support their siblings with jobs that do not put them at risk.

Deloitte provides important technical assistance in proposal review and awards, technical assistance to grantees in implementation and reporting, and grants management in terms of financial management and monitoring. The technical assistance for small grantees provided by the RFE will complement the several OVC activities that were initiated in FY05 and FY06. The RFE allows for the rapid "piloting" and evaluation of innovative interventions, for example, one subgrantee supported youth vocational skills and marketing training. As they graduated, these young people were given basic tools to initiate their own businesses. Creativity and sustainability are key criteria for selection and approval of funding. In addition, Deloitte promotes the sharing of lessons learned by sugrantees by publishing success stories in the quarterly newsletter,, that then can be shared with and used by other OVC USG implementing partners and smaller programs.

Present and future priority activities include a continued collaboration with civil society to find sustainable alternatives to institutional care and support for OVC; increasing the level of support and funding for impact mitigation projects, including life skills education and vocational training activities; and reaching a greater number of OVC affected by HIV/AIDS through the RFE mechanism.

Continued Associated Activity Information

Activity ID: 3442
USG Agency: U.S. Agency for International Development
Prime Partner: Deloitte Touche Tohmatsu
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 200,000.00

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for stratetgic information activities		☑
Number of local organiztions		☑
Number of OVC served by OVC programs	300	☐
Number of providers/caregivers trained in caring for OVC	5	☐

Target Populations:

Business community/private sector
Community leaders
Community-based organizations
Disabled populations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
USG in-country staff
Girls
Boys
Out-of-school youth
Host country government workers
Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: ROADS
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7715
Planned Funds: $ 100,000.00

Activity Narrative: This activity relates specifically to activities funded under Other Prevention (#7717), Care (#7718), and Peace Corps OVC (#7850). As an OVC partner, this activity will link with the PACT coordinating implementing partner group network for OVC (#7783) and the FHI OVC data management system (#7715).

Regional mapping and HIV prevalence statistics support the need to more effectively target most-at-risk populations (MARPs), especially along high-prevalence transport corridors. The overall goal of the multi-sectoral Transport Corridor Initiative, branded SafeTStop, is to stem HIV transmission and mitigate impact in vulnerable communities along transport routes in East and Central Africa. In addition to high HIV prevalence, many of these communities, particularly in outlying areas, are severely underserved by HIV services. To date, the Regional Outreach Addressing AIDS through Development Strategies (ROADS) Project has launched SafeTStops in Kenya, Uganda, Rwanda and Djibouti. Activities began in Tanzania at the end of FY06.

With FY07 funding, ROADS Transport Corridor Initiative will establish programming for orphan-headed households, recognizing their unique vulnerability and needs. This will build on activities initiated with FY06 funding to mobilize the community around OVC issues and enumerate orphan-headed households. The targeted areas for FY07 are the towns of Makambako and Tunduma, where OVC networks are weak. ROADS utilizes a comprehensive model that includes classic prevention, care and treatment programming, as well as essential wrap-around programming (HIV and alcohol, gender-based violence, food security, economic empowerment) to reduce vulnerability to HIV and barriers to care- and treatment-seeking.

The project will work with existing child-welfare organizations, FBOs, local officials and, importantly, the private sector/business community to meet the daily needs of OVC. One strategy will be to work with farmers and traders to develop community food banks. In addition, the ROADS Transport Corridor Initiative will go beyond daily sustenance of OVC, attempting to secure the longer-term viability of orphan-headed households. This will entail job training, job creation and other economic opportunities for OVC breadwinners through the ROADS LifeWorks Initiative, which already has Global Development Alliances in place with General Motors and Unilever. The project will also develop HIV risk-reduction and care strategies specifically for OVC breadwinners, linking them with C&T, sexually transmitted infection (STI) services, food/nutritional support, psychosocial support and emergency care in cases of rape and sexual assault. The activity expects to reach 870 OVC.

The sites of Makambako and Tunduma were identified by NACP, TACAIDS, USAID, ROADS and other partners, recognizing their strategic location, high HIV prevalence, and gaps in critical services. In the two sites, HIV prevalence estimates are significantly higher than the national average: 13.5% in Mbeya Region, with prevalence spiking to 20 percent or higher in Tunduma; and 13.4% in Iringa Region, spiking to 23.6 percent in Njombe District, location of Makambako. These communities, ranging from 20,000 (Makambako) to 40,000 people (Tunduma), not including the mobile populations that spend considerable time there, are sizable. The combination of poverty, high concentration of transient workers, high HIV prevalence, hazardous sexual networking, lack of recreational facilities, and lack of HIV services create an environment in which HIV spreads rapidly, and that generates large numbers of orphans and vulnerable children (OVC).

In Makambako and Tunduma, there are small-scale community-based activities to meet the basic needs of OVC. In Makambako, the two main organizations supporting OVC are Chasawaya and Save the Nation Foundation. Combined, these organizations care for approximately 50 orphans. This indicates a major gap, given that there are an estimated 2,500 OVC in Njombe District and approximately 1,400 in Makambako. In Tunduma, the faith-based organizations (FBOs) Taqwa and Holy Family Health Centre support about 60 OVC. As of June 2006, ward officials were still registering OVC in Tunduma to gauge the scope of this challenge. Given the heavy disease burden in the community, the number of OVC likely exceeds that found in Makambako. According to key informant interviews, a significant proportion of young sex workers in Tunduma and Makambako, referred to as "Twiga Stars," are orphans from other parts of Tanzania and neighborhing high-prevalence countries who have migrated to work in the sex trade. They are among the most vulnerable young people in these sites, often victim to beatings and sexual

assault.

During the course of the year, the ROADS Transport Corridor Initiative will share their experiences and lessons learned with the National Partners Implementing Group, and will link with the Deloitte/FHI Palliative Care and OVC Initiative in Iringa (Njombe), CRS Njombe Diocese, and HJFMRI in Mbeya (Tunduma) to ensure that OVC are identified, enumerated, and receive comprehensive services.

Continued Associated Activity Information

Activity ID: 3459
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 600,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for stratetgic information activities		☑
Number of local organiztions		☑
Number of OVC served by OVC programs	870	☐
Number of providers/caregivers trained in caring for OVC	120	☐

Target Populations:

Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
Nurses
Street youth
HIV/AIDS-affected families
International counterpart organizations
Orphans and vulnerable children
People living with HIV/AIDS
USG in-country staff
Girls
Boys
Primary school students
Secondary school students
Caregivers (of OVC and PLWHAs)
Out-of-school youth
Religious leaders
Host country government workers
Implementing organizations (not listed above)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Twinning

Volunteers

Stigma and discrimination

Wrap Arounds

Coverage Areas

Iringa

Mbeya

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Global Development Alliance
Prime Partner: International Youth Foundation
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7728
Planned Funds: $ 150,000.00
Activity Narrative: As an OVC partner, this activity will link with the PACT Coordinating Implementing Partner Group network for OVC (#7783) and the FHI OVC data management system (#7715).

This activity began at the end of FY2006. The program is a Global Development Alliance (GDA) through the Bureau for Economic Growth, Agriculture, and Trade. The GDA will tap the promising practices of the "Alliance for African Youth Employability" that is currently underway in other countries. This alliance involves the International Youth Foundation, Nokia, the Lions Clubs International Foundation, and USAID. The Alliance for African Youth Employability has, since 2005, impacted 9,495 youth in South Africa and Rwanda through job training, internship and job placement, support to start their own businesses, life skills development, HIV prevention awareness raising.

In Tanzania, the majority of orphans and vulnerable children (OVC) are adolescents needing relevant training and jobs as more and more are relied upon for household income. Existing vocational training and income generating activities are often not based on market assessments of manpower demand and forecasting, which are central to the Alliance for African Youth Employability GDA.

This activity, just beginning with FY06 funding aims to improve the employability of older OVC in select locations of Tanzania through a comprehensive project. Beneficiaries will receive market-driven vocational skills, small business start-up support, internships, and/or employment placement. Life skills that will further improve employability will also be included and tailored to the specific needs of children affected by HIV/AIDS.

Primary activities with FY07 funding include a labor market assessment in the target areas; identifying OVC programs that currently offer vocational training or have the capacity to incorporate such services; adapting or creating labor market relevant curriculum, as necessary; arranging private sector linkages to improve the quality of training and help place trainees in internships, jobs and self employment; engaging youth in developing appropriate strategies or strategy enhancements; addressing gender equity to ensure girls' participation; and implementing age-appropriate activities for 400 OVC including training, internships, job placement services and/or business support services. Initial activities will be in Iringa, Morogoro, Mwanza, Arusha, Kilimanjaro, and Dar es Salaam.

The program funding requested in FY07 will be used to provide OVC will skills relevant to the labor market, internship placements, and job placements and/or assistance in starting up their own businesses. Partner NGOs will gain capacity in initiating and managing market-appropriate employability programs. A focus will be placed on ensuring transferability of this activity's strategies to increase consistency of effort among OVC IPG network members undertaking economic opportunity services. As with all USG-funded implementing partners, as a member of the IPG, PASADA will implement stigma and discrimination activities from the Stigma Tool Kit.

As a public-private partnership, USAID investment in this GDA will be joined by private sector funding and technical support.

Continued Associated Activity Information

Activity ID: 6569
USG Agency: U.S. Agency for International Development
Prime Partner: International Youth Foundation

Mechanism: Global Development Alliance
Funding Source: GHAI
Planned Funds: $ 300,000.00

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for stratetgic information activities		☑
Number of local organiztions		☑
Number of OVC served by OVC programs	400	☐
Number of providers/caregivers trained in caring for OVC		☑

Target Populations:

Business community/private sector
Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Nurses
Street youth
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Policy makers
Program managers
Teachers
USG in-country staff
Volunteers
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Out-of-school youth
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Kagera

Mara

Tabora

Tanga

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kikundi Huduma Majumbani
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7736
Planned Funds: $ 90,000.00

Activity Narrative: This activity also relates to activities in Prevention-Abstinence and Be Faithful (#7734), treatment (#7747, #7749), palliative care (#7735, #7715, #7783), and others in OVC (#7724, #7850).

KIHUMBE is a local NGO that has been serving the needs of people living with HIV/AIDS (PLWHA) and orphans and vulnerable children (OVC) in the City of Mbeya and surrounding rural wards since 1991. In FY 2006, it opened additional branches in the Mbeya Region in Mbalizi and Tukuyu towns. It has one of the more comprehensive care and support programs in the region, linking its clients to the continuum of care through direct association with treatment facilities and by coordinating with an Mbeya "Network" of NGOs and FBOs to maximize coverage. This Network, of which KIHUMBE is a member, was formed in 2005 by 10 local NGOs and faith-based organizations (FBOs) in the Mbeya Region to synchronize community based prevention, counseling and testing, HIV home-based palliative care, and support for orphans and vulnerable children (OVC) in three of the four regions in the Southern Highlands Zone (Mbeya, Ruvuma, and Rukwa Regions).

Funding in FY 20007 under this submission will assist KIHUMBE in the implementation of the OVC National Plan of Action through provision of the direct support to OVC identified through the national Most Vulnerable Child (MVC) identification process in the Mbeya Region. This will include working in collaboration with the Most Vulnerable Children's Committees (MVCC) in communities it is working to support the OVC covered by KIHUMBE's services.

FY 2007 funds will support 1,200 OVC through the provision of basic needs and assistance of fees in primary, secondary schools, and vocational training as well as continued development of OVC caregiver's and MVCC capacity to assist in long-term support. OVC will be provided with psycho-social-spiritual counseling and be linked to KIHUMBE's home based care program to support medical needs are required. KIHUMBE community workers have received training in various income generating activities by the Iringa Residential Training Foundation, member of the Network. This particular training will enable KIHUMBE to assess the potential of an individual, family, or village association of clients to begin and sustain income generating projects for the benefit of orphans and their caregivers. In addition, to complement the package of services for OVC, Peace Corps Volunteers working in the Mbeya Region will be approached to provide technical assistance in the training of KIHUMBE staff, caregivers and clients in permaculture and home/community gardening. Mentoring and monitoring of these projects will ensure their success.

In addition, FY 2007 funds will also be used to train an additional 52 individuals, including the members of the local MVCC in counseling of OVC and their caregivers. This training will be funded under this submission and be conducted by the Anglican Diocese of the Southern Highlands, also a Network member. KIHUMBE will continue to assist the Referral and Regional Hospital in identifying OVC who are HIV positive and assist in patient care and adherence monitoring for OVCs qualifying for ART and/or TB therapy.

National focus has highlighted the need for strengthening the communities and MVCCs in on-going education in the issues of human, legal and gender rights of OVC and their caregivers. Nine members of KIHUMBE previously trained in this area will each train 10 individuals who can locally provide information and possible assistance in understanding these laws and issues. These same community workers have been well trained to provide developmental age- appropriate HIV prevention education and reproductive health information through KIHUMBE's long standing prevention program and close relationship with local medical providers. These workers also help individuals and communities to be sensitive to the stigma experienced by OVC and infected families.

As an OVC partner, KIHUMBE will link with the Government of Tanzania National Implementing Partner Group Network for OVC, which is supported by the USG-funded PACT Jali Watoto activity. As with all USG-funded implementing partners, KIHUMBE will support the implementation of the national Data Management System (DMS), and will use that system for their own Monitoring and Evaluation (M&E) system. These systems ensure that information about those MVC/OVC identified at the local level feeds into the national system, but also that it is available to MVCCs at the local level for planning, decision-making, and monitoring. Assistance in implementation of these systems will be

provided by Family Health International as a part of their national technical assistance role.

Continued Associated Activity Information

Activity ID:	3376
USG Agency:	Department of Defense
Prime Partner:	Kikundi Huduma Majumbani
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 60,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for stratetgic information activities		☑
Number of local organiztions		☑
Number of OVC served by OVC programs	1,200	☐
Number of providers/caregivers trained in caring for OVC	52	☐

Target Populations:

Community leaders
Faith-based organizations
Street youth
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Prisoners
Teachers
USG in-country staff
Volunteers
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Out-of-school youth
Religious leaders
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Workers
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Mbeya

Rukwa

Ruvuma

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Pact Associate Award
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7783
Planned Funds:	$ 3,900,000.00

Activity Narrative: This activity relates to all activities in OVC (# 7674, 7675, 7677, 7687, 7689, 7690, 7691, 7700, 7715, 7714, 7728, 7736, 7783, 7801, 7804, 7807, 7817, 7850).

Pact has been working on issues related to orphans and vulnerable children (OVC) since early FY2006, when they initiated work on the Jali Watoto (Caring for Children) activity. This activity has four main components: 1) delivering quality service programs at the local level through sub-grants to local organizations; 2) providing capacity building to sub-grantees to strengthen their ability to respond to the many and varied needs of OVC; 3) strengthening systems, at the national, district, and communities levels, to enable communities to take responsibility for addressing the needs of OVC; and 4) monitoring OVC programs.

PACT works closely with other members of National OVC Implementing Partner Group (IPG) a network organized to support the roll out of the Tanzanian National Plan of Action for the Most Vulnerable Children (MVC). Indeed, Pact helps to convene the meeting and serves as a secretariat to the group.

With FY06 funding, Pact's Jali Watoto activity will reach 18,000 OVC through its sub-grantees. For the grants component, priority has given to complementing other USG and other donor-supported activities benefiting children and youth to maximize outcomes. Pact is also implementing OVC activities under the Global Fund Round 4. This helps to facilitate harmonization and coordination to support to the Government of Tanzania's Plan of Action for MVC.

With FY07 funds, PACT will work in 15 selected districts in a total of five regions, serving 37,000 OVC and providing training to 350 caregivers. These districts will be selected on the basis of data from the Tanzanian Health Indicator Survey (THIS) and the Poverty and Human Development Report 2005, together with information available through the Implementing Partners Group, to identify priority regions and districts based on HIV/AIDS prevalence, orphanhood, and existing levels of service.

Through its leadership role as the secretariat for the IPG, Pact will continue to help coordinate activities with other implementing organizations, sharing tools, materials, effective practices, and lessons learned, as well as ensuring that duplication of effort is minimized. This will involve working closely with the GOT and IPG members to prioritize activities for strengthening systems and structures at the national, district, ward, and village levels relating to comprehensive and quality programming for MVC. In particular, Pact will promote a standard approach for training across IPG members, including the implementation of the National Plan of Action and use of approved standardized training manuals, such as the national caretaking skills manual. Pact will also provide ongoing support to local Most Vulnerable Children Committees (MVCCs) organized at the village level to carry out training. At the national level, Pact will continue to second a Capacity Strengthening Officer and a Data Management Specialist to work the DSW for national systems strengthening.

FY07 funds will expand comprehensive service delivery for OVC through PACT's rapid sub-granting mechanism, which will issue and manage sub-grants to function as part of the OVC Implementing Partners Group. Another key activity will be identifying opportunities for linking and leveraging activities of other USG-supported activities for children and youth (e.g., Peace Corps, Department of Defense) and the related activities of other donors, as well as to devise a means for systematically and strategically engaging IPG network member activities with other activities to maximize outcomes for beneficiaries.

In the area of stigma and discrimination, Pact will continue to use the Stigma Tool Kit finalized in FY06 to train IPG partners in addressing attitudes that result in stigma and implementing anti-stigma activities. Pact will also work within its 15 districts to hold advocacy meetings and other forums to mainstream anti-stigma activities and assist with policy reform to facilitate a supportive context for reducing stigma and discrimination and increasing child protection.

As with all USG-funded implementing partners, PACT will support and encourage the use of the implementation of the national Data Management System, and will use that system

for their own Monitoring and Evaluation system. They will ensure that information not only feeds into the national system, but is also available to MVCCs at the local level for planning, decision making, and monitoring.

$400,000 in Plus Up funds are requested for additional scale up of OVC Programs. These funds will be used to do expand coverage of MVC identification in all the 19 Jali Watoto (Swahili term meaning " Caring for Children ") PACT districts. It will result in provision of services to an additional 5000 OVC and training of an additional 300 caretakers.
To support this scale up, $250,000 of Plus Up funding is requested to scale up support to Most Vulnerable Children's Committees (MVCC). To ensure sustainability, the MVCC are expected to undertake the basic long-term role of identifying OVC, linking them with community-based OVC services, and providing data for the national Data Management System (DMS) to track OVC and OVC services. This additional funding for Jali Watoto will strengthen the role of the MVCC in all villages (ranging from 35-40) in at least two districts, and ensure that vulnerable children are fully identified and are linked to well coordinated support and care. Also, the slow roll out of the National DMS is a consequence of not having MVCC in many districts of Tanzania. The Plus Up funds will be also used to purchase 30 computers for the district social welfare officers and will ensure that information about MVC/OVC identified at the local level feeds into the national DMS. Lastly, additional Plus Up funding of $200,000 will be used by Pact to work with the Government of Tanzania's Department of Social Welfare (DSW) and other Implementing Partners who provide services to Orphans and Vulnerable Children (OVC) to review and agree on the priority topics/training modules related to reducing stigma in the care of OVC. These modules will be included in the OVC caretaking manual and training package. The revised caretaking skills manual will be piloted in five of Pact's regions through Training of Trainers, in collaboration with DSW, so that it can be adapted as a standard training package for the MVCC. 200 individuals will be trained in anti-stigma with the new caretaking manual and training package. The revised caretaking skills manual, once formally approved by the DSW, will be printed and disseminated nationally.

Continued Associated Activity Information

Activity ID:	3385
USG Agency:	U.S. Agency for International Development
Prime Partner:	Pact, Inc.
Mechanism:	Pact Associate Award
Funding Source:	GHAI
Planned Funds:	$ 2,800,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for stratetgic information activities		☑
Number of local organiztions		☑
Number of OVC served by OVC programs	42,000	☐
Number of providers/caregivers trained in caring for OVC	650	☐

Target Populations:

Orphans and vulnerable children

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Coverage Areas

Iringa

Kilimanjaro

Mara

Mbeya

Mtwara

Mwanza

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	SA Track 1.0
Prime Partner:	Salvation Army
USG Agency:	U.S. Agency for International Development
Funding Source:	Central (GHAI)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7801
Planned Funds:	$ 384,460.00

Activity Narrative: This program activity also relates to another field-supported OVC (#7801).

For the past two years, The Salvation Army Tanzania (SAT) has been implementing the Track 1 Orphans and Vulnerable Children (OVC) affected by HIV/AIDS Program. It presently works in 16 districts and serves 15,207 OVC.

Starting with FY 2007, the program will refocus activities to more closely align with the Tanzanian National OVC Plan of Action (NPA), using the national Data Management System (DMS). At the same time, the activity will continue to implement programs initiated in FY 2005 and FY 2006.

The SAT activity has three components: 1) to strengthen communities to organize community-based responses to meet the needs of OVC; 2) to specialize in psychosocial support for OVC and share tools and materials with other OVC service providers; and 3) to strengthen the economic security of OVC.

With FY 2007 funds, SAT will review its coverage and streamline its geographical focus to ensure comprehensive services and cost effectiveness. SAT will build on the organization's unique features to enable communities to construct community-based responses to meet the needs of OVC and others affected by HIV and AIDS. SAT will ensure that the GoT Most Vulnerable Children identification process will be conducted in the districts in which they work — a process by which communities identify MVC and their needs. This will include the direct involvement of SAT in the identification process, if necessary. SAT will also conduct training of the Most Vulnerable Children Committees (MVCC) in community counseling and psychosocial support (PSS). SAT preceded GoT in developing community committees to address the needs of OVC. These are called "Mama Mkubwa" committees. SAT will now work with communities to integrate Mama Mkubwa activities into GoT-designated Most Vulnerable Children's Committees (MVCCs) at the local level. The MVCCs will coordinate support for OVC, identify resources, document the needs of the community, and address the monitoring and evaluation function. In addition, they will maintain records of identified children and give evidence of progress achieved. MVC records will be used to input the national data management system. The Community Counselor representatives on the MVCC committees will also work with the PSS and income generating activities described below.

To complement OVC/MVC support services, with FY 2007 funds, SAT will expand its scope of services to include education materials and fees, as well as nutrition and health to the identified OVC/MVC in the program areas where there are no other stakeholders providing such services. Moreover, the identified MVC households will be supported by small projects, such as appropriate animal husbandry, animal banks, sustainable farming, food processing etc, so as to improve their nutrition and standard of living.

In order to provide OVC/MVC with PSS and life skills training, SAT will continue to develop low-cost, community-run Kids Clubs. Priority will be given to the identified MVC. Older youth and well-respected community volunteers will be trained in youth counseling. The PSS counselors will continue to be responsible for organizing and running the Kids Clubs. Each Club will be provided with a basic kit of equipment, first aid kit and a curriculum of sports activities, games, arts and crafts, and HIV/AIDS educational materials. Through the clubs, children learn at an early age about HIV/AIDS, its impacts on their community/families and key prevention strategies. An important component of the Kids Club curriculum is to provide coping skills and strategies for at-risk youth, especially young girls, to protect themselves from sexual exploitation. PSS counselors will run the clubs, make home visits to identified MVC, child-headed households, help young people deal with bereavement issues, and enable them to seek helpful resources in the community. PSS counselors also help to target those households most in need of material support and help in school, and act as advocates for young children with guardians, government bodies and, in some cases, the courts in situations where young girls have been raped. These clubs are open to all children in the community and will be held at schools and community grounds, helping to reduce the stigma associated with orphanhood through play and interaction. SAT intends to establish 300 clubs by the end of the project. In year 3, about 100 new kids' clubs will be established and 100 community counselors trained.

To address the need for better economic security for OVC/MVC, over 1,000 OVC/MVC

households benefit from OVC caretaker participation in the Worth program. Worth is a unique income-generation training program that strengthens the ability of communities and female-headed households to care for the growing number of OVC/MVC. SAT's Worth economic empowerment methodology has won five international awards, including two from the World Bank Development Marketplace in 2000 and 2002 Worth is an innovative, sustainable program of women helping women that fosters grassroots development, increases family income, and develops local control of resources through community controlled village banks. The increased income for caregivers and local groups enables improved care and support for OVC in their communities, including education, basic health care, and nutrition needed for their well-being.

The incorporation of Worth into this program stems from the direct request of communities, who approached the Salvation Army for assistance in income generation activities after identifying poverty as the most crucial factor hindering the lives of widows, caregivers, and OVC.

As with all OVC implementing partners, SAT will participate in the National Implementing Partners' Group. In particular, SAT will share their tools, materials, and lessons learned from the PSS and Worth components of their work. Also, SAT will implement the National Plan of Action for OVC and help to populate the national Data Management System, which will be used for both national planning and local program management.

Continued Associated Activity Information

Activity ID:	4920
USG Agency:	U.S. Agency for International Development
Prime Partner:	Salvation Army
Mechanism:	N/A
Funding Source:	N/A
Planned Funds:	$ 0.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for stratetgic information activities		☑
Number of local organiztions		☑
Number of OVC served by OVC programs	9,000	☐
Number of providers/caregivers trained in caring for OVC	1,000	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Most at risk populations
HIV/AIDS-affected families
International counterpart organizations
Orphans and vulnerable children
People living with HIV/AIDS
Teachers
USG in-country staff
Volunteers
Girls
Boys
Primary school students
Caregivers (of OVC and PLWHAs)
Religious leaders
Nurses

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Coverage Areas

Dar es Salaam

Kagera

Kilimanjaro

Lindi

Mara

Mbeya

Mwanza

Tabora

Pwani

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Selian Lutheran Hospital - Mto wa Mbu Hospital
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 7804
Planned Funds: $ 100,000.00
Activity Narrative: This activity relates to activities in Palliative Care: Basic Health Care and Support (#7803), PMTCT (#8220), and Treatment (#7805). As an Orphan and Vulnerable Children (OVC) partner, this activity will also link with the PACT Coordinating Implementing Partner Group (IPG) Network for OVC (#7783) and the FHI OVC Data Management System (#7715).

Selian Lutheran Hospital AIDS Control Program (ACP) is a comprehensive, integrated program of services providing a full continuum of care to those affected by HIV/AIDS.

Care and services to OVC have been integrated into a wider community outreach project which has developed a system of community-based care sites located in congregations of the local churches. The 106 community-based sites have served as the contact point for outreach to the orphans and vulnerable children. Through the OVC and Community Outreach Program, the ACP has registered over 3,700 people. Over 100 congregations have formed special committees to coordinate OVC and Community Support activities.

This is the first year that the Selian Program will have direct USG support for their programs, having "graduated" from being a sub-grantee under several implementing partners. Previously, Selian received support and technical assistance for service delivery to OVC from the Care/Tumaini activity. As a direct grantee in FY07, Selian will link with the national IPG network, and will work with those partners to standardize the availability of services to OVC. This will be a transitional year for Selian, as the package of services they provide will be refined, and the approach may change to align with the Government of Tanzania National Plan of Action for Most Vulnerable Children. Selian will also help to establish Most Vulnerable Children's Committees to help the community and households identify and address the needs of OVC. As with all USG-funded implementing partners, as a member of the IPG, PASADA will implement stigma and discrimination activities from the Stigma Tool Kit.

With FY07 funding, the OVC Program expects to expand the number of active community sites to over 200, with a goal to serve 1,500 OVC with comprehensive services and train 5 caregivers. OVC with HIV-positive parents will be linked with the Selian home-based care community volunteers, and HIV-positive OVC will be referred to Selian treatment services. Finally, this activity will wraparound with other USG-funded programs, such as PMI.

As with all USG-funded implementing partners, PACT will support the implementation of the national Data Management System , and will use that system for their own Monitoring and Evaluation system. They will ensure that information about MVC identified at the local level feeds not only into the national system, but is also available to MVCCs at the local level for planning, decision making, and monitoring.

Continued Associated Activity Information

Activity ID: 6517
USG Agency: U.S. Agency for International Development
Prime Partner: Selian Lutheran Hospital - Mto wa Mbu Hospital
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 200,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for stratetgic information activities		☑
Number of local organiztions		☑
Number of OVC served by OVC programs	1,500	☐
Number of providers/caregivers trained in caring for OVC	5	☐

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
Nurses
HIV/AIDS-affected families
International counterpart organizations
Orphans and vulnerable children
People living with HIV/AIDS
USG in-country staff
Children and youth (non-OVC)
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Doctors
Laboratory workers
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Arusha

Manyara

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Peace Corps
USG Agency:	Peace Corps
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	7850
Planned Funds:	$ 250,000.00

Activity Narrative: This activity is related to Peace Corps activities in Abstinence and Being Faithful (#7849), Other Prevention (#7847), and Palliative Care--Basic Health Care (#7851),. FHI (#7715) and PACT (#7783), Salvation Army (#7801), Africare (#7674), CRS(#7691), and Deloitte Touche Tohmatsu (#8866).

Peace Corps Tanzania (PC/T) directly implements Emergency Plan (EP) activities through the actions of its 133 Peace Corps Volunteers (PCVs) in 15 of 21 regions on mainland Tanzania and five regions on Zanzibar. Approximately one-third of these 133 PCVs work principally on HIV/AIDS activities as a primary assignment and the remaining two-thirds of these PCVs work on HIV/AIDS activities as secondary projects. PC/T has three projects: education, environment, and health education. T, he education project brings PCVs to Tanzania to teach mathematics, hard sciences or information and communication technology in secondary schools. TThe environmental rural community-based project helps people to better manage their natural resources. Finally, the health education project places PCVs in communities to work as health educators primarily addressing HIV/AIDS prevention and care activities.

In FY07, PC/T will bring 10 additional PCVs to work primarily on HIV/AIDs work, four of which will be funded using OVC funding. This will increase PC/T's numbers of PCVs who work primarily on HIV/AIDsAIDS to over 45, while other PCVs continue to work on PC/T's HIV program as a secondary project.

FY07 funding will be used to scale up existing PC/T interventions with OVC and their caretakers in collaboration with other implementing partners. In particular, funding will be used to facilitate nutrition and/or income generation activities (IGAs). The goal of the nutrition activities is to improve the nutritional status of OVC and their caretakers through the initiation and promotion of demonstration permaculturepermaculture and home gardening activities in their communities. Permaculture is an intensive form of agriculture aimed at household improvement of food production from gardening. Its main aims are to improve quantity and quality of food available to OVC and their caretakers close to their homestead so they do not have to walk long distances to get food. The food that is produced from these permaculture and home/community gardening activities will be available for needy OVCs to sell for income to meet their many needs. PC/T does not use EP monies to purchase food directly for the beneficiaries of the project. The strategy is to mobilize and train community groups, including OVC and their caretakers, to engage in starting permaculture and home/community gardening activities. Nutritional training is also provided, with the aim of bolstering immune systems of OVC in a more sustainable manner.

FY07 funding will also be used to facilitate IGAs, including the promotion of vocational skills using available community resources. By dependence cycle we mean relying on aid for sustinence. By giving OVCs a skill, PC/T anticipates they can provide enough income for themselves without relying on continual handouts as they mature in to adults. PC/T will facilitate these beneficiaries to start small-scale IGA projects in their communities. PC/T will not use EP monies to pay for students' school or college fees. The strategy will be to identify and organize identified OVC, and facilitate Most Vulnerable Children Committees (MVCC) and community trainings. Some of the EP funds will be used to purchase some training tools for skills training.

PC/T will continue to conduct permaculture workshops with environment and heath education PCVs and their HCN counterparts to give them the capacity needed to conduct these nutrition education and income-generation activities in their communities. PC/T will also include training on stigma and discrimination for all PCVs working in HIV/AIDS. This was a successful activity in FY06, and the plan is to continue on this course in FY07. PC/T will set aside monies to pay for a technical expert to conduct these trainings for PCVs and their counterparts. PC/T will set aside some EP funds to be obtained by PCVs through Volunteer Activities SupprtSupport Training (VAST) grants to fund care activities targeted to OVC. Finally, PC/T will develop and acquire the needed materials for conducting the planned activities.

In the areas where other USG partners will be working, PCVs will link with them to facilitate comprehensive support to OVC, including the training of caretakers and strengthening OVC households through permaculture activities. Organizations, as listed

above, may include: Salvation Army (#7801), Africare (#7674), Deloitte (#8866), and CRS(#7691). FY07 funds will enable Volunteers and their host country counterparts (HCN) to reach 1,000 OVC. PCVs will also train 1,000 caretakers, specifically focused on nutrition.

Continued Associated Activity Information

Activity ID: 4981
USG Agency: Peace Corps
Prime Partner: US Peace Corps
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 25,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for stratetgic information activities		☑
Number of local organiztions		☑
Number of OVC served by OVC programs	1,000	☐
Number of providers/caregivers trained in caring for OVC	1,000	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Nurses
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Program managers
Teachers
USG in-country staff
Volunteers
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Volunteers

Coverage Areas

Arusha

Dodoma

Iringa

Kagera

Kilimanjaro

Lindi

Manyara

Mara

Mbeya

Morogoro

Mtwara

Mwanza

Ruvuma

Singida

Tanga

Kaskazini Pemba (Pemba North)

Kusini Pemba (Pemba South)

Kaskazini Unguja (Unguja North)

Kusini Unguja (Unguja South)

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Balm in Gilead
Prime Partner: Balm in Gilead
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8699
Planned Funds: $ 200,000.00
Activity Narrative: This activity is related to Balm in Gilead (#8687), Palliative Care--Basic Health Care (#7851), Salvation Army (#7801), Africare, (#7674), CRS(#7691), and Deloitte Touche Tohmatsu (#7818). As an OVC partner, this activity will link with the PACT coordinating Implementing Partner Group network for OVC (#7783) and the FHI OVC Data Management System (#7715).

Balm in Gilead (BIG) works in partnership with the Christian Council of Tanzania (CCT), National Muslim Council of Tanzania (BAKWATA), and the Tanzania Episcopal Conference (TEC).

This submission is a new OVC activity that will work in line with the National OVC Plan of Action (NPA), supporting the national identification process for OVC and implementing the national OVC Data Management System (DMS).

In FY07, BIG will provide direct support to 6,000 OVC and train at least 100 providers. Funding will be used to work in districts not already covered by implementing partners to: 1) Assess and increase the scale up of OVC support, providing educational materials such as uniforms, scholastic material, sports programs and equipment; and 2) Strengthen families and Most Vulnerable Children Committees (MVCC) through needs assessments, care plans and monitoring of family care and social support by small faith communities.

These activities will be implemented in the districts of Singida and Shinyanga. BIG will provide technical assistance and support for each partner in these districts to develop and deliver a community-based continuum of care for OVC, their caretakers, and others involved with OVC in the community.

The BIG approach includes the following: 1) utilization of the national identification process to identify the most vulnerable children for direct services and support; (2) strengthen the capacity of the MVCCs and households at the village level, providing psychosocial and other support, as appropriate; 3) mobilizing the community-based response through existing locally recognized and respected faith support systems, thereby reducing stigma for OVC and their families; and 4) advocating for OVC and their families with multiple sectors to create or increase supportive environments for children and families living with and affected by HIV/AIDS. BIG will link with Peace Corps Income Generating Activities to support the nutritional and economic needs of OVC households.

As with all USG-funded implementing partners, BIG will support the implementation of the national Data Management System, and will use that system for their own Monitoring and Evaluation system. They will ensure that information about MVC/OVC identified at the local level feeds not only into the national system, but is also available to MVCCs at the local level for planning, decision making, and monitoring.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for stratetgic information activities		☑
Number of local organiztions		☑
Number of OVC served by OVC programs	6,000	☐
Number of providers/caregivers trained in caring for OVC	100	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Disabled populations
Faith-based organizations
HIV/AIDS-affected families
Infants
Orphans and vulnerable children
People living with HIV/AIDS
USG in-country staff
Volunteers
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Religious leaders
Traditional healers
Other Health Care Workers
HIV positive infants (0-4 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Shinyanga

Singida

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8703
Planned Funds: $ 400,000.00
Activity Narrative: This activity will link with all the USG-funded Orphan and Vulnerable Children (OVC) Implementing Partner Group (IPG) network for OVC (#7783), PACT (#7783), Salvation Army (#7801), Africare (#7674), CRS(#7691), AIHA (#7677), and Deloitte Touche Tohmatsu (#8866).

Since 2004, FHI has been providing technical support for service implementation of care and support programs for Orphans and Vulnerable Children. FHI provides technical support and direction to the OVC implementing partners through provision of direct technical support to the Department of Social Welfare (DSW) in the development of the national OVC guidelines, National OVC Plan of Action, and policy on care and support for OVC. This technical assistance is key to providing direction for the OVC National IPG, which represents the majority of interventions (USG and non-USG) for OVC in Tanzania. In addition, FHI technically supports other implementing partners, such as PACT, with whom they have a tripartite Memorandum of Understanding (MOU) with the DSW, to ensure that the programs being implemented are appropriately in line with the Tanzanian National Plan of Action. In FY06, FHI facilitated the development and initial implementation of the National Data Management System for tracking OVC and OVC services in collaboration with Data Vision.

With FY 07 funds, FHI will provide technical support to the DSW to advise and support the finalization and implementation of the OVC National Plan of Action. In support of the consistent roll out the implementation of the OVC National Plan of Action, FHI will assist partners in troubleshooting the implementation of a standard care package and roll out the national Data Management System. This system will be initiated in all 71 USG-funded districts, as well as those implemented with Global Fund monies. All USG prime partners and sub-grantees will utilize this system in FY07. FHI will train the M&E officers of each of these partners, and at the national level, on data entry, processing and analysis for the new system.

FHI will collaborate with the MVC IPG in the areas of monitoring, completing annual training work plans, updating standards of care, documenting best practices, developing and standardizing OVC training materials. When necessary, FHI will conduct assessments of specified components of service delivery to better inform practices of the IPG. FHI will provide technical direction for the capacity building of the social workers in the USG-funded sites. FHI will also collaborate with AIHA through the Twinning Partnership with the Institute of Social Welfare (ISW) for curriculum development of the pre- and in service social workers.

Directing technical assistance in the field will require updated information on the needs and services available in the community. FHI will continue to provide assistance at the district and community level to implement and learn from the findings of the National Data Management System as it becomes a management tool both at the local and the national level. These data will serve as an effective planning tool for the District Social Welfare office and the local organizations.

Since this is a quality assurance measure linked with FHI's role at the national level for systems strengthening, there are no direct targets.

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for stratetgic information activities		☑
Number of local organiztions		☑
Number of OVC served by OVC programs		☑
Number of providers/caregivers trained in caring for OVC		☑

Target Populations:

Community leaders
Street youth
HIV/AIDS-affected families
Infants
Orphans and vulnerable children
People living with HIV/AIDS
Program managers
USG in-country staff
Volunteers
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Out-of-school youth
Other MOH staff (excluding NACP staff and health care workers described below)
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Pastoral Activities & Services for People with AIDS
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8708
Planned Funds:	$ 507,346.00

Activity Narrative: This activity also relates to the PASADA ARV services (#7784) activity. As an OVC partner, this activity will link with the PACT Coordinating Implementing Partner Group (IPG) network for OVC (#7783) and the FHI OVC Data Management System (#7715).

The PASADA Orphans and Vulnerable Children program provides services and support to orphans and their supporting extended families. Services are provided completely free of charge to all in need and cover a catchment area of 800,000 people. At present, PASADA serves more than 16,000 people living with HIV/AIDS (PLWHA) and nearly 4,000 orphans and vulnerable children (OVC). PASADA aims to build the capacity of OVC in education and other areas of need. The program will be closely linked to the care and treatment components of the PASADA program, both at the main PASADA site and in the satellite health facilities of the Archdiocese of Dar es Salaam.

With FY07 funding, PASADA will focus on the following areas: strengthening referrals; expanding support and supervision; providing educational support; community education; capacity-building of extended families; and life skills training.

Referrals will be strengthened for OVC in need of treatment, home-based care, or other services by making appropriate referrals within the diocese of Dar es Salaam. FY07 funds will be used to expand the provision of support and supervision to nearly 4,650 children who have lost one or both parents due to HIV infection. This will be accompanied with the provision of education, vocational training, and life skills development training to help OVC address the tremendous loss, pain, and stigma attached to HIV infection.

PASADA will build the capacity of OVC by providing school fees (nursery, primary, secondary and vocational schools) and school supplies, such as uniforms, stationary, etc. OVC face numerous financial problems due to the illness or death of parents. This situation affects their opportunities to continue their education. PASADA will focus its efforts on ensuring that OVC can stay in school so as to make the most of their future.

The community education component will be focused on raising awareness of issues affecting OVC within communities, and creating a supportive environment for children affected by HIV/AIDS. This will be done by organizing awareness raising workshops addressing religious leaders, teachers, and other important stakeholders in the community in order to reduce stigma and reluctance to discuss HIV/AIDS-related issues in the community.

PASADA will strengthen the capacity of extended families to cope with the challenge of raising OVC through improving their parenting skills by providing training, direct support of basic needs, services and small grants. The majority of orphans in PASADA's program are cared for in extended families and others live in child-headed households. Those extended families are challenged because they are headed by elderly grandparents who are very poor, economically unproductive, and physically weak. They also may have other members of the extended family living with them. Worse yet, child-headed households have significant housing, nutritional, and emotional needs. PASADA will provide and link with organizations to provide comprehensive support for these caretakers.

Finally, PASADA will provide life skills training to OVC in order to enable them to make positive decisions, and impart parenting skills for OVC who have children of their own.

As with all USG-funded implementing partners, as a member of the IPG, PASADA will embrace key elements of UGS-funded activities. This means they will implement stigma and discrimination activities from the Stigma Tool Kit. PASADA will also support the implementation of the national Data Management System, and will use that system for their own Monitoring and Evaluation system. They will ensure that information about MVC/OVC identified at the local level not only feeds into the national system, but that it is also available to MVCCs at the local level for planning, decision making, and monitoring.

The requested Plus Up funding will extend services to an additional 1,250 OVC and training to an additional 1,000 caregivers. Moreover, PASADA will strengthen the capacity of extended families to cope with the challenge of raising OVC by improving their parenting skills through training, direct support of basic needs, services, and small grants. PASADA will provide and link with organizations to provide comprehensive support, such

as Income Generating Activities, for these caretakers.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for stratetgic information activities		☑
Number of local organiztions		☑
Number of OVC served by OVC programs	6,900	☐
Number of providers/caregivers trained in caring for OVC	1,300	☐

Target Populations:

Adults
Community leaders
Faith-based organizations
Infants
People living with HIV/AIDS
Program managers
USG in-country staff
Children and youth (non-OVC)
Caregivers (of OVC and PLWHAs)
Religious leaders
Host country government workers
Doctors
Nurses
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Dar es Salaam

Pwani

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University of North Carolina, Carolina Population Center
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8858
Planned Funds: $ 150,000.00
Activity Narrative: This activity also relates to the following Orphan and Vulnerable Children (OVC) activities: PACT (#7783), Salvation Army (#7801) and Deloitte Touch Tohmatsu (#7817). As an OVC partner, this activity will link with the PACT Coordinating Implementing Partner Group (IPG) network for OVC (#7783) and the FHI OVC data management system (#7715).

This is an extension of a targeted evaluation effort being undertaken by USAID/ Washington. The objective of this targeted evaluation is to increase the quality and effectiveness of interventions to improve the well-being of OVC affected by HIV/AIDS. It is a two-year study, initiated in FY06. The overall goal of the evaluation is to identify what interventions are most effective in terms of models, components, costs, and outcomes in improving the well-being of OVC in resource poor settings. The study will identify best practices for improving effectiveness and increasing the scale of OVC interventions, and will also include a costing component to identify the cost of scaling up services. The OVC program visits, assessment, and selection of the programs that fit best the evaluation criteria have been completed. Measure will proceed with assessments of three OVC selected models; namely, the OVC program for Salvation Army Tanzania (which utilizes its well-known Psychosocial Model of Kids clubs and MAMA MKUBWA), PACT Tanzania (utilizes the national MVC identification framework), and CARE Tumaini (using a model that combines palliative care and OVC service with "one stop shop model" i.e. VCT, ART,HBC, IGA and prevention for youth). The three implementing organizations included in the evaluation are presently funded by the Emergency Plan.

While the general study is supported by central funding, the requested FY07 funds will be used for supporting the gathering of information on the selected program sites and case studies at the third site since the Washington-based funds only cover two sites. Given the variety of programs that have been underway in Tanzania, the three sites will make the results more useful and robust. The results will be disseminated in two phases; during the initial stage, the rapid findings will be disseminated (May and June 2007) and later. The follow-up results, including detailed analysis, will be disseminated (July and August 2007).

The evaluation results should also inform standards of quality performance for each essential service (such as education, psychosocial support, shelter, food, protection, health care, economic opportunity, and HIV prevention and care).

Emphasis Areas	% Of Effort
Strategic Information (M&E, IT, Reporting)	10 - 50
Targeted evaluation	10 - 50

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Most at risk populations
International counterpart organizations
Orphans and vulnerable children
Program managers
USG in-country staff
Volunteers
Girls
Boys
Primary school students
Secondary school students
Religious leaders
Other MOH staff (excluding NACP staff and health care workers described below)
Implementing organizations (not listed above)

Coverage Areas

Mbeya

Mwanza

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Deloitte Touche Tohmatsu
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8866
Planned Funds: $ 3,100,000.00

Activity Narrative: This is a newly awarded mechanism that is related to the Tunajali home-based care program (#7816) and the Peace Corps Orphan and Vulnerable Childrens (OVC) program (#7850). As an OVC partner, this activity will also link with the PACT coordinating implementing partner group network for OVC (#7783) and the FHI OVC data management system (#7715).

Since early 1994, the Care/Tumaini Alliance has provided OVC services and home-based palliative care in 5 regions of Tanzania. This activity has been re-competed, and the new implementing partner, a consortium headed by Deloitte Touche Tohmatsu, will absorb the beneficiaries previously served by Care/Tumaini.

Arusha will no longer be a target region for Tunajali since Selian, the implementer of the major OVC program, has "graduated" from being a sub-grantee to an implementing partner directly funded by USG. Morogoro will be the new region for the activity. Current regions for the program include: Coast, Dodoma, Iringa, Morogoro, Mwanza, and Zanzibar. In particular, OVC services will be closely aligned with care and treatment referral services in Dodoma, Iringa, and Morogoro, where Deloitte will also be implementing care and treatment programs, and in Mwanza, where Catholic Relief services, a member of the Tunajali consortium, is the main care and treatment partner.

With FY07 funding, Tunajali work in 35 districts in a total of six regions, and will serve 45,000 OVC. A hallmark of the Tunajali Program is the integrated approach to home-based palliative care and OVC services, an approach based on the previous experience of consortia members Family Health International, Catholic Relief Services, and Africare.

FY07 funds will primarily be dedicated to service delivery through Deloitte's rapid sub-granting mechanism, which will issue and manage sub-grants. With FY07 funds, Tunajali will be expanding services to OVC to ensure the provision of comprehensive services. The array of age-specific services that will be available, based on need, include: health care, nutritional education and targeted support, psychosocial support, child protection, educational support, housing and shelter, prevention of HIV/AIDS, and access to life-skills training and income-generating activities. Tunajali will seek opportunities for linking and leveraging activities of other USG-supported activities for children and youth, such as Peace Corps' income-generating IGA activities. In addition, there will be efforts to reduce stigma through volunteers working in homes and in the community.

In particular, for children under 12, Tunajali volunteers will work with the local Most Vulnerable Children's Committee (MVCC) and the sub-grantee OVC supervisor to ensure that OVC needs are being met. For in-school and out-of school children 12 years and older, volunteers and sub-grantee OVC supervisors will facilitate the formation of youth clubs. To avoid stigma, the youth clubs will be open to other children. Based on experience in Mwanza, volunteers will also encourage caregivers, parents, and guardians of OVC (who are not necessarily people living with HIV/AIDS--PLWHA) to join PLWHA support groups. These groups meet regularly and will help provide psychosocial support to strengthen extended families and encourage disclosure for those who are HIV positive.

Tunajali will seek to minimize volunteer burnout with performance-based incentives, developed based on results from a recent volunteer motivation stud conducted by FHI in Tanzania. While the incentives include reimbursement of travel-related expenses and access to income generating activities, they also include non-monetary incentives such as awards and farm-work assistance to volunteers through the community.

Tunajali will participate in coordination activities with other national implementing organizations under the direction of the Department of Social Welfare, sharing tools, materials, effective practices, and lessons learned, as well as ensuring that duplication of effort is minimized. Tunajali will provide ongoing support and training to MVCCs at both the district and village levels in the program districts.

As with all USG-funded implementing partners, Tunajali will support the implementation of the national Data Management System, and will use that system for their own Monitoring and Evaluation system. They will ensure that information regarding MVC/OVC identified at the local level not only feeds into the national system, but is also available to MVCCs at the

local level for planning, decision making, and monitoring.

The requested Plus Up funds will be used to scale up support to the MVCC in an additional 10 districts, to accompany Tunajali's scale up in services. Tunajali will also step up efforts to roll out the national DMS to go along with the increase of the coverage for effective MVCC, to ensure that vulnerable children are fully identified and most importantly they will receive well coordinated support and care. The Plus Up funding will also support the purchase of 15 computers to provide for the collection of data on OVC and OVC services in 15 additional districts and train 200 additional caretakers.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for stratetgic information activities		☑
Number of local organiztions		☑
Number of OVC served by OVC programs	48,000	☐
Number of providers/caregivers trained in caring for OVC	550	☐

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Infants
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Program managers
Teachers
USG in-country staff
Girls
Boys
Primary school students
Caregivers (of OVC and PLWHAs)
Out-of-school youth
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Wrap Arounds

Stigma and discrimination

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	9573
Planned Funds:	$ 56,712.00
Activity Narrative:	FY07 funds will support one full time equivalent staff who will assist in coordinating activities within the USG portfolio, serve as a technical lead for aspects of the work, and facilitate programming collaboration across stakeholders. The staff member will work directly with implementing partners, both governmental and non-governmental, to improve the quality and expand the scope of services provided to orphans and vulnerable children. Activities will include site visits, capacity assessments, mentoring and skills building, as well as monitoring of progress. The staff member will continue to play an integral role in assisting government to operationalize the national plan of action, rationalizing resource utilization and expectations for reach. As the only OVC specialist on the USG team she will assist in the development of a USG strategy to address emerging issues, ensuring that USG OVC related activities complement those provided by other entities, incorporate best practices and lessons-learned, and fill gaps as needed. She continue to be an active participant in national technical working groups, providing direct technical support for the development of curriculums and materials, as well as serving on the USG/Tanzania's OVC thematic group.

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: CARE International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9574
Planned Funds: $ 0.00
Activity Narrative: This activity also relates to a new activity initiated under both Orphans and Vulnerable Children (OVC) (#8866) and Palliative Care: Basic Health Care and Support (#7816). CARE Tumaini is an activity that has been providing both home-based care palliative care and OVC services through 23 subgrantees in five regions of Tanzania. To date, they have served nearly 25,000 OVC. The CARE Tumaini activity was re-competed recently, and will not be continued. Though this particular activity was scheduled to come to a close on September 30, 2006, the close date was extended until December 31, 2006 to avoid any interruption of service as the newly awarded OVC activity starts up. This will allow CARE Tumaini to focus on service delivery until September 30, and then there are three months for close-out activities and handover to the new activity. Note: Targets will be reported by the new activity, as all sub-grantees will transfer to the new activity, a consortium let by Deloitte Touche Tohmatsu.

Target Populations:

USG in-country staff

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Non-Track 1
Prime Partner:	Salvation Army
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	9634
Planned Funds:	$ 500,000.00

Activity Narrative: This program activity also relates to the Salvation Army Track One OVC activity (#7801) and Peace Corps (#7850). As an OVC partner, this activity will link with the PACT Coordinating Implementing Partner Group (IPG) network for OVC (#7783) and the FHI OVC Data Management System (#7715).

For the past two years, the Salvation Army Tanzania (SAT) has been implementing the Orphans and Vulnerable Children (OVC) Affected by HIV/AIDS Program under Track 1.0 funding. It presently works in 16 districts and will serve 15,207 OVC by March 2007.

With the requested Plus Up funds, the TSA will do full MVC identification in the Lindi region (three additional districts) and provide services to an additional 6,000 identified children and train 2,250 caregivers. The funds will also be used to purchase six computers to the district social welfare officers and their regional field supervisor to ensure that MVC/OVC data is entered into the national tracking system.

In FY07, the program will continue to work on activities funded in previous years, with a new focus on aligning activities more closely with the Tanzanian National OVC Plan of Action (NPA), using the national Data Management System (DMS).

SAT has three components: 1) to strengthen communities to organize community-based responses to meet the needs of OVC; 2) to specialize in psychosocial support for OVC and share tools and materials with other OVC service providers; and 3) to strengthen the economic security of OVC.

In addition to the Track 1.0 funding, these FY07 funds will be used to increase the coverage and access to comprehensive services for an additional 5,000 OVC in the district of Lindi. SAT will expand its scope of services to include education materials and fees, as well as nutrition and health support to the identified OVC/MVC in the sites where there are no other stakeholders providing such services. In other areas, for example, those with Peace Corps Volunteers, SAT will collaborate with current activities to avoid duplication. Moreover, the identified MVC households shall be supported through linkages with small income-generating projects like appropriate animal husbandry, animal banks, sustainable farming, food processing, etc. so as to improve their nutrition and standard of living. Finally, SAT will link with PMI on malaria prevention activities.

SAT will build on the organization's unique features to enable communities to construct community-based responses to meet the needs of OVC and others affected by HIV/AIDS. SAT will ensure that the GOT Most Vulnerable Children (MVC) identification process will be conducted in the districts in which they work—a process by which communities identify MVC and their needs. This will include the direct involvement of SAT in the identification process. SAT will also conduct training of the Most Vulnerable Children Committees (MVCC) in community counseling and psychosocial support (PSS) using the national caretaking skills package. The SAT preceded the GOT in developing community committees to address the needs of OVC, called "Mama Mkubwa" committees. The SAT will now work with communities to integrate the Mama Mkubwa activities into the GOT-designated Most Vulnerable Children's Committees (MVCCs) at the local level. The MVCCs will be coordinating support for OVC. The MVCCs will also identify resources and document the needs of the identified MVC. The MVCC shall maintain records of the identified children and report progress. The MVC records will be used to input into the national data management system.

As with all OVC implementing partners, the SAT activity will participate in the National IPG. In particular, the SAT will share their tools, materials, and lessons learned from the PSS and WORTH components of their work. As a member of the IPG, SAT will implement stigma and discrimination activities from the Stigma Tool Kit. Also, the SAT will implement the National Plan of Action for OVC and will help to populate the national Data Management System, which will be used for both national planning and local program management.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for stratetgic information activities		☑
Number of local organiztions		☑
Number of OVC served by OVC programs	11,000	☐
Number of providers/caregivers trained in caring for OVC	3,250	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Program managers
Teachers
USG in-country staff
Volunteers
Girls
Boys
Primary school students
Caregivers (of OVC and PLWHAs)
Out-of-school youth
Religious leaders
Other MOH staff (excluding NACP staff and health care workers described below)
Implementing organizations (not listed above)

Key Legislative Issues

Wrap Arounds

Stigma and discrimination

Coverage Areas

Lindi

Mtwara

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 12465
Planned Funds: $ 750,000.00
Activity Narrative: Food and nutrition through therapeutic and supplementary feeding are important support for malnourished orphans and vulnerable children (OVC) to ensure their development and wellbeing. In the Tanzania under-nutrition survey (TFNC/UNICEF 2000) a distinctive pattern with respect to age, sex, socioeconomic status and geographical location was noted. Children under-five years of age, adolescent girls and pregnant and lactating women are not only the most nutritionally vulnerable, and their consequences in terms of survival, development and reproduction are most serious.

Parental education, particularly of the mother, on the nutritional status of the children showed that they positively affect nutritional status. In both the 1978 and 1988 censuses, infant and child mortality rates were lower in households with women possessing post-primary education than those with primary or no formal education. Other studies in Tanzania have demonstrated the relationship between income classes and nutritional status of households. Those with no parent or who are vulnerable because of the chronic illness of a parent are particularly at risk or malnutrition. Most have no reliable breadwinners, and suffer from inadequate food intake. The situation is worsened if the child is HIV positive, as food is required for therapeutic purposes to improve health status and chances of survival. It is estimated that about 10% of OVC have severe malnutrition.

Some PEPFAR and Global Fund implementing partners have initiated growth monitoring through measurement of Body Mass Index and specific programs' tool. Partners will be be asked to initiate routine assessments of OVC, so that nutritional care and support can be provided for OVC who are diagnosed as severely malnourished based on Body Mass Index and other standardized nutritional indicators. The requested Plus Up funding will be used to make a bulk purchase of supplementary products through the Supply Chain Management Program (SCMS). For those with severe malnutrition, quantities will be purchased for at least a month's supply of high energy, high protein, and micronutrient rich supplements, e.g., B-imune. Other product will also be purchased that is rich in soya, micronutrients, cereals and fats for longer term use with malnourished OVC. The products will be distributed through implementing partners working in more than half of the districts in Tanzania. The nutritional support is expected to reach about 12,000 OVC, but targets are not changed as they are already service recipients.

Target Populations:

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Mbeya HIV Network Tanzania
Prime Partner:	Mbeya HIV Network Tanzania
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	19298
Planned Funds:	$ 590,476.00

Activity Narrative: This activity also relates to activities in Palliative Care (#7723) in the Southern Highlands, as well as activities in Orphan and Vulnerable Children (OVC) programs being implemented by KIHUMBE (#7736), FHI (#7715), PACT (#7783), treatment (#7749, #7794, #7797) and the Southern Highlands OVC and Home-based Care network (#7724 and #7735) activities, both TBD.

Mbeya, Rukwa and Ruvuma regions reportedly have the highest OVC populations per capita (18% according to the Tanzanian HIV/AIDS Survey), yet ranks as the area with the least capacity for meeting the full needs of its OVC population.

Through the Henry M. Jackson Foundation, the Department of Defense (DOD) established HJF Medical Research International (HJFMRI) in Tanzania in 2004 to manage and provide technical assistance to HIV care initiatives in the Southern Highlands. In FY 2005, HJFMRI worked with several local non-government (NGOs) and faith-based organizations (FBOs) in the Mbeya Region to form an HIV Network (Network) in support of HIV programming in three of the four regions in the Southern Highlands Zone (Mbeya, Ruvuma, and Rukwa Regions) and work in a coordinated manner to implement HIV services.

As a locally based organization, HJFMRI has had two successful years in Mbeya City and is now reaching out to Rukwa and Ruvuma regions increasing the capacity of several other local organizations providing support to OVC and their caregivers. In FY06, it helped found a Mbeya HIV Network of NGOs and FBOs which have been active in providing services to community members in the region and the Southern Highlands from anywhere between two to eighteen years.

Each Network member has unique expertise which is shared with other members to strengthen the overall capacity and program for all. Some examples of members and their strengths include: KIHUMBE (which receives its own funding as a prime partner and does not receive funds under the Network) excels in home-based care and prevention education and is the Zone's premier source of training in both technical areas working along side the Mbeya Regional AIDS Control Programme (MRACP); the Iringa Regional Training Foundation (located in Mbeya Municipality) has extensive experience with training in income generation and small business start up; Save Tanzania trains other network members to build an organization's capacity in program and budget management; the Anglican Diocese of the Southern Highlands has extensive experience in training orphan counselors and orphan caregivers; and the Evangelical Lutheran Church of Tanzania provides training in gender, legal and human rights through their Local Community Competence Building scheme. Since the Network was formed, significant results have been achieved in all areas of member programming and it is allowing them to achieve coordinated and sustainable solutions and members draw upon their expertise to ensure a comprehensive package of services.

As the number of OVC increases, it is essential to scale up support of OVC services more rapidly. In FY07, through an open and competitive process, local NGOs and FBOs with demonstrable track records in direct service provision at a community level and excellent management and accountability, will be selected to serve as the Network and carry out this activity on a broader scale. The selected organization or consortium will be the prime partner for this activity under this submission, determining awards, ensuring regional coverage, and assuring proper fiscal management and oversight with sub-grantees implementing activities at the community level.

The activities of theNetwork organizations are coordinated with programs implemented by other donors in the Mbeya, Ruvuma, and Rukwa Regions and will work to provide services in six districts in Mbeya, the Mbeya Municipality itself and the large urban center of the Rukwa Region, Sumbawanga and its four districts while Ruvuma has five districts with Songea as its population center.

Key activities to be funded by this COP07 submission will include providing over 6,000 OVCs with basic needs (clothing, bedding, school uniforms, nutritional support, and ensuring access to proper medical care), improvement of psycho-social-spiritual support through training of 160 caregivers as part of services by the Anglican Diocese of the Southern Highlands, education of OVC and caregivers on their legal rights, and assisting in the identification of HIV positive OVC and ensuring their access to treatment. Training will

be extended to home-based care providers to strengthen their ability to deal with vulnerable children in the households they serve. Support will also include assistance in financing appropriate fees for secondary school and access to vocational training for older OVCs. In addition, through informal training using OVC providers, over 6,000 caregivers/heads of households (many of whom are OVCs themselves) will learn skills in supporting of basic needs of OVCs through income generating activity training. By virtue of linkages with each other through the Network, these organizations will support and strengthen each other through the sharing of lessons learned and identification of additional resources.

Funding under this COP07 submission will cover the provision of all services and basic needs, including assistance with fees, transport for volunteers, supportive supervision, and peer support meetings and events for OVCs, including mentoring, parenting for OVC who are head of household, hygiene, vocational training, development of relationship skills through group programs like sports, entrepreneurship training along with basic budgeting and anti-stigma education.

Members of the Network will receive training in various income generating activities by the Iringa Residential Training Foundation which is a member of the Network. This particular training will enable the members of the Network to assess the potential of an individual, family, or village association of clients to begin and sustain income generating projects for the benefit of orphans and their caregivers. In addition, to complement the package of services for OVC, Peace Corps Volunteers working in the Mbeya Region will be approached to provide technical assistance in the training of Network staff, caregivers and clients in permaculture and home/community gardening. Mentoring and monitoring of these projects will ensure their success.
Under the Tanzanian National OVC/MVC National Plan of Action, Most Vulnerable Children's Committees (MVCCs) are expected to undertake the basic long-term role of identifying OVC, linking them with community-based OVC services, and providing data for the national Data Management System (DMS) to track OVC and OVC services. The slow roll out of the National DMS is a consequence of not having MVCC in many districts of Tanzania. Plus up funding will be used to establish Most Vulnerable Children's Committees and MVC identification in two wards per district. A portion of this funding will cover the provision of services and basic needs to 40 OVCs in select wards. To help ensure service provision once the MVCs are identified, additional funding will be sought in COP 2008.

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	RODI
Prime Partner:	Resource Oriented Development Initiatives
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	19300
Planned Funds:	$ 98,889.00

Activity Narrative: This activity also relates to activities in Palliative Care (#7723) in the Southern Highlands, as well as activities in Orphan and Vulnerable Children (OVC) programs being implemented by KIHUMBE (#7736), FHI (#7715), PACT (#7783), treatment (#7749, #7794, #7797) and the Southern Highlands OVC and Home-based Care network (#7724 and #7735) activities, both TBD.

Mbeya, Rukwa and Ruvuma regions reportedly have the highest OVC populations per capita (18% according to the Tanzanian HIV/AIDS Survey), yet ranks as the area with the least capacity for meeting the full needs of its OVC population.

Through the Henry M. Jackson Foundation, the Department of Defense (DOD) established HJF Medical Research International (HJFMRI) in Tanzania in 2004 to manage and provide technical assistance to HIV care initiatives in the Southern Highlands. In FY 2005, HJFMRI worked with several local non-government (NGOs) and faith-based organizations (FBOs) in the Mbeya Region to form an HIV Network (Network) in support of HIV programming in three of the four regions in the Southern Highlands Zone (Mbeya, Ruvuma, and Rukwa Regions) and work in a coordinated manner to implement HIV services.

As a locally based organization, HJFMRI has had two successful years in Mbeya City and is now reaching out to Rukwa and Ruvuma regions increasing the capacity of several other local organizations providing support to OVC and their caregivers. In FY06, it helped found a Mbeya HIV Network of NGOs and FBOs which have been active in providing services to community members in the region and the Southern Highlands from anywhere between two to eighteen years.

Each Network member has unique expertise which is shared with other members to strengthen the overall capacity and program for all. Some examples of members and their strengths include: KIHUMBE (which receives its own funding as a prime partner and does not receive funds under the Network) excels in home-based care and prevention education and is the Zone's premier source of training in both technical areas working along side the Mbeya Regional AIDS Control Programme (MRACP); the Iringa Regional Training Foundation (located in Mbeya Municipality) has extensive experience with training in income generation and small business start up; Save Tanzania trains other network members to build an organization's capacity in program and budget management; the Anglican Diocese of the Southern Highlands has extensive experience in training orphan counselors and orphan caregivers; and the Evangelical Lutheran Church of Tanzania provides training in gender, legal and human rights through their Local Community Competence Building scheme. Since the Network was formed, significant results have been achieved in all areas of member programming and it is allowing them to achieve coordinated and sustainable solutions and members draw upon their expertise to ensure a comprehensive package of services.

As the number of OVC increases, it is essential to scale up support of OVC services more rapidly. In FY07, through an open and competitive process, local NGOs and FBOs with demonstrable track records in direct service provision at a community level and excellent management and accountability, will be selected to serve as the Network and carry out this activity on a broader scale. The selected organization or consortium will be the prime partner for this activity under this submission, determining awards, ensuring regional coverage, and assuring proper fiscal management and oversight with sub-grantees implementing activities at the community level.

The activities of theNetwork organizations are coordinated with programs implemented by other donors in the Mbeya, Ruvuma, and Rukwa Regions and will work to provide services in six districts in Mbeya, the Mbeya Municipality itself and the large urban center of the Rukwa Region, Sumbawanga and its four districts while Ruvuma has five districts with Songea as its population center.

Key activities to be funded by this COP07 submission will include providing over 6,000 OVCs with basic needs (clothing, bedding, school uniforms, nutritional support, and ensuring access to proper medical care), improvement of psycho-social-spiritual support through training of 160 caregivers as part of services by the Anglican Diocese of the Southern Highlands, education of OVC and caregivers on their legal rights, and assisting in the identification of HIV positive OVC and ensuring their access to treatment. Training will

be extended to home-based care providers to strengthen their ability to deal with vulnerable children in the households they serve. Support will also include assistance in financing appropriate fees for secondary school and access to vocational training for older OVCs. In addition, through informal training using OVC providers, over 6,000 caregivers/heads of households (many of whom are OVCs themselves) will learn skills in supporting of basic needs of OVCs through income generating activity training. By virtue of linkages with each other through the Network, these organizations will support and strengthen each other through the sharing of lessons learned and identification of additional resources.

Funding under this COP07 submission will cover the provision of all services and basic needs, including assistance with fees, transport for volunteers, supportive supervision, and peer support meetings and events for OVCs, including mentoring, parenting for OVC who are head of household, hygiene, vocational training, development of relationship skills through group programs like sports, entrepreneurship training along with basic budgeting and anti-stigma education.

Members of the Network will receive training in various income generating activities by the Iringa Residential Training Foundation which is a member of the Network. This particular training will enable the members of the Network to assess the potential of an individual, family, or village association of clients to begin and sustain income generating projects for the benefit of orphans and their caregivers. In addition, to complement the package of services for OVC, Peace Corps Volunteers working in the Mbeya Region will be approached to provide technical assistance in the training of Network staff, caregivers and clients in permaculture and home/community gardening. Mentoring and monitoring of these projects will ensure their success.
Under the Tanzanian National OVC/MVC National Plan of Action, Most Vulnerable Children's Committees (MVCCs) are expected to undertake the basic long-term role of identifying OVC, linking them with community-based OVC services, and providing data for the national Data Management System (DMS) to track OVC and OVC services. The slow roll out of the National DMS is a consequence of not having MVCC in many districts of Tanzania. Plus up funding will be used to establish Most Vulnerable Children's Committees and MVC identification in two wards per district. A portion of this funding will cover the provision of services and basic needs to 40 OVCs in select wards. To help ensure service provision once the MVCs are identified, additional funding will be sought in COP 2008.

Table 3.3.08: Activities by Funding Mechanism

Mechanism: SONGO-NET
Prime Partner: SONGONET-HIV Ruvuma
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 19301
Planned Funds: $ 110,635.00

Activity Narrative: This activity also relates to activities in Palliative Care (#7723) in the Southern Highlands, as well as activities in Orphan and Vulnerable Children (OVC) programs being implemented by KIHUMBE (#7736), FHI (#7715), PACT (#7783), treatment (#7749, #7794, #7797) and the Southern Highlands OVC and Home-based Care network (#7724 and #7735) activities, both TBD.

Mbeya, Rukwa and Ruvuma regions reportedly have the highest OVC populations per capita (18% according to the Tanzanian HIV/AIDS Survey), yet ranks as the area with the least capacity for meeting the full needs of its OVC population.

Through the Henry M. Jackson Foundation, the Department of Defense (DOD) established HJF Medical Research International (HJFMRI) in Tanzania in 2004 to manage and provide technical assistance to HIV care initiatives in the Southern Highlands. In FY 2005, HJFMRI worked with several local non-government (NGOs) and faith-based organizations (FBOs) in the Mbeya Region to form an HIV Network (Network) in support of HIV programming in three of the four regions in the Southern Highlands Zone (Mbeya, Ruvuma, and Rukwa Regions) and work in a coordinated manner to implement HIV services.

As a locally based organization, HJFMRI has had two successful years in Mbeya City and is now reaching out to Rukwa and Ruvuma regions increasing the capacity of several other local organizations providing support to OVC and their caregivers. In FY06, it helped found a Mbeya HIV Network of NGOs and FBOs which have been active in providing services to community members in the region and the Southern Highlands from anywhere between two to eighteen years.

Each Network member has unique expertise which is shared with other members to strengthen the overall capacity and program for all. Some examples of members and their strengths include: KIHUMBE (which receives its own funding as a prime partner and does not receive funds under the Network) excels in home-based care and prevention education and is the Zone's premier source of training in both technical areas working along side the Mbeya Regional AIDS Control Programme (MRACP); the Iringa Regional Training Foundation (located in Mbeya Municipality) has extensive experience with training in income generation and small business start up; Save Tanzania trains other network members to build an organization's capacity in program and budget management; the Anglican Diocese of the Southern Highlands has extensive experience in training orphan counselors and orphan caregivers; and the Evangelical Lutheran Church of Tanzania provides training in gender, legal and human rights through their Local Community Competence Building scheme. Since the Network was formed, significant results have been achieved in all areas of member programming and it is allowing them to achieve coordinated and sustainable solutions and members draw upon their expertise to ensure a comprehensive package of services.

As the number of OVC increases, it is essential to scale up support of OVC services more rapidly. In FY07, through an open and competitive process, local NGOs and FBOs with demonstrable track records in direct service provision at a community level and excellent management and accountability, will be selected to serve as the Network and carry out this activity on a broader scale. The selected organization or consortium will be the prime partner for this activity under this submission, determining awards, ensuring regional coverage, and assuring proper fiscal management and oversight with sub-grantees implementing activities at the community level.

The activities of theNetwork organizations are coordinated with programs implemented by other donors in the Mbeya, Ruvuma, and Rukwa Regions and will work to provide services in six districts in Mbeya, the Mbeya Municipality itself and the large urban center of the Rukwa Region, Sumbawanga and its four districts while Ruvuma has five districts with Songea as its population center.

Key activities to be funded by this COP07 submission will include providing over 6,000 OVCs with basic needs (clothing, bedding, school uniforms, nutritional support, and ensuring access to proper medical care), improvement of psycho-social-spiritual support through training of 160 caregivers as part of services by the Anglican Diocese of the Southern Highlands, education of OVC and caregivers on their legal rights, and assisting in the identification of HIV positive OVC and ensuring their access to treatment. Training will

be extended to home-based care providers to strengthen their ability to deal with vulnerable children in the households they serve. Support will also include assistance in financing appropriate fees for secondary school and access to vocational training for older OVCs. In addition, through informal training using OVC providers, over 6,000 caregivers/heads of households (many of whom are OVCs themselves) will learn skills in supporting of basic needs of OVCs through income generating activity training. By virtue of linkages with each other through the Network, these organizations will support and strengthen each other through the sharing of lessons learned and identification of additional resources.

Funding under this COP07 submission will cover the provision of all services and basic needs, including assistance with fees, transport for volunteers, supportive supervision, and peer support meetings and events for OVCs, including mentoring, parenting for OVC who are head of household, hygiene, vocational training, development of relationship skills through group programs like sports, entrepreneurship training along with basic budgeting and anti-stigma education.

Members of the Network will receive training in various income generating activities by the Iringa Residential Training Foundation which is a member of the Network. This particular training will enable the members of the Network to assess the potential of an individual, family, or village association of clients to begin and sustain income generating projects for the benefit of orphans and their caregivers. In addition, to complement the package of services for OVC, Peace Corps Volunteers working in the Mbeya Region will be approached to provide technical assistance in the training of Network staff, caregivers and clients in permaculture and home/community gardening. Mentoring and monitoring of these projects will ensure their success.
Under the Tanzanian National OVC/MVC National Plan of Action, Most Vulnerable Children's Committees (MVCCs) are expected to undertake the basic long-term role of identifying OVC, linking them with community-based OVC services, and providing data for the national Data Management System (DMS) to track OVC and OVC services. The slow roll out of the National DMS is a consequence of not having MVCC in many districts of Tanzania. Plus up funding will be used to establish Most Vulnerable Children's Committees and MVC identification in two wards per district. A portion of this funding will cover the provision of services and basic needs to 40 OVCs in select wards. To help ensure service provision once the MVCs are identified, additional funding will be sought in COP 2008.

Table 3.3.09: Program Planning Overview

Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09

Total Planned Funding for Program Area: $ 13,107,300.00

Program Area Context:

The Government of Tanzania (GOT) reports that the number of VCT sites has increased from 521 to 975 in the last 12 months providing greater coverage in all districts. The USG supports the majority of these sites and thus over 85% of all Tanzanians accessing VCT. While this reflects a significant increase in access and utilization, the almost exclusive reliance on VCT will not identify sufficient numbers of treatment eligible individuals to meet treatment goals. To meet the USG goal of 85,000 on treatment, approximately 590,000 will need to be tested in 2007.

Through assistance to the Ministry of Health and Social Welfare (MOHSW) at the national level and direct support to point-of-service, the USG will continue to work towards its goals of increased utilization and improved quality of CT. In FY 2007 both the GOT and the USG will significantly expand access to counseling and testing services; proactively reach out to the underserved; and focus on identifying larger numbers of treatment eligible individuals. At the same time, the USG is ramping up its efforts to more fully capture testing data by working with relevant USG treatment, blood safety, TB, and other partners to capture and report the numbers of individuals tested, counseled, and receiving results through these other services.

A cornerstone of this effort will be the rapid expansion of provider initiated testing. Several partners will implement this approach while the GoT will be assisted to swiftly develop policies, guidelines, protocols, and curricula. The roll-out of this strategy will significantly increase access to testing in clinical settings. USG treatment partners, in particular, will be mobilized to integrate this service thus reaching all but two of Tanzania's regions. Since provider-initiated testing will be implemented by numerous partners, a new partner will work with them and the GoT to help assure coordination and adherence to newly developed guidelines. Access will be further increased through the expanded provision of both static and mobile VCT as well as the possible introduction of lay counselors.

An anticipated change in the national testing algorithm, moving to whole blood, non-cold chain dependent kits, will increase the locations in which testing can be conducted. In addition, test kits are currently procured individually by "service" (e.g. PMTCT, TB, VCT, etc.). Building on lessons-learned, the Partnership for Supply Chain Management (SCMS) will undertake procurement of test kit buffer stocks and will offer the GOT a national procurement of test kits related to the new algorithm to jump-start its roll-out. In addition, with the full implementation of the Integrated Logistics System (See SCMS, ARV drugs), test kit procurement will become part of an integrated, single ordering system.

As services are established, complementary demand creation through a USG supported radio communication partner will be developed. The focus will be on "testing literacy", location information, as well as addressing stigma and discrimination as barriers to testing uptake. Promotion of testing to adult men will be a critical element as they exhibit a low up take of this service. At the community level all service delivery partners have included mobilization as a key strategy with one partner exclusively focusing on the engagement of faith communities. Modalities that are complementary to radio include: drama, education of community leaders, mobilization of PLWA and youth groups, distribution of IEC materials, and door-to-door advocacy. Finally, the GOT has indicated its desire to undertake a national testing day, which the USG will fully support through direct funding and USG partner participation.

An important new element initiated in FY 2006 for identification of treatment eligible patients is the use of CT as part of the USG prevention platform for high-risk groups. This will be expanded in FY 2007 and includes focused development of services along transportation corridors and the use of mobile VCT centers for hard to reach high-risk groups. Services will be expanded among the military, residential worksites (e.g. mines and agricultural estates) and in high prevalence, high-density locations such as border crossings. Where USG partners are conducting VCT linkages to treatment and care are being established. To this end, one of our partners will build on its HBC service, introducing home-based testing to families of index

patients. This may also be an ideal setting to introduce lay counselors. If successful, the lessons-learned will be utilized to expand to other partners, increasing the identification of discordant couples. In addition, couples counseling will be strengthened by the utilization of findings from a targeted evaluation to identify barriers to self-disclosure of HIV+ status.

Finally, a significant component will be capacity building and quality assurance. Quality improvement will be achieved through support to government efforts to strengthen supervision and improve coordination. In close coordination with regionalized USG treatment partners, systems for referral/back-referral will be developed and strengthened and a national center of excellence will be supported to train significant numbers of service providers and to pilot innovations. Gaps in the national HMIS system has resulted in the USG and GOT not being able to enumerate the total number of Tanzanians tested. While the VCT program collects client data, other services such as TB and ART do not report the numbers of individuals counseled and tested through their service, resulting in a significant underreporting. The GOT will receive targeted technical assistance and financial support from the USG to address this need.

Other donors also provide support for CT. The Japanese International Cooperation Agency and Axios International procure HIV test kits directly while GFATM resources are used by GOT for test kit procurement and direct service delivery. The German Technical Cooperation directly funds services in four regions while the WHO provides technical assistance to the MOHSW at a national level.

USG activities will implemented through partnerships with 18 prime partners, 8 of which are new to the portfolio, and over 125 sub-grantees. Both governmental and non-governmental entities will be supported, engaging FBOs, CBOs and the private sector and include: 5 partners working at the national level to develop policies to expand services, including opt-out and the use of lay counselors, improve logistics for test kit procurement, improve monitoring for quality assurance and national reporting, and increase service uptake through messaging.; 11 partners will work at the local level at points of service through both static as well as mobile VCT units. Lastly, numbers of individuals receiving USG supported CT will be augmented through USG activities and partners described in the TB and treatment sections. Approximately 700,000 will be tested by the USG CT partners in FY 2007, bringing the overall cost per beneficiary to $14.50. It should be noted that while a United Republic, the governments of Tanzania mainland and Zanzibar remain relatively distinct, combining efforts on those matters deemed to be union issues such as foreign affairs. Health has not been identified as such and therefore each entity has its own Ministry. The result is that the USG must engage directly with both.

Many of the innovations and policy modifications mentioned above, that are vital to the achievement of USG and GOT goals, were raised during an extremely successful TWG provided technical assistance visit in 2006. The GOT has embraced the recommendations arising from this visit, which forms the backbone of the submissions in this COP and the technical assistance plan of the USG in FY 2007.

Program Area Target:

Number of service outlets providing counseling and testing according to national and international standards	255
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	682,750
Number of individuals trained in counseling and testing according to national and international standards	1,974

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Bugando Medical Centre
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	7686
Planned Funds:	$ 275,000.00

Activity Narrative: This activity also relates to activities in CT (# 7711, 7835, 7776, 8661, 8663, 8672, & 9085); TB/HIV (7781 & 7791); and ARV services (7757, 7771, 7683 & 8839).

The burden of HIV/AIDS in the Lake Zone, the catchment area for Bugando Medical Centre (BMC), is quite high in comparison to national statistics. HIV prevalence among antenatal clinic attendees it is 12%, while the national HIV prevalence rate is 7%. The Lake Zone accounts for over the third of the total population in Tanzania with a population of 13,000,000. It is estimated that 900,000 Lake Zone residents are HIV infected. Higher prevalence in the Lake Zone is attributed to the shared borders with Uganda, Burundi, and Democratic Republic of Congo (DRC) - all of which are high burden countries. Substantial cross border movement occurs in this area of the country and there is a massive influx of refugees from Burundi and the DRC.

BMC is a zonal referral and university teaching hospital with a bed capacity of 850. The mandate of BMC is to provide training, technical support, supportive supervision, mentorship, and outreach to the six regions of the Lake Zone (Mwanza, Shinyanga, Tabora, Kigoma, Kagera and Mara). Through its existing cooperative agreement with USG/CDC, BMC will continue to rapidly enhance the continuum of HIV/AIDS prevention, care, treatment and support in the Lake Zone.

During FY 2006, BMC adopted the provider initiated model of counseling and testing resulting in 70% of medical ward patients and 90% of tuberculosis patients accepting HIV testing services. BMC implemented provider-initiated testing and counseling (PITC) as a new model to speed up referral to and consequent enrollment in HIV prevention services such as prevention of mother to child transmission, prevention with HIV positives, and care and treatment services.

In FY 2007, BMC intends to work closely with NACP and IntraHealth International to further roll out PICT in 8 primary health facilities in the Lake Zone. BMC will complement these facility-based PITC services by conducting regular community counseling and testing outreach services. This balanced approach will ensure that more people are offered opportunities to test, in line with the HIV serostatus approach to HIV prevention. This strategy also will help with the referral of PLWHA to care and treatment services when they are not severely immunosuppressed and hence more likely to experience improved treatment outcomes.

BMC shall also strengthen existing facility-based VCT services. The increased demand for counseling and testing calls for training and recruiting more counselors. As a result, BMC plans to train 120 health workers and 30 PLWHAs as counselors in the Lake Zone. BMC will also recruit 2 staff counselors. Trainings will involve health care workers from reproductive and child health services (RCH), specialized clinics (e.g., diabetes, sickle cell anemia), inpatient departments (IPD), outpatient departments (OPD) and STI clinics. Training on rapid HIV testing for counselors will be done in collaboration with AMREF using the regional facilitators trained under MOH/NACP and USG/CDC guidelines for non-laboratory staff.

BMC will utilize existing tools for HIV prevention and counseling to be used at HIV/AIDS clinics and post test clubs in the community. To help PLWHA adopt and maintain low risk, a behavior change communication (BCC) strategy will be used by counselors. To assist with this endeavor, counselors will be trained on BCC and other prevention with positives strategies in clinical settings at the national level.

In FY 2007 BMC expects to offer HIV counseling and testing to 20,000 individuals attending the OPD, IPD, and STI and TB clinics. Also more clients will receive CT services in the 8 primary health facilities in the area.

A team of supervisors from BMC in collaboration with the R/DHMT will conduct regular supportive supervision visits to the facilities providing services. BMC will use existing M&E tools for CT developed by NACP to collect the CT data, and BMC will report as required to the regional and national levels.

Continued Associated Activity Information

Activity ID: 5570
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Bugando Medical Centre
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	9	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	20,000	☐
Number of individuals trained in counseling and testing according to national and international standards	100	☐

Target Populations:

Adults
Community leaders
Doctors
Nurses
Pharmacists
Traditional birth attendants
HIV/AIDS-affected families
People living with HIV/AIDS
Volunteers
Men (including men of reproductive age)
Women (including women of reproductive age)

Coverage Areas

Mwanza

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kilombero Community Trust
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7738
Planned Funds: $ 0.00
Activity Narrative: Kilombero has decided to become a VCT subgrantee instead of a Prime.

Continued Associated Activity Information

Activity ID: 4936
USG Agency: U.S. Agency for International Development
Prime Partner: Kilombero Community Trust
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 0.00

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
Business community/private sector
Commercial sex workers
Community leaders
Community-based organizations
Factory workers
Most at risk populations
HIV/AIDS-affected families
Truck drivers
Orphans and vulnerable children
People living with HIV/AIDS
Migrants/migrant workers
Out-of-school youth
Religious leaders
Doctors
Laboratory workers
Nurses
Implementing organizations (not listed above)

Coverage Areas

Morogoro

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National AIDS Control Program Tanzania
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7776
Planned Funds: $ 668,000.00

Activity Narrative: This activity relates to activity numbers AMREF follow-on (CT), 7781(TB/HIV), 7771(ARV), 8062(SI) and 8092 (palliative care).

The Ministry of Health and Social Welfare/National AIDS Control Program (MOHSW/NACP) has the responsibility of coordinating the Tanzania mainland health sector response to HIV/AIDS. An important aspect of this response is the mainland client-initiated voluntary counseling and testing (VCT) program, which was initiated in 1988. To date, there are over 975 VCT sites in the mainland, 161 of which operate with direct support from USG. During FY 2005, approximately 427,000 clients were reported by NACP to have attended VCT services in the existing mainland sites. NACP through its Counseling and Social Support Unit (CSSU) coordinates the mainland Counseling and Testing (CT) program through development of policies and guidelines, training protocols and manuals, and standard operating procedures and job aides. CSSU also provides supervision and technical guidance to the implementing partners, strengthens the training of counselors to secure the required quantity and quality of services, and monitors the progress of implementation of CT activities through reports from district councils, NGOs, and other stakeholders.

Currently, NACP is reviewing the counseling and testing guidelines to put greater emphasis on provider initiated testing and counseling (PITC). The development and finalization of the CT policies, technical guidelines, protocol and manuals will enable health care workers, and counselors to enhance their ability to provide quality CT services. These new proposed approaches to CT will provide support to enhance partner/family disclosure of HIV status and promote other prevention interventions. The USG is supporting the MOHSW/NACP process to rapidly roll out CT in public health facilities in Tanzania mainland and introduce PITC in-patient departments (IPD), out-patient departments (OPD), and TB and STI clinics. This will be coupled with the training programs for health care workers and counselors. In an effort to operationalize PITC, 16 health facilities will be selected to assist the NACP to review its structure and functions in order to provide adequate capacity for managing and coordination of CT activities on the mainland.

Plans for FY 2007 include continuing to support the coordination function and expansion plan to increase access to quality CT services in public health facilities. The funds will strengthen the CSSU at NACP to carry out its coordinating role and support the training of 233 health care workers and counselors to ensure a minimum quality standard for the services. The NACP CSSU will also promote the availability of CT services, print and disseminate revised CT guidelines and information, education and communication (IEC) materials on CT services, and monitor and evaluate CT services.

In FY 2007, the CSSU will focus on following areas:

Activity 1. Establish client initiated VCT services and conduct renovations at 25 new sites within 10 regions - Kagera, Kigoma, Mara, Mwanza, Mbeya, Rukwa, Ruvuma, Singida, Shinyanga and Tanga, and maintain the existing activities in 80 client-initiated VCT sites.

Activity 2. Establish PITC services at 16 health facilities within 12 regions - Dar es Salaam, Dodoma, Kagera, Kigoma, Mara, Mwanza, Mbeya, Rukwa, Ruvuma, Singida, Shinyanga and Tanga. The introduction of PITC will respond to the increased need to access the care and treatment program on the mainland. It is envisaged that by increasing the coverage of CT services in clinics providing TB and STI services, people living with HIV/AIDS will be identified and referred to ART services.

Activity 3. Train 25 new counselors and health care workers from 25 new sites, and re-train 60 counselors on PITC, and 25 districts VCT supervisors and 123 health care workers from IPDs, OPDs and STI clinics using CT and PITC guidelines. This activity will also strengthen the District Health Management Teams to manage and supervise the implementation of quality CT services at the council level through monthly/quarterly coordinating meetings. It will also strengthen the referrals and linkages to care, treatment and prevention activities in all sites and the integration of CT services into other services. Currently, the USG is supporting the NACP process in reviewing the national training curriculum in order to harmonize and standardize the CT training.

Activity 4. Work in collaboration with the IEC unit at NACP to design, develop and pretest

IEC messages for the public health facilities. The IEC materials will address uptake of counseling and testing services at selected districts. Production will be provided by the USG/USAID TBD partner in CT.

Activity 5. Monitor the progress of CT activities with technical assistance from the USG. The tasks will include conducting supportive supervision, strengthening monitoring and reporting, and improving the referrals and linkages to care, treatment and prevention.

Activity 6: Roll out the CT paper-based monitoring tool and guidelines to all facilities providing counseling and testing services. This roll out will include training on the tools and the guidelines for national, regional and district staff. With finalized tools in place, oversight will be provided for the development of an accompanying electronic monitoring system to be located at national, regional and district levels, and in facilities with sufficient existing capacity. The system will assist in the flow of data from facility to the national level, and will strengthen the data feedback loop and data quality throughout all levels. CSSU will also provide oversight on the development of the training materials, implementation, and training of the electronic system. This will be added as a component of the current National Training curriculum for CT staff.

Through these efforts, NACP will counsel and test approximately 100,000 individuals at its supported sites by September 2007. An additional 100,000 clients will be reached indirectly through the overall coordination efforts of MOHSW/NACP at all CT sites.

Continued Associated Activity Information

Activity ID:	4941
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National AIDS Control Program Tanzania
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 616,362.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	120	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	100,000	☐
Number of individuals trained in counseling and testing according to national and international standards	225	☐

Target Populations:

Adults
Doctors
Nurses
Pharmacists
National AIDS control program staff
People living with HIV/AIDS
Policy makers
Men (including men of reproductive age)
Women (including women of reproductive age)
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: PharmAccess
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7789
Planned Funds: $ 920,000.00

Activity Narrative: This activity is linked to PharmAccess submissions in Other Prevention (7787), TB/HIV (7790) and ART (7786).

The Tanzanian Peoples Defense Forces (TPDF) has a network of eight military hospitals and numerous health centers throughout the country, supporting a total of over 40,000 enlisted personnel and an estimated 90,000 dependents. The services at the military hospitals and health centers are not limited to the military or their dependents. 80% of the patient load is attributable to the civilian population surrounding the facilities. The military hospitals are Lugalo (DSM), Mbalizi (Mbeya), Mwanza, Mzinga (Morogoro), Monduli (Arusha), Mirambo (Tabora), Songea (Ruvuma) and Bububu (Zanzibar). Lugalo has currently three satellite sites in the Dar region, serving as VCT and ARV refill stations. All military hospitals were under the COP FY05 and FYO6. FHI will end its support to Lugalo and the three satellite sites in September 2006. All military sites will then be under support of DOD/PharmAccess /TPDF only.

Under FY 2007, VCT services will be extended with three health centers: one satellite site in Mbeya, one in Mwanza and one in Tabora region. Three healthcare workers per site will be trained, and renovations to the counseling and testing center will be completed, prior to the initiation of care at these sites. Movement towards the standard use of provider initiated/diagnostic CT at the out patient clinics and inpatient wards will be expanded in line with changes in the MOH policy and USG efforts. The TPDF is already undertaking similar opt out CT approaches in both their TB clinics and antenatal clinics and translating those lessons to other hospitals services. Referrals from other clinics to the CTC to ensure improved access to care after testing will continue to be strengthened in FY 2007.
Under FY 2005 and FY 2006 plans, VCT was not only introduced at military hospitals and satellite sites, but also to reach high-risk groups at 14 training, detachment and border camps. The prevalence rate in detachment and border camps is estimated at no less than 10-12%. Three cars, serving as mobile counseling and testing stations, play a significant role in providing VCT services at the camps. Each mobile station is staffed with 2 counselors and 1 laboratory technician. The stations are equipped to set up temporary space for counseling, and to provide rapid HIV and confirmatory testing. A fourth mobile station will be procured under FY 2007 funds.

HIV-infected patients from the camps and from the surrounding civilian communities accessing these services are and will be referred to the nearest military, district or regional hospital as necessary for follow-up. HIV/AIDS prevention and awareness campaigns and the options of testing are also available for civilians in the communities surrounding campsites through these efforts. It is expected that approximately 20,000 individuals will be tested by September 2008 through both VCT and hospital based CT under this submission.

Expansion of VCT activities in FY 2007 will ensure a close linkage of military implementation to national strategies and programs. Funding for the TPDF through PharmAccess will provide much needed technical support, management assistance and M&E for all TPDF activities in this COP. Lugalo, the military referral hospital in Dar es Salaam, will serve as the coordinating body for services and over see quality assurance following national standards. Additional support for military facilities in Mbeya and Ruvuma will be provided by the US Department of Defense field office overseeing civilian based activities in these regions.

Funding for FY 2007 will support (re-) training of a total of 80 nurse-counselors, lab technicians and pharmacists or pharmacy assistants; three from each hospital (24), three per satellite site (18), two per health center at each camps (26) and three per mobile center (12). Additionally, funding will allow for renovation of counseling rooms and storage facilities at the three new satellite sites and the dispensaries in the military camps, procurement of one mobile center and maintenance of four mobile centers. Provision of condoms at TPDF CT centers through linkages with other USG funded partners under prevention will complement these CT services.

The higher cost of services in FY 2007 compared to FY 2006 is due to the inclusion of Lugalo Hospital plus three satellite sites under this program; the need to establish three new satellite sites; procurement of one additional mobile center and maintenance of four mobile testing vehicles; and an increase in the number of (re-) trained health care

workers. It is anticipated that the overall cost per client will decrease dramatically in out years.

In FY2006, VCT services where introduced at all eight military hospitals. However, like any other military in Africa, the TPDF has been grappling with the circumstances under which testing should be conducted. A concept HIV/AIDS Policy document written this year by a taskforce of commanders and lawyers and it stipulates that HIV testing will become part of the annual physical exam for every serviceman. As a result, CT services will need to be expanded at more than 32 health centers and satellite sites beyond the 8 main military hospitals that currently provide non-HIV health services. The prevalence rate in detachment and border camps is estimated at no less than 10-12%. This funding will support: three health care workers (medical officer, counselor, pharmacy assistant) per site who will be trained in VCT and PITC following the national curriculum of the Ministry of Health and Social Welfare.
Once the HIV/AIDS Policy is approved the number of servicemen and women to be tested will increase to 35,000, plus dependents and civilians living with the vicinity of the health facility. In order to cope with the increased demand for counseling and testing at the 32 sites: 1. three health care workers per site will need to be trained following the national 4 weeks curriculum from the Ministry of Health and Social Welfare; 2. each site will need at least 2 rooms to be refurbished and furnished; 3. referral of HIV+ persons to nearby military, regional. or district hospitals will need to be organized for follow-up of (routine and CD4) testing and care and treatment services. This activity will target a total of 35,000 individuals who will receive counseling and testing and their results, and will train 96 individuals at 32 sites.

Continued Associated Activity Information

Activity ID: 3394
USG Agency: Department of Defense
Prime Partner: PharmAccess
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 490,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	60	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	35,000	☐
Number of individuals trained in counseling and testing according to national and international standards	176	☐

Target Populations:

Community leaders
Community-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Military personnel
People living with HIV/AIDS
Pregnant women
USG in-country staff
Volunteers
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Host country government workers
Laboratory workers

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 7835
Planned Funds: $ 6,082.00
Activity Narrative: During the next fiscal year, HHS/CDC will continue to collaborate closely with the Government of Tanzania, Ministry of Health (MOH)/National AIDS Control Program (NACP), and other key partners to further strengthen technical and program capacity for implementing the Emergency Plan. HHS/CDC provides direct technical support for all of its HIV/AIDS CT programs, which are implemented in collaboration with Tanzanian governmental and non-governmental organizations. The non-governmental implementing partners have established offices in Tanzania to carry out CT activities.

In FY 2007, this funding will support in-country CT program staff. In-country program staff will work with the MOH/NACP to develop national CT policies, guidelines, protocols, and curriculums. Guidance will also be provided for establishing and expanding CT services, strengthening supervision systems, and conducting routine monitoring and evaluation. In partnership with the Zanzibar AIDS Control Program (ZACP), in-country staff will also support CT efforts by helping ZACP develop an annual work plan. In-country staff will assist other non-governmental partners by ensuring compliance with national policies and guidelines, harmonizing CT training efforts, and facilitating the exchange of lessons learned among partners. Finally, staff will conduct site visits throughout mainland Tanzania and in Zanzibar to observe service provision, monitor cooperative agreements, and ensure appropriate program implementation.

Continued Associated Activity Information

Activity ID: 4944
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: Country staffing and TA
Funding Source: GHAI
Planned Funds: $ 500.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	ROADS
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8657
Planned Funds:	$ 150,000.00

Activity Narrative: This activity relates specifically to activities funded under Other Prevention #7717, as well as Care #7716 and Orphans and Vulnerable Children #7715.

Regional mapping and HIV prevalence statistics support the need to more effectively target most-at-risk populations (MARPs), especially along high-prevalence transport corridors. The overall goal of the multi-sectoral Transport Corridor Initiative, branded SafeTStop, is to stem HIV transmission and mitigate impact in vulnerable communities along transport routes in East and Central Africa. In addition to high HIV prevalence, many of these communities, particularly in outlying areas, are severely underserved by HIV services. To date the Regional Outreach Addressing AIDS through Development Strategies (ROADS) Project has launched SafeTStop in Kenya, Uganda, Rwanda and Djibouti. Activities will commence in Tanzania in FY 2007.

In June 2006, ROADS dispatched teams to Tunduma (Mbeya Region), Makambako (Iringa Region), Isaka (Singida Region) and Singida (Singida Region) to assess the impact of HIV and AIDS, identify gaps in HIV services, and propose programming to address weaknesses using the SafeTStop model. This comprehensive model includes classic prevention, care and treatment programming, as well as essential wrap-around programming (HIV and alcohol, gender-based violence, food security, economic empowerment) to reduce vulnerability to HIV and barriers to care- and treatment-seeking. The sites were identified by NACP, TACAIDS, USAID, ROADS and other partners, recognizing their strategic location, high HIV prevalence and gaps in critical services. ROADS is focusing activities on Tunduma and Makambako, along the TanZam Highway. Programming in Isaka and Singida has been deferred due to budgetary constraints.

In the two sites, HIV prevalence estimates are significantly higher than the national average: 13.5 percent in Mbeya Region, with prevalence spiking to 20 percent or higher in Tunduma, Mlolo and Vwawa; 13.4 in Iringa Region, spiking to 23.6 percent in Njombe District, location of Makambako. These communities, ranging from 20,000 (Makambako) to 40,000 people (Tunduma)?not including the mobile populations that spend time there? are sizable. In Tunduma, truck drivers regularly spend up to a month waiting to clear customs and cross into Zambia. The combination of poverty, high concentration of transient workers, high HIV prevalence, hazardous sexual networking, lack of recreational facilities, and lack of HIV services create an environment in which HIV spreads rapidly. Tunduma and Makambako are important targets for HIV programming in their own right; they are also bridges of infection to the rest of the country.

ROADS will focus C&T activities in Tunduma, where demand for C&T will overwhelm current capacity based on ROADS community mobilization activities to be launched with FY 06 funds. At present there is only one C&T site in the community, at Tunduma Health Centre. With one C&T room and two trained nurse counselors, who offer C&T as part of their broader responsibilities, the center has the capacity to test six people per day. Since January 2005 the center has referred only 34 people to Vwawa Hospital, the district's sole antiretroviral therapy (ART) site 30 kilometers inland. Staff at the center attempt to promote C&T in the community, but due to overwork their efforts are limited. As a result, services are not well-known or understood in the community, particularly among truck drivers, commercial sex workers and other transient groups. The Tunduma Dispensary, located along the highway leading to town, refers clients to the health center for C&T, while faith-based organizations refer couples prior to marriage. The District Medical Office hopes to expand C&T in Tunduma, though as yet there are no firm plans to do so. Walter Reed/DOD plans to extend C&T services through a community-based organization working on HIV and AIDS in Tunduma, though proposed funding for this site is quite low. ROADS will train private health providers to introduce C&T, including off-hour services, at a SafeTStop resource center to be established near the bars in FY 2007. The project will also explore expanding C&T services through private pharmacies. Training will include counseling skills to identify and counsel C&T clients with hazardous drinking behavior. ROADS will coordinate with the DMO and Walter Reed/DOD to ensure maximize coverage in this highly underserved community. In Makambako, ROADS will focus C&T activities on increasing referral to the four existing C&T sites. In both sites, C&T services will benefit from and work in concert with community mobilization efforts to address stigma, discrimination and gender-based violence, major constraints to accessing C&T services. In both sites, the project will strengthen referral of C&T clients for family planning.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	7	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	13,000	☐
Number of individuals trained in counseling and testing according to national and international standards	35	☐

Target Populations:

Business community/private sector
Brothel owners
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Nurses
Pharmacists
Street youth
Truck drivers
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Men (including men of reproductive age)
Women (including women of reproductive age)
Migrants/migrant workers
Out-of-school youth
Partners/clients of CSW
Religious leaders
Host country government workers
Laboratory workers
Doctors
Laboratory workers
Nurses
Pharmacists
Implementing organizations (not listed above)

Coverage Areas

Iringa

Mbeya

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Rescue Committee
USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8659
Planned Funds: $ 100,000.00
Activity Narrative: The International Rescue Committee is a US-based organization. In Tanzania, IRC provides comprehensive health services in refugee camps in Kibondo. IRC's programming is guided by key principles that are outlined in the following ways: protecting and promoting rights as entitled by international law; participation of community members and government authorities among the populations we serve; capacity building in order to empower individuals, communities, and organizations with the tools to identify and act upon their priorities; having partnerships with beneficiaries and other stakeholders to ensure ownership; and by holistic programming whereby IRC incorporates into its planning the different variables that exist in a setting and integrating multiple sectors in any given setting.

IRC serves sixty eight thousand four hundered and sixteen people the in four refugee camps of Mtendeli, Kanembwa, Nduta and Mkugwa. Basic health services in each camp include inpatient and outpatient care for common diseases as well as reproductive health care and community health promotion. HIV services, in addition to VCT, are provision of anti-retroviral drugs to prevent mother-to-child transmission of HIV, post exposure prophylaxis for survivors of sexual violence, co-trimoxazole prophylaxis for all HIV positive persons and home based care and support.

The goals for this PEPFAR-funded VCT project will be to continue providing VCT through eight VCT sites, two (including the PMTCT specific one) at the health facility and one at the youth centre in each camp reaching 10,000 persons (total from all camps). This is based on the current attendance plus meeting additional demand anticipated. Twelve HIV counselors will be trained to supplement the current number of counselors available.

In first six months of 2006, the VCT clinics attended to 3,712 beneficiaries (3,188 refugees and 524 Tanzanian nationals). All received pre-test counseling, were tested, returned for their results, and received post-test counseling. Of the refugees tested, 85 (2.7%) were found positive for HIV.

Although VCT services are available at the health facilities as well as at youth centers in the camps, the access to VCT rapid tests has been a constant challenge to IRC since the inception of the service due to budgetary constraints and limited availability of supplies via UNHCR funding. Currently VCT testing kits are supplied through funding from UNHCR with supplementary funding from PRM. However, the needs grossly outnumber the supplies, thus leading to frequent stock outs and un-served clients. With PEPFAR funding, IRC will ensure constant supply of rapid test kits for VCT sites, in addition to needles, syringes, gloves, sharps disposal boxes.

Continued Associated Activity Information

Activity ID: 4934
USG Agency: Department of State / Population, Refugees, and Migration
Prime Partner: International Rescue Committee
Mechanism: N/A

Funding Source: GHAI
Planned Funds: $ 100,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	5	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	10,000	☐
Number of individuals trained in counseling and testing according to national and international standards	24	☐

Target Populations:

Adults
HIV/AIDS-affected families
Refugees/internally displaced persons
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Children and youth (non-OVC)
Host country government workers
Doctors
Nurses

Coverage Areas

Kigoma

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kikundi Huduma Majumbani
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8660
Planned Funds: $ 200,000.00

Activity Narrative: This activity also relates to activities in treatment (7747, 7749), Palliative care (7723, 7735), AB and Other prevention (7734, 8723) and others in counseling and testing (8657, 8658)

Kikundi Huduma Majumbani (KIHUMBE) is a large, local non-government organization (NGO) which has been serving the needs of PLWHA in the Mbeya Municipality's 36 wards and surrounding rural wards since 1991. It has one of the more comprehensive care and support programs in the region, linking its clients to the continuum of care through direct association with treatment facilities and by coordinating with an Mbeya "Network" of NGOs and faith-based organizations (FBOs) to maximize coverage. This Network, of which KIHUMBE is a member, was formed in 2005 by 10 local NGOs and faith-based organizations (FBOs) in the Mbeya Region to coordinate community based prevention, counseling and testing, HIV home-based palliative care, and support for orphans and vulnerable children (OVC) in three of the four regions in the Southern Highlands Zone (Mbeya, Ruvuma, and Rukwa Regions). Unlike the other members of the Network whose geographic coverage encompass Ruvuma and Rukwa Regions and parts of the Mbeya Region, KIHUMBE's activities fall within the Mbeya Municipality, its rural wards and the towns of Mbalizi and Tukuyu and their surrounding rural communities.

The Mbeya Region is situated along the Trans-African Highway, at the junction between Malawi and Zambia. This location on the "trade" route has contributed to a large percentage of the overall HIV infected population in Tanzania. Prevalence in the population along this route averages around 19% according to data from NGOs and FBOs providing voluntary counseling and testing (VCT) services but can range as high as 68% among bar workers (Riedner, et al: 'Baseline survey of sexually transmitted infections in a cohort of female bar workers in Mbeya Region , Tanzania' Sexually Transmitted Infections , 2003 Oct; 79(5);382-7).

For FY 2007, KIHUMBE proposes to implement a mobile VCT program to reach currently underserved populations in the areas they serve. The Mobile Health VCT program seeks to bring HIV/AIDS counseling and testing to people in the Mbeya Region who may otherwise not have access to these services. FY 2007 funding will support a mobile VCT unit as means for overcoming existing health service infrastructural deficiencies, bringing desperately needed HIV/AIDS counseling and testing, education, care and treatment to people throughout the year. Regional and district hospitals will be an integral part of this program as they will provide the vehicles that will transport mobile VCT staff and rapid tests and disposables for testing. The regional and district hospitals will determine the actual location for deployment of the mobile VCT based on local prevalence rates and community need. In accordance to national guideline, clients will be counseled and tested by a combined team of certified counselors provided by KIHUMBE and the regional or district hospitals. Clients who are found to be HIV positive will be referred to the nearest Care and Treatment Centre (CTC) attached to the hospital providing the mobile VCT vehicle and staff for evaluation. Clients that test HIV positive will be referred to local community support groups for people with HIV/AIDS to access emotional and spiritual support and to home based care (HBC) organizations working in their area for additional palliative care.

The Mobile VCT program will be linked to health centers to provide the client with information about local and district CTC, behavior change, healthy living choices, and information about local income generating projects to help promote the lively hood of PLWHA. Though KIHUMBE has distinct geographic coverage related to other members of the Network, as member, KIHUMBE will work with the Network to ensure there is no overlap in services or target populations with similar activities conducted by the Network. Working in concert with the Network, the Family Health International's Regional Outreach Addressing AIDS through Development Strategies (ROADS) Program (under the Transport Corridor Initiative), and local health center and dispensary VCTs, this mobile VCT activity will target a total of 6,000 individuals who will receive counseling and testing and their results and train an estimated 95 peer educators working with KIHUMBE and living in target communities to assist in community mobilization. Existing VCT counselors for KIHUMBE and the hospitals will be used for service delivery so no additional staff will need to be trained.

Funding in FY 2007 will support KIHUMBE's costs related fuel for the Mobile VCT,

transportation and remuneration of volunteer counselors, tents, and community mobilization necessary to carry out counseling and testing.

Plus up funding will be used to procure a vehicle to provide mobile services targeting underserved, hard-to-reach, and high-risk populations such as truckers and commercial sex workers. This activity will target a total of 6,000 individuals who will receive counseling and testing and their results at 6 sites in the initial stages of the program. Existing VCT counselors from participating NGOs and hospitals will be used for service delivery so no additional staff will need to be trained.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national and international standards	6	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	6,000	☐
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
Community leaders
Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Teachers
USG in-country staff
Volunteers
Children and youth (non-OVC)
Out-of-school youth
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Mbeya

Rukwa

Ruvuma

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Ministry of Health and Social Welfare, Tanzania
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8661
Planned Funds:	$ 424,826.00

Activity Narrative: This activity relates to activity numbers 7776 (CT), 8663 (CT), and 8981 (OPSS).

Muhimbili Health Information Centre (MHIC) is a free-standing VCT center and multi-purpose facility on the grounds of Muhimbili National Hospital (MNH) which is a 2,500 bed facility. MHIC offers VCT services, provides counselor trainings, and collaborates with MNH, the Muhimbili University College of Health Sciences (MUCHS), and the National AIDS Control Programme (NACP) in the implementation of programs funded by PEPFAR and the Global Fund. In the past two years, MHIC has used USG/PEPFAR funds to renovate a state of the art training facility and establish themselves in the CT arena through the development of strong CT training materials and interventions. For example, MHIC developed a Comprehensive Care Counseling (CCC) curriculum and used this CCC curriculum to train 50 MNH staff members as well as 25 city healthcare providers last year.

In FY 2007, MHIC will continue to develop the skills of providers to routinely offer CT services. This will be done by 1) conducting trainings; 2) developing a curriculum for nursing and medical students; and 3) establishing a resource center for healthcare providers. With guidance from NACP, MHIC will support the national roll-out of Provider Initiated Testing and Counseling (PITC) at MNH and select Dar es Salaam city health facilities. MHIC will follow NACP's forthcoming national PITC guidelines, as well as the new HIV testing algorithm once it is approved, in the provision of PITC trainings for 120 MNH staff members and 150 city healthcare providers. PITC trainings with city healthcare providers will be conducted in consultation with Harvard, a USG partner. Trainings will utilize a PITC curriculum designed by USG/CDC and adapted for local use in collaboration with NACP. The PITC curriculum provides training for healthcare workers on the rationale for the shift to PITC, how to talk to patients about getting an HIV test and how to deliver test results, and appropriate monitoring and evaluation techniques for PITC. MHIC will receive technical support for its activities from IntraHealth International, a new partner tasked with facilitating the national PITC roll-out.

MHIC will also collaborate with MUCHS and Allied Health Schools to implement a PITC curriculum as a standard part of training for all nursing and medical students. MHIC will search existing literature and training materials to see if a suitable curriculum for use in a university setting has already been written. If such a curriculum is found, MHIC will adapt this curriculum for local use. If there is not an adequate curriculum available for adaptation, MHIC will take the lead on developing a PITC curriculum to train nursing and medical students. Once a curriculum is identified, MHIC will pilot this curriculum with a cohort of 55 medical students and 100 nursing students.

Finally, MHIC will establish a health resource center under the leadership of MUCHS and MNH. IntraHealth along with ITECH, a partner with expertise in the development of health information systems, will provide MHIC with technical assistance for this project. The Health Information Centre will be housed in MHIC's recently renovated state of the art facility and will have up-to-date, essential health information available for providers.

Through the establishment of a Health Information Center, as well as the provision of PITC training for 120 MNH staff members, 150 city healthcare providers, 55 medical students, and 100 nursing students in FY 2007, MHIC hopes to move closer to their goal of becoming a National Centre of Excellence for teaching and learning on HIV counseling in Tanzania.

The Muhimbili Health Information Centre (MHIC) is a service provision and capacity building entity at Muhimbili National Hospital in Tanzania. MHIC offers VCT services, provides counselor trainings, and collaborates with MNH, the Muhimbili University College of Health Sciences (MUCHS), and the National AIDS Control Programmed (NACP) in implementation of programs funded by PEPFAR. Reprogrammed funds are requested to support both of these important functions. The VCT site at MHIC recently stopped receiving funds through AMREF, and resources are need to market services and increase service demand at the site. Despite being a state of the art CT facility, services have been under-utilized. Reprogrammed funds will also be used to strengthen MHIC's planned technical assistance with provider initiated testing and counseling at the hospitals and in select Dar es Salaam city public health facilities. MHIC will provide TA to implement, manage and evaluate effective, appropriate and locally sustainable ways of scaling up CT

services. Activities proposed include; training of health care workers on the provider initiated counseling and testing, provide CT services to clients attending OPD, IPD, STIs and TB services in the health facilities, develop a curriculum for nursing and medical students; and establishing a resource center for healthcare providers.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	1	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	10,000	☐
Number of individuals trained in counseling and testing according to national and international standards	425	☐

Target Populations:

Doctors
Nurses
Pharmacists
Laboratory workers
Other Health Care Worker
Doctors
Nurses
Pharmacists

Coverage Areas

Dar es Salaam

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Selian Lutheran Hospital - Mto wa Mbu Hospital
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8662
Planned Funds: $ 60,000.00
Activity Narrative: Selian Lutheran Hospital AIDS Control Program (ACP) is a comprehensive, integrated program of services providing a full continuum of care to those affected by HIV/AIDS. Selian hospital has been running Voluntary Counseling and Testing (VCT) Services since 1995. Selian has been a leader in introducing VCT to the Arusha area and for availability of VCT services in the rural communities of Arusha. Selian provides VCT services at five fixed sites and multiple mobile units. These are geographically distributed throughout Arusha and the surrounding districts. The fixed sites are the Selian Hospital, the Arusha Town Clinic, the UZIMA Centre, the Tumaini site in Njiro area of Arusha, and at the Kirurumo Health Centre in Mto wa Mbu. These sites currently serve over 9,400 clients per year.

In FY 2007, Selian is currently providing a limited amount of provider initiated testing and counseling having locally adapted existing VCT guidelines. This service will be expanded to clinical services such as TB, STI and MCH clinics and inpatient settings following the finalization of national curriculums and protocols. Clients who are found to be HIV+ are referred to the nearest Care and Treatment Centre, Selian Town Clinic, for evaluation and TB screening. In addition, the centers will provide education and information together with same day counseling and testing for HIV/AIDS.

The program will work with the MOHSW in phasing out the old and adopting the new HIV testing algorithm and will engage/rely on the new SCMS mechanism to procure and distribute buffer stocks of test kits and other commodities.

In keeping with the MOHSW guidance, Selian will support the use of "lay counselors" and work within the facilities and communities they support in implementing this new initiative. Referral will also be made to the VCT Centers' community support groups for people with HIV/AIDS to access emotional, legal, and nutritional support for these organizations. The plan is for the current VCT services to continue and to expand in the funding year ahead. The sites seek to increase those served by 20% in the funding year and will thus serve over 11,000 clients annually. This will be accomplished by closer cooperation with the Home Based Care Team, through further targeting of special groups such as married couples, and increasing the number of mobile VCT activities provided. Selian will draw experience and expertise from AMREF and expand its capacity to carry out mobile VCT service using mobile vans.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	5	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	11,000	☐
Number of individuals trained in counseling and testing according to national and international standards	8	☐

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
Nurses
Discordant couples
HIV/AIDS-affected families
People living with HIV/AIDS
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Religious leaders
Doctors
Laboratory workers
Other Health Care Workers

Coverage Areas

Arusha

Manyara

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: IntraHealth International, Inc
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8663
Planned Funds: $ 1,050,000.00

Activity Narrative: This activity also relates to activities in treatment (MoH/NACP), TB/HIV (#7781), CT (#7776, MRH, MRMO, Rukwa and 8661) and palliative care (KIHUMBE, HJFMRI, Pathfinder and Care Tumaini).

IntraHealth International, in collaboration with NACP, will conduct a project designed to increase the capacity of the public and private health facilities to provide counseling and testing (CT) approaches, including routine CT in specialized clinics (TB, STIs, IPD, OPD). IntraHealth will work with NACP to achieve this goal by: (1) strengthening the capacity of the MOHSW/NACP to promote provider-initiated testing and counseling (PITC) by improving policy and infrastructure; (2) creating an enabling enviroment to support PITC services through enhanced clinical and managerial skills, and strengthened performance support systems; (3) strengthening referral networks; and (4) building the capacity of GOT organizations to participate in HIV prevention, AIDS care and support, and IEC/BCC activities. IntraHealth will use a performance improvement approach, wherein stakeholders collaboratively identify gaps between actual and desired services, analyze the root causes of gaps, and adapt training curriculum and other interventions to close gaps.

To implement this comprehensive strategy, IntraHealth will engage in the following activities in FY 2007:

Activity 1: Assist in the finalization of PITC guidelines in collaboration with NACP. NACP is currently adapting WHO guidelines on PITC to the Tanzanian context. IntraHealth will provide technical assistance to help the process and use them to guide the development of the whole site facility trainings in the selected districts. The output of this activity will be a protocol for PITC services with same day results.

Activity 2: Identify sites for phased implementation of PITC. Site identification will be accomplished by analyzing HIV prevalence, sizes of facility catchment areas, facility infrastructure, human resources availability and other factors. This will allow IntraHealth to determine which facilities to target for PITC roll out in order to maximize impact.

Activity 3: Build capacity of health workers in the selected facilities using a RCT training developed by USG/CDC. IntraHealth will work with Muhimbili Health Information center (MHIC) and Zonal Training Centers (ZTCs), building on the expertise and experiences of these institutions in training health workers. IntraHealth also will work with USG treatment partners in the selected regions to facilitate information exchange and experience sharing. The trained TOTs will conduct whole facility training, a training approach that employs on the job training methodologies. Whole facility training will allow clinical, laboratory and management staff to receive comprehensive training in PITC, integration of PITC into OPD, IPD, MCH, TB, STI clinics and other special clinical services. In the selected regions, 200 health care workers (each district hospital will have 10-15 participants) will be trained on the PITC approach with an emphasis on providing appropriate prevention messages for HIV positive clients. The training will involve existing staff responsible for TB, STI, Maternal, Children and primary health care for earlier recognition of HIV related illnesses and provide better services including counseling and testing at all levels. PITC services will be provided to an estimated 50,000 clients attending OPD and IPD, and receiving STI and TB services in the health facilities.

Activity 4: Provide supportive supervision and follow up of program activities. IntraHealth will work in collaboration with the Regional District Health Management Teams (R/DHMTs) to build their capacity to conduct effective supervision of these activities at the district level.The R/DHMTs will work closely with the supervisory units of each facility to provide sustainable quality assurance and oversight that meet national standards and that build internal supervisory capacities.

Activity 5: Enhance the capacity of sites to procure equipment, materials and supplies. Funding will go specifically to train health care workers on logistics systems and the procurement of test kits and supplies for their facilities using the new algorithm. The partner will provide assistance in forecasting need for HIV test kits, and facility laboratory technicians, pharmacists and service delivery point heads will receive specialized training in logistics management. As a result, each facility will be able to adequately plan, manage, and restock all supplies and commodities – including rapid test kits and elements of the basic care package.

Activity 6: Develop necessary infrastructure for planned activities. IntraHealth will facilitate assessment of facility physical infrastructure needs, including space appropriate for confidentiality and client flow patterns. IntraHealth will the facilitate minor renovations that require few resources. This assessment will assist MOHSW/NACP in developing an infrastructure plan to roll out PITC nationally in both public and private health facilities.

Activity 7: Develop Information Education and Communication/Behavior Change Communication (IEC/BCC) strategies. IntraHealth will work with MOHSW/NACP and other partners to develop, design, and pretest nationally standardized RCT materials and assist with stakeholder buy in. These materials will target community leaders, policy makers, and educators and be used to promote demand for PITC services thus increasing the uptake of services.

Activity 8: Strengthen intra- and inter-facility referral protocols, standards, and processes into the National Care and Treatment Plan. Prior to initiating whole facility training, the partner will work with MOHSW/NACP, USG/CDC and R/DHMTs to evaluate the current facility referral networks, referrals to care and treatment clinics (CTCs), and client follow up. If necessary the referral forms and registers will be revised and tested for compliance and flow. IntraHealth will develop a model to establish and strengthen the referrals and linkages/networking at the district levels to provide continuum of care to existing care and treatment services at the district level.

Activity 9: Conduct routine monitoring and evaluation of activities. IntraHealth will work with MOHSW/NACP to adopt the existing monitoring tools that are currently being revised by the M&E unit to include all forms of CT services. In addition, the stakeholders will agree upon a monitoring unit responsible for supervision and oversight and draft a monitoring agreement.

Throughout the proposed acitivities, routine process monitoring will occur. This will facilitate information exchange and lessons learned sharing with other partners implementing PITC. The policies, guidelines, training curriculum and IEC/BCC materials developed for this project will be available to other organizations, including ZACP.

Reprogrammed funds will be used to allow IntraHealth to support the publication and distribution of national guidelines for provider initiated testing and counseling (PITC). The National AIDS Control Program received limited financial support from WHO to develop draft guidelines; however, plans for dissemination activities were not included. IntraHealth will fill this void and professionally publish the guidelines and ensure that the documents are widely distributed to governmental and private partners at all levels. IntraHealth also plans to produce training materials and job aides, which providers can use to increase awareness of the government's new position on PITC. Following these supplemented activities, IntraHealth will continue to work with the NACP to design, implement, manage and evaluate effective, appropriate and locally sustainable ways of scaling up CT services as previously planned.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	10	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	50,000	☐
Number of individuals trained in counseling and testing according to national and international standards	200	☐

Target Populations:

Adults
Family planning clients
Doctors
Nurses
Men (including men of reproductive age)
Women (including women of reproductive age)
Other Health Care Worker
Doctors
Laboratory workers
Other Health Care Workers

Coverage Areas

Morogoro

Mwanza

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8667
Planned Funds: $ 600,000.00
Activity Narrative: This activity links with all service provider partners in counseling and testing on the Tanzania mainland and Zanzibar and will support the goals of testing approximately 675,000 and roll-out a new testing algorithm (currently Capillus as the screening test with Determine in the confirmatory slot).

In FY 2006 JSI/Deliver assisted the Government of Tanzania (GoT) with test kit forecasting and quantification. Based on this analysis the Japanese International Cooperation Agency (JICA) and the GoT crafted procurement agreements in which JICA would procure 50% of the country's test kits for volunatry counseling and testing and the GoT would procure the remainder. Based on lessons-learned, the USG also set aside FY 06 resources for emergency buffer stocking. In the event, all USG resources that had been available were mobilized to end a national stock out.

In FY 2007, USG will continue, through JSI/SCMS, to collaborate with the GoT and JICA regarding forecasting and quantification. However, during this period the role of SCMS will be expanded to include more proactive engagement with GoT to ensure timely procurement. This expanded role will include tracking the utilization of Global Fund for AIDS, TB and Malaria (GFATM) and AXIOS International resources that have already been committeed to test kit procurement, and the establishment of an early warning system that will allow the USG to moblize diplomatic strategies, if necessary, to eliminate what has been a pattern of recurring stock-outs.

In addition, to facilitate a rapid roll-out of a new testing algorithm, the USG has committed to procuring initial supplies of the new test kits as GoT adapts. Unfortunately, monetization of the needs in this area are extremely difficult to predict as the new testing algorithm has note yet been announced. Therefore, funds set aside are notional at this time but based on cost estimates for 6 months of utilization of the current algorithm which is anticipated to be significantly more expensive than the revised one, until the new algorithm is established. USG hopes that this occurs before the end of calender year 2006. Once established, the USG will then assess the sufficiency of its resources and reprogram if necessary. USG funded test kits will be placed with the Medical Stores Department (MSD), a parastatel of the national government, to be accessed by all public and private health facilities.

The roll-out of the new algorithm will also be supported by activities in the USG Laboratory portfolio through testing of trainers of trainers as well as USG governmental and non-governmental partners receiving CT funding.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Logistics	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
National AIDS control program staff
People living with HIV/AIDS
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8668
Planned Funds: $ 6,100.00
Activity Narrative: This activity relates to the CT technical assistance that wil be provided by CDC and DOD. FY 2007 funds will support counseling and testing (CT) technical assistance (TA) visits by USG headquarters staff including Centers for Disease Control and Prevention (CDC), Department of Defense (DOD), and the United States Agency for International Development (USAID). This activity supports the travel, per diem and miscellaneous costs of USAID participation. The TA builds upon a March 2006 interagency technical assistance visit made by the CT technical working group (TWG). This TA team made a number of recommendations to strengthen national CT services including: increased CT promotion, introduction of an updated HIV test kit algorithm, use of lay counselors in CT settings, development of a provider-initiated counseling and testing (PICT) training curriculum, and stronger prevention counseling including increased condom education and distribution. In the coming year, USG staff will provide technical assistance in order to improve upon these issues, as well as to address the complexities of HIV counseling and testing for couples and children.

In FY 2006, USG/Tanzania made progress with CT issues. Following the March 2006 CT TWG visit, a supplemental TA visit was conducted in September/October 2006. During this visit, assistance was provided to the Ministry of Health (MOH) through the National AIDS Control Program (NACP) to finalize national PICT guidelines, and to adapt a draft CDC PICT training curriculum to the local context to be used in future PICT trainings.

Future TA visits will be supported in FY07 to enhance the capacity of a new CT partner, IntraHealth International, to assist NACP in the national roll-out of PICT in clinical settings. In the second quarter of FY 2007, TA assistance will focus on PICT training for health workers as well as training on couples counseling and testing for counselors already trained in VCT.

In the third quarter of FY 2007, members of the interagency CT TWG, including representatives from DOD and USAID, will return to observe settings where national PICT roll-out has occurred, as well as to monitor the progress made on their March 2006 recommendations, and make further recommendations as necessary. The CT TWG will pay particular attention to child counseling and testing issues.

A subsequent TA visit in the fourth quarter of FY 2007 will focus on the national progress of PICT, CT promotion, condom education and distribution, and other issues as requested by NACP and other partners. During this visit, assistance will also be given in the preparation of the FY 2008 COP.

During FY 2007, four interagency TA visits will be made to Tanzania to assist in national PICT roll-out as well as conduct site visits and assist in implementation of activities to address the CT TWG's March 2006 recommendations.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	USAID
Prime Partner:	African Medical and Research Foundation
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8672
Planned Funds:	$ 200,000.00

Activity Narrative: The African Medical and Research Foundation (AMREF) Counseling and Testing (CT) program (also called ANGAZA meaning 'shed light') was founded in 2001 with USAID support. In FY 2006, AMREF employed a combination of strategies to implement the program including the provision of sub-grants to partners who run either stand alone and/or integrated CT services; VCT services to rural and underserved population through mobile clinics; and social marketing campaigns to create demand for services through promoting the ANGAZA brand. Through these strategies, cumulatively, AMREF trained 838 counselors and reached 364,387 people with VCT services in FY 2006.

Despite the above efforts, AMREF encountered several barriers that affected utilization of CT services. C&T coverage is still inadequate and does not reach the entire population. While there are significant numbers of facilities and organizations providing various forms of counseling and testing (approximately 975) this represents only 1/5th of all the health facilities in the country. Other barriers include inadequate number of counselors to provide services; high counselor turn-over in some sites; 'longer' counseling sessions (protocol dependant); and delays in adopting provider initiated testing and counseling due to lack of a National PITC policy document.

Funding for FY 2006 activities has recently been received and since AMREF's cooperative agreement comes to an end in June 2007, initially, "zero funds" were required to reach the goals proposed in this narrative.

In FY 2007, AMREF will deploy several strategies to address the barriers mentioned above and to improve C&T coverage. It will continue to provide CT services through the existing 65 static and 11 mobile sites. The program will increase accessibility to CT services through additional sub-grants to FBOs, NGOs and Governmental organizations, resulting in a total of 75 sub-grantees being supported by AMREF in FY 2007. As part of its work with sub-grantees in FY 2007, AMREF will prepare them for hand-over to the new TBD partner (activity #8656).

PITC will be expanded in clinics through integration into services such as TB, STI and MCH and inpatient settings, following national guidelines, protocols and training curriculums to be developed by the Ministry of Health and Social Welfare (MOHSW). As a participant in the national CT working group, AMREF will advocate for links with care and treatment, family planning services, and home-based and palliative care. Subsequent to the development of national training curriculums, the program will carry out PITC training for 240 providers, including updates in strategies for testing children, C&T for the disabled, and lay counselors.

Access to C&T will be improved and expanded through an increase in mobile services provided via vans, motorcycles, and bicycles. Through leasing, AMREF will introduce a boat with a mobile VCT clinic on Lake Victoria to access hard to reach fishing communities on the several islands on the lake.

In keeping with the MOHSW guidance, AMREF will support the use of "lay counselors" and work with sub-grantees to implement this new initiative. AMREF will continue to create demand for Counseling and Testing services through innovative social marketing techniques and community mobilization methods. The program will continue to promote and advocate for couples counseling and disclosure, engage churches, mosques and other religious setting, and facilitate premarital counseling and testing. The communication tool to facilitate couple disclosure developed during FY 2006 will be scaled-up to other ANGAZA sites.

AMREF will work with the MOHSW in phasing out the old (Capillus and Determine sequential testing using veneous blood draw) and adopting of the new, to be determined, HIV testing algorithm and will engage/rely on the new SCMS mechanism to procure and distribute buffer stock of test kits and other commodities. Psychosocial support to clients diagnosed as HIV infected will continue to be provided through Post Test Clubs (PTC), ensuring linkages for continuum of care including referral to care and treatment clinics (CTC) for assessment, staging and consideration of antiretroviral therapy as well as the provision of prophylaxis for opportunistic infections.

Monitoring and evaluation (M&E) will be strengthened to ensure quality services and

efficient reporting. AMREF shall collaborate with VCT district supervisors to conduct mystery client and client exit survey in the selected sites. AMREF will liaison with MOHSW/CDC to ensure the quality of HIV testing is maintained according to national standards.

In order to enhance sustainability, the program will (i) ensure sites with VCT activities supported by AMREF are integrated in the district's Comprehensive Council Health Plans (CCHP), so that the financial support to these services is picked up by the local authorities; and (ii) work with districts to decentralize the supervision of these services to the Council Health Management Teams (CHMTs). This will ensure districts take over management oversight of the services.

Through these strategies, AMREF anticipates that a total of 311,278 individuals will access VCT services in FY 2007; however, as these were captured in FY 2006, targets here are zero.

Through the ANGAZA program, AMREF has extensive experience training and implementing a range of interventions including capacity building, social marketing and provision of VCT services. The NACP has recently adopted the Provider Initiated Testing and Counseling approach in an effort to strengthen and broaden opportunities for clients to access HIV services. The MOHSW is now in the process of developng new technical guidelines, protocol and manuals with a view of rolling out the program at a national level. The USG has identified AMREF as one of several partners to assist MOHSW to rapidly pilot the training phase of this approach. Plus up funds will be used under the leadership of MOHSW and in close collaboration with other USG partners to pilot the PITC training materials. AMREF will utilize its two training classrooms at its headquarters, experienced trainers (2 clinical and 4 laboratory technicians) and other resource persons to support the Ministry with the pilot.
They will run two classes of 25 participants each for five days and through 4 training sessions and in total will train over 200 participants. In carrying out the pilot training, the AMREF team will keep track of the training process, document issues and questions that arise so that it can provide inputs to the national roll-out.

Continued Associated Activity Information

Activity ID:	3431
USG Agency:	U.S. Agency for International Development
Prime Partner:	African Medical and Research Foundation
Mechanism:	USAID
Funding Source:	GHAI
Planned Funds:	$ 4,220,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national and international standards	0	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	☐
Number of individuals trained in counseling and testing according to national and international standards	200	☐

Target Populations:

Adults
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Discordant couples
HIV/AIDS-affected families
Mobile populations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Program managers
Volunteers
Children and youth (non-OVC)
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Partners/clients of CSW
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Nurses
Other Health Care Workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Balm in Gilead
Prime Partner: Balm in Gilead
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8684
Planned Funds: $ 200,000.00

Activity Narrative: This activity relates to activity numbers 7711, 8656 and 8666 (CT), and 8692 (palliative care).

Our Church/Mosque Lights the Way is the Tanzania Faith Communities' HIV testing campaign, which is modeled after the Balm in Gilead's Black Church HIV Testing Campaign within the African American community. This campaign has proven effective for engaging faith communities in empowering people to get HIV tested. Our Church/Our Mosque Lights the Way is a call to action that leverages the power and influence of the religious leaders to mobilize their congregants and local communities by promoting voluntary testing and counseling and the prevention of maternal to child transmission. Working in collaboration with Tanzanian faith partners, the Balm in Gilead will adapt its present US-based campaign to a cultural context appropriate for both the Christian and Muslim communities in Tanzania. These campaign materials are unique in that they address CT demand creation from a spiritual context. Our Church/Mosque Lights the Way materials and strategies will be shared with other USG-supported organizations working with faith communities.

The campaign focus will be to develop and or enhance the capacity of faith leaders to mobilize faith communities around issues of HIV testing and counseling, and link faith communities to local VCT sites and services including follow up care as needed.
The specific objectives of the campaign are to: 1) position HIV testing as desirable and safe by cultivating supportive environments that encourage testing; 2) remove the stigma associated with HIV testing; 3) work with ANGAZA VCT sites and other USG partners to link individuals to mobile HIV testing sites in their communities and at their churches and mosques; 4) link HIV-positive people and affected people with treatment and support in their communities; and 5) support HIV-positive persons through the treatment process. This program activity is responsive to USG/CDC's key theme area for 2007 which is to expand counseling and testing opportunities so that the maximum number of people is reached with prevention messages and treatment opportunities. Furthermore, the Our Church/Mosque Lights the Way is particularly relevant at this time given the Government of Tanzania's interest in coordinating a National Testing Day. The Balm in Gilead is already on the National Testing Day committee and will continue to collaborate and cooperate with this effort to develop common goals and harmonious messages.

The Balm in Gilead, in collaboration with its consortium partners, completed a feasibility study of VCT in three regions of Tanzania - Kigoma, Mtwara and Iringa. Findings from the study indicated both a need for more services, and a general lack of prior testing and limited knowledge regarding testing. Religious leaders expressed an interest in becoming more involved in mobilizing and engaging their communities in testing and counseling. In addition to conducting the feasibility study, the Balm in Gilead has worked with its consortium partners to encourage more than 9,000 individuals to get tested and 6 individuals to get trained to work in VCT services in FY 2006.

In FY 2007, the focus of activities will be to develop the competency level of partners through trainings of trainers in effective faith community mobilization regarding stigma reduction and HIV testing and counseling. Three major activities will be undertaken: 1) training in community mobilization and demand creation within faith communities; 2) establishment of mobile CT services, linkage referral and follow up systems in collaboration with USG partners; and 3) monitoring and tracking of campaign.

Our Church/Mosque Lights the Way will pick two designated months in 2007 as the designated times of year when Tanzanian's faith community unites to focus attention on the HIV/AIDS crisis in country. National faith partners and their contingents will implement the campaign in their respective target areas. The two month-long, community-wide AIDS awareness programs will be led by the highest official leadership of each national faith institution. These leaders, along with local leaders of the Catholic, Protestant and Muslim communities, will give a call to action to the people of Tanzania for the people to get tested for HIV. They will lead the call to action by personally taking an HIV test. Contact with local media (i.e., radio, television and newspapers) has already been established and will be further cultivated and strengthened in preparation for this component of program activities.

Prior to the launching of the campaign, at least two HIV/AIDS training programs will be held for religious leaders and a designated person from their local congregations who will

implement the educational program within their church/mosque. Local congregations will be responsible for disseminating information about HIV prevention, HIV testing and the communities' VCT center(s). The Balm in Gilead will provide technical assistance on linking with existing USG-supported organizations to coordinate mobile CT services for local churches and mosques. Religious leaders and their designated AIDS coordinator will be trained in HIV/AIDS pastoral/spiritual counseling, HIV science, and the components of the HIV test.

The Balm in Gilead is committed to identifying and developing linkages and networks on the ground with HIV/AIDS service organizations, government offices, media systems and all faith communities. Working in collaboration with our Tanzania national faith partners, the Balm in Gilead will develop a mutually agreed upon care and treatment referral systems with protocols for quality assurance.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Volunteers
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Dodoma

Kigoma

Lindi

Mtwara

Ruvuma

Shinyanga

Singida

Tanga

Pwani

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	ZACP
Prime Partner:	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Progra
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8690
Planned Funds:	$ 240,000.00

Activity Narrative: This activity relates to activity numbers AMREF follow on (CT), 7781(TB/HIV), 7756 (PMTCT), 7757 (Care and Treatment), and 8695 (Care).

The Ministry of Health and Social Welfare/Zanzibar AIDS Control Program (ZACP) has the responsibility of coordinating the Zanzibar health sector response to HIV/AIDS. An important aspect of this response is the Zanzibar client-initiated voluntary counseling and testing (VCT) program, which was initiated in 1988. To date, there are over 26 VCT sites in the Zanzibar, three of which operate with direct support from USG. During 2005 approximately 113,000 clients were reported by ZACP to have accessed VCT services in the existing USG and non-USG supported sites in Zanzibar. The ZACP Counseling Unit (CU) coordinates the Zanzibar counseling and testing (CT) program through the development of policies and guidelines, training protocols and manuals, standard operating procedures, and job aides. ZACP also provides supervision and technical guidance to the implementing partners, strengthens the training of counselors to secure the required quantity and quality of services, and monitors the progress of implementation of CT activities through reports from district councils, NGOs, and other stakeholders.

Currently, ZACP is reviewing the counseling and testing guidelines to put greater emphasis on provider initiated testing and counseling (PITC) including diagnostic counseling and testing (DCT). The development and finalization of the CT policies, technical guidelines, protocol and manuals will enable health care workers, and counselors to enhance their ability to provide quality CT services. These new proposed approaches to CT would provide support to enhance disclosure of HIV status and promote other preventive interventions. The USG is supporting the Zanzibar MOHSW process to rapidly roll out CT in public health facilities in Zanzibar and introduce PITC starting with DCT in in-patient departments (IPD), out-patient departments (OPD), TB and STI clinics. This will be coupled with the training programs for health care workers and counselors. In an effort to operationalize PITC, 2 pilot sites will be selected to assist the ZACP CU review its structure and functions in order to provide adequate capacity for managing and coordination of CT activities in Zanzibar.

Plans for FY 2007 include continuing to support the coordination function and expansion plan to increase access to quality CT services in public health facilities. The funds will strengthen the Counseling Unit at ZACP to carry out their coordinating roles and support the training of 136 health care workers and counselors to ensure a minimum quality standard for the services. Funds will also be used to promote the availability of CT services, print and disseminate revised CT guidelines and information, education and communication (IEC) materials, and monitor and evaluate of CT services.

The activities for FY 2007 will focus on following areas:

Activity 1. Establish VCT services at 8 new sites within 5 districts and maintain the existing activities at 3 sites. Renovations will be conducted at the new sites to ensure that clients have a private, comfortable space in which to receive CT services.

Activity 2. Establish PITC services at 2 new sites (Mnazi Mmoja Referral Hospital and Chake Chake Hospital). The introduction of PITC will respond to the increase access to Zanzibar Care and Treatment program. It is envisaged that by increasing the coverage of CT services in clinics providing TB and STI services, people living with HIV/AIDS will be identified and be referred to ART services.

Activity 3. Train 32 new counselors from 10 new sites (8 VCT and 2 PITC) and retrain 104 counselors from 26 existing health facilities. This activity will also strengthen the District Health Management Teams to manage and supervise the implementation of quality CT services at the council level through quarterly coordinating meetings. It will also strengthen the referrals and linkages to care, treatment and prevention activities in all sites, and the integration of CT services into other services

Activity 4. Work in collaboration with the IEC unit at ZACP to design, develop and pretest IEC messages for the public health facilities. IEC messages will address uptake of counseling and testing services at selected districts. Materials from the mainland National AIDS Control Program will be used or adapted whenever feasible, and production will be provided by the USG/USAID TBD partner in CT.

Activity 5: Monitor the progress of CT activities with the technical assistance from the USG. The tasks will include conducting supportive supervision and strengthening of monitoring and reporting

Activity 6: Adopt the monitoring system for CT used in mainland Tanzania. FY 2006 funding was used to support the SI Unit within the CT program, to revise the paper-based monitoring system and guidelines, to develop training materials and to train staff. In FY 2007, CT services will be introduced in 8 health facilities and PITC in 2 sites, increasing the total number to 36 sites. Therefore the monitoring system will be expanded to include these 10 new sites, which will be provided with data collection tools for the CT monitoring system. Staff from the existing 26 sites (3 USG- directly supported and 23 indirectly-supported) will be re-trained on the new CT guidelines and revised monitoring system. The SI unit will assist the CT program staff to train and re-train staff. The data will be collected at the facility-level and sent to the national-level, where data will be stored in a central, electronic database (ZACP). Supportive supervision for the monitoring system will be carried out periodically at all 36 sites to ensure data quality.

Through these efforts it is expected that approximately 20,000 individuals at these Emergency Plan (EP) supported sites will be counseled and tested in 2007.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national and international standards	36	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	20,000	☐
Number of individuals trained in counseling and testing according to national and international standards	136	☐

Target Populations:

Adults
Doctors
Nurses
Pharmacists
National AIDS control program staff
Policy makers
Men (including men of reproductive age)
Women (including women of reproductive age)
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Kaskazini Pemba (Pemba North)

Kusini Pemba (Pemba South)

Kaskazini Unguja (Unguja North)

Kusini Unguja (Unguja South)

Unguja Magharibi (Unguja West)

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	STRADCOM
Prime Partner:	Johns Hopkins University
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	8917
Planned Funds:	$ 380,000.00

Activity Narrative: This activity is also linked to activities in ARV Services (#7812), Abstinence and Be Faithful activities (#7810), Palliative Care (#8709), and other Counseling and Testing activities.

Following the termination of the BBC World Service Trust radio project in December 2005, USG/Tanzania decided to pursue a competitive procurement process to replace the implementing partner. A Request for Application (RFA) Program Description (PD) has been written, reviewed by O/GAC and released for response from applicants. It is anticipated that this procurement will be awarded in November 2006 for immediate implementation.

The Strategic Radio Communications for Development (STRADCOM) project is intended to deliver demonstrable improvements in knowledge and attitudes relating to a wide variety of HIV/AIDS issues throughout the continuum of care. The project will also support and contribute to behavior change efforts and activities of other implementing partners. The project is designed to serve as a "center of excellence" for radio production that will concentrate on radio expertise to create appropriate and entertaining radio formats and to leverage maximum impact at the community level by working in collaboration with other implementing partners.

The project will use entertainment to promote messages about reducing people's risk of infection, increasing the number of Tanzanians seeking treatment, and reducing stigma and discrimination. The project is designed to run for 3 years and will draw on a variety of radio formats that have broad appeal but are also flexible. An illustrative list of these formats includes PSA type radio spots, mini dramas, call-in shows, radio dramas, and discussion programs. The project is intended to create radio programming that rapidly adapts messages to incorporate emerging issues in HIV and AIDS, as well as issues that concern specific groups of people. These messages clearly target youth and other appropriate populations; it is also anticipated that this project will serve as a major component of the USG portfolio that reaches out to promote emerging messages in the area of Counseling and Testing.

The main focus of the project will be to create the messages necessary to convey appropriate information to the Tanzanian population about a variety of issues throughout the continuum of care. In addition, some training will take place to create a pool of radio producers and writers who will be able to continue these efforts when project funding has ended. Given the high cost of prime media time in Tanzania, it is anticipated that the project will pursue sponsorships and leverage corporate social responsibility interests in an effort to offset these costs over the course of the three years. All messaging will need to be developed in close collaboration with the National AIDS Control Program, as well as support messaging outlined in the National HIV/AIDS Communications Strategy.

CT focused broadcasts will be delivered in Kiswahili under the guidance of the NACP and TACAIDS; and will be complemented by community level activities in CT that are conducted by other partners conducting community outreach activities including, but not limited to AMREF, National AIDS Control Program, PharmAccess, Kilombero Community Trust, and Mbeya Regional Referral Hospital. Focus will be on national coverage at both urban and rural levels. STRADCom will also provide critical support to the promotion of Tanzania's National Testing Day (#8666).

For the majority of Tanzanians, radio is the main source of news and entertainment and it is the most popular media outlet. For 35 years, they have been listening to the government-owned Radio Tanzania. There are now four stations with a national reach: Radio Tanzania, privately owned Radio One and Radio Free Africa, and Radio Uhuru as well as two major Christian religious radio stations – Radio Tumaini and Radio Sauti ya Injili . Radio Free Africa and Clouds FM are music stations. In a 2002 survey, 81% of respondents claimed to have listened to radio within the past day. Thus, the popularity of radio will enable the STRADCOM project to reach out to millions of Tanzanians with important messages regarding comprehensive services across the prevention-to-care continuum. On their own, these messages will convey necessary information to influence knowledge and attitudes – in combination with complementary messages delivered at the community outreach level, it becomes possible to influence the necessary corresponding behavior change.

Specific CT messages will promote counseling and testing services as a cornerstone of the national response to HIV/AIDS in Tanzania and an integral component of a comprehensive continuum of care. Stress will be placed on the importance of knowing ones status – particularly among MARPS and others who are most likely to be HIV positive and/or treatment eligible. The goal will be to develop messages specifically oriented at dispelling myths, misconceptions and stigma around CT, as well as increasing the demand for treatment and care services (commensurate with the increase in the availability of these services). Messages will focus on fostering an improved understanding of what VCT and CT services are, where they are located (including the growing availability of seeking counseling and testing through routine medical services), promoting the acceptability and advisability of getting oneself tested in order to create a direct link between prevention programs, CT and advanced care and treatment.

The flexibility of community-based radio communications allows the weaving of multi-pronged messages into programming. The STRADCOM implementing partner will work together with NACP, TACAIDS, and other Emergency Plan partners to assure messages are appropriate, support policies, and are linked to services. The project will also work to strengthen links between radio broadcasters, GOT, and the private sector thus enabling more effective health campaigning by increasing media skills in the Government sector, by working closely with local broadcasters to enhance their capacity, and with commercial businesses to enhance their commitment to produce quality health programming.

Continued Associated Activity Information

Activity ID:	4931
USG Agency:	U.S. Agency for International Development
Prime Partner:	To Be Determined
Mechanism:	USAID TBD (former BBC)
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Infrastructure	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
Business community/private sector
Commercial sex workers
Community leaders
Factory workers
Faith-based organizations
Traditional healers
Most at risk populations
Discordant couples
Injecting drug users
Street youth
HIV/AIDS-affected families
Military personnel
Mobile populations
Truck drivers
Non-governmental organizations/private voluntary organizations
Teachers
USG in-country staff
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Partners/clients of CSW
Religious leaders
Host country government workers
Traditional healers

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Pathfinder International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9085
Planned Funds:	$ 620,000.00

Activity Narrative: This activity also relates to activity numbers 7711, 7835, 7776, 8661, 8663, 8672, & 9085 (CT); 7781 & 7791 (TB/HIV); 7757, 7771, 7683 & 8839 (ARV).

Pathfinder International implements the Tutunzane ("Lets take care of each other") community home-based care (CHBC) program in 12 districts in 4 regions: Dar es Salaam (3 districts), Arusha (4 districts), Kilimanjaro (3 districts), and Tanga (2 districts). Pathfinder selects districts in cooperation with the National AIDS Control Program (NACP) and USG/CDC, with an aim to maximize national CHBC coverage and avoid duplication of efforts. In the last two years, the Tutunzane program has cared for nearly 8,000 people. The program community home-based care providers (CHBCP) each provide care to 2 - 20 clients and support members of those clients' households.

Pathfinder will continue to ensure the provision of high-quality CHBC services through a cadre of trained CHBCPs. Activities include but are not limited to: identification of vulnerable households and people living with HIV/AIDS (PLWHA); providing basic nursing care; training caregivers; providing recommended prophylaxis and treatment for HIV opportunistic infections such as Cotrimoxazole, and Isoniazid, and direct observation of anti-tuberculosis treatment for TB patients; referral to facilities for complicated OI treatment and ART; conducting health education to prevent new HIV infections in the community and in client households; promoting HIV testing and counseling of family members and other contacts; and offering psychosocial support to clients and household members. All activities are in accordance with the Tanzanian Ministry of Health/NACP guidelines on home-based care services.

In FY 2007, Pathfinder plans to expand its services by using the CHBC infrastructure to provide CT services in home settings to family members of index patients. This home-based CT approach has a comparative advantage because it uses the existing infrastructure of the Tutunzane CHBC program and brings services closer to the family members of the index patient getting home-based care services. Pathfinder will incorporate CT services into existing Tutunzane CHBC programs in Tanga, Kilimanjaro and Dar es Salaam regions. Pathfinder will work with other USG partners to build their capacity to implement home-based CT and care programs.

Consistent with Pathfinder's CHBC services, this activity will use the existing core CHBCPs to provide CT services for the family members of index patients. These supervisors and providers, who have medical backgrounds, will be equipped with counseling and testing skills using MOHSW/NACP developed training materials. Trainings for CHBCPs will be conducted by nationally supported trainers according to NACP guidelines. Family members of patients cared for by the Tutunzane CHBC program who consent will be tested using the national rapid test algorithm and results will be provided according to the national guidelines on VCT. In the implementation of CT services for family members, Pathfinder CHBCPs will provide family counseling (pre-test and post-test counseling) adhering to the 3C's (i.e., Counseling, Confidentiality and Consent). Pathfinder will adapt standardized preventive messages (prevention with positives interventions, education materials on positive living and prevention) developed in collaboration with MOHSW/NACP and USG/CDC technical assistance team. CHBCPs will be trained on these preventive messages and they will be communicated to and shared with clients during counseling sessions.

In FY 2007, 60 CHBCPs will be trained as volunteer counselors in Dar es Salaam, Tanga and Moshi Urban. Pathfinder expects to provide care to 6,700 index patients and provide CT services to approximately 30,000 family members in the home settings.

In order to ensure the quality of test results provided, Pathfinder has established internal quality assurance procedures. These procedures will require every tenth test, both positive and negative, to be sent to the laboratory for quality assurance. Linkages between the existing Tutunzane program and laboratory services in health facilities will be strengthened to incorporate this quality assurance activity. Laboratory personnel in health facilities will also play a role in conducting regular supportive supervision to CHBCPs providing CT to make sure that test results provided are of high quality. Pathfinder will use the existing Medical Stores Department (MSD) and local government logistics system to procure and distribute HIV test kits and reagents.

In an effort to provide a continuum of care, Pathfinder will work with MOHSW/NACP to

develop integrated referral systems for chronically ill patients. Pathfinder will build on the existing strong linkages between the Tutunzane CHBC program and health facilities, local NGOs, and FBOs in program areas. This linkage strategy and coordination effort will ensure that family members tested at home get necessary referrals in order to meet their needs. It also will facilitate early referral to care, treatment and support services for the HIV infected individuals. Pathfinder will ensure that PLWHAS are referred to established district level networks close to their homes for on going support and follow up. The program will conduct quarterly meetings with health facilities, FBOs, and local NGOs in order to share experiences and challenges regarding referral systems. This is aimed at strengthening linkages between program and referral facilities.

Program sensitization meetings will be conducted at different levels in order to create awareness of and advocate for home-based CT. At the national level, this will involve working with the Ministry of Health and Social Welfare (MOHSW)/National AIDS Control Programme (NACP), TRCS, NGOs, CBOs and other stakeholders implementing traditional HBC. At the regional and district levels, Council Health Management Teams (CHMTs), Council Multisectoral AIDS Coordinators, Regional/District AIDS Control Coordinators (R/DACCs) will be contacted to assist with strengthening the use of home-based CT. Finally, community sensitization about home based CT will be conducted at different levels by CHBCPs.

The program will review/adopt and or develop appropriate Management Information System (MIS) tools for the purpose of monitoring the progress of the program. The program will undertake quarterly monitoring/supervisory visits, mid term review and final program evaluation.

Using plus up funding, Pathfinder will incorporate CT services into existing Tutunzane Home based care program. In achieving the set targets for FY07 Pathfinder will employ more staff for program implementation. Activities proposed include, promoting HIV testing and counseling, training of existing HBC supervisors, conducting supportive supervision for quality assurance and providing CT services in home settings to family members of index patients. The project will purchase one vehicle and eight motorcycles to be used solely by teams that visits homes in respective wards. Additional funds will be used for salaries, fuel, maintenance, spare parts and insurance for the motorcycles and the vehicle.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national and international standards	8	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	32,000	☐
Number of individuals trained in counseling and testing according to national and international standards	100	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Nurses
Discordant couples
HIV/AIDS-affected families
National AIDS control program staff
Orphans and vulnerable children
People living with HIV/AIDS
Volunteers
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Religious leaders
Host country government workers
Laboratory workers
Other Health Care Worker
Other Health Care Workers
Implementing organizations (not listed above)

Key Legislative Issues

Volunteers

Stigma and discrimination

Coverage Areas

Arusha

Dar es Salaam

Kilimanjaro

Tanga

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Macro International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9179
Planned Funds: $ 0.00
Activity Narrative: This activity is a targeted evaluation linked to Strategic Information, Palliative Care and HIV Treatment activities and is a continuation from an approved FY 2006 entry. According to the 2005 HIV/AIDS Indicator Survey (THIS), 8% of couples tested for HIV were found to be discordant. The THIS states that "the vast majority of these cohabitating couples do not mutually know their HIV status", confirming anecdotal experiences on the ground. The goal of this targeted evaluation is to assist in the development of interventions that will increase the likelihood of self-disclosure of HIV status and reduce the negative impacts, perceived or real, related to disclosure. To meet this goal the evaluation will ask the question "what are the social and personal factors that either promote or hinder an individual's decision to disclose their HIV status to their partner(s)"? The evaluation will employ qualitative methods with clients who have been tested in clinical (i.e. those that are providing CT as part of other services such as ANC and TB) as well as VCT sites. In the VCT setting, clients will be asked, pre-test, if they had considered implications of a positive test result vis-à-vis partner notification and strategies they think they might employ to disclose their status. Interviewees identified through clinical settings will not be interviewed pre-test as they will not have entered the service for the purpose of getting tested for HIV and have, presumably, not considered this issue. Both types of clients will then be followed-up to document actual disclosure decisions and behaviors as well as barriers and facilitators related to disclosure. It is anticipated that barriers might include fear of stigma and discrimination as manifested through property dispossession, familial separation, and social isolation; fear of being blamed for bringing HIV into a relationship and possible violence and retribution; being faced with difficult decisions regarding childbearing; and perceptions that telling a partner that they might be HIV infected could hasten illness or death. All of the barriers to disclosure mentioned above have been documented in other settings but have not been validated in the Tanzanian context. Validation and/or identification of other possible concerns is critical for the development of effective counseling and community support interventions. Understanding factors that facilitate disclosure is also critical for the development of action oriented interventions. Findings will be validated through focus groups and individual interviews with members of PLHA organizations. Outputs of the evaluation, which will be completed within FY 2006, will include documentation of: barriers and facilitators of disclosure for adult men and women; manifestations of stigma and discrimination in the Tanzanian context; societal, communal, and familial contexts that support the seeking of voluntary testing services; and the role that counselors and providers can play in preparing a client to self-disclose. Findings will be disseminated through national stakeholder events as well as during USG program review meetings. The timing for this evaluation is ideal because the Ministry of Health, through intensive support from the USG, will be considering the development and implementation of integrated CT across clinical services. The findings of the study will inform the content of new protocols and guidelines and play a key role in developing effective counselor training materials. The result will be counseling techniques targeted towards Tanzania specific barriers to disclosure and overall improvement of provider-patient communication. Counselors and providers will be more effective in preparing and assisting clients to voluntarily disclosure and will also be able to introduce clients to the concept of shared confidentiality. Evaluation findings will be utilized by all USG partners that are developing mass media, and print materials and by partners that are working within communities to address stigma and discrimination. Community engagement efforts will help identify specific actions that can be undertaken by leaders or key community members to create an environment where people feel free to disclose their status. The findings will also feed into activities that are designed to create dispel myths about C&T and ART.

Emphasis Areas	% Of Effort
Strategic Information (M&E, IT, Reporting)	10 - 50
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
Community-based organizations
Doctors
Nurses
HIV/AIDS-affected families
People living with HIV/AIDS
Policy makers
Program managers
Other Health Care Worker
Doctors
Laboratory workers
Implementing organizations (not listed above)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9197
Planned Funds: $ 6,100.00
Activity Narrative: This activity relates to technical assistance being provided by the CDC and USAID. FY 2007 funds will support counseling and testing (CT) technical assistance (TA) visits by USG headquarters staff including Centers for Disease Control and Prevention (CDC), Department of Defense (DOD), and the United States Agency for International Development (USAID). This activity supports the travel, per diem and miscellaneous costs of DOD participation. The TA builds upon a March 2006 interagency technical assistance visit made by the CT technical working group (TWG). This TA team made a number of recommendations to strengthen national CT services including: increased CT promotion, introduction of an updated HIV test kit algorithm, use of lay counselors in CT settings, development of a provider-initiated counseling and testing (PICT) training curriculum, and stronger prevention counseling including increased condom education and distribution. In the coming year, USG staff will provide technical assistance in order to improve upon these issues, as well as to address the complexities of HIV counseling and testing for couples and children.

In FY 2006, USG/Tanzania made progress with CT issues. Following the March 2006 CT TWG visit, a supplemental TA visit was conducted in September/October 2006. During this visit, assistance was provided to the Ministry of Health (MOH) through the National AIDS Control Program (NACP) to finalize national PICT guidelines, and to adapt a draft CDC PICT training curriculum to the local context to be used in future PICT trainings.

Future TA visits will be supported in FY 2007 to enhance the capacity of a new CT partner, IntraHealth International, to assist NACP in the national roll-out of PICT in clinical settings. In the second quarter of FY 2007, TA assistance will focus on PICT training for health workers as well as training on couples counseling and testing for counselors already trained in VCT.

In the third quarter of FY 2007, members of the interagency CT TWG, including representatives from DOD and USAID, will return to observe settings where national PICT roll-out has occurred, as well as to monitor the progress made on their March 2006 recommendations, and make further recommendations as necessary. The CT TWG will pay particular attention to child counseling and testing issues.

A subsequent TA visit in the fourth quarter of FY 2007 will focus on the national progress of PICT, CT promotion, condom education and distribution, and other issues as requested by NACP and other partners. During this visit, assistance will also be given in the preparation of the FY 2008 COP.

During FY 2007, four interagency TA visits will be made to Tanzania to assist in national PICT roll-out as well as conduct site visits and assist in implementation of activities to address the CT TWG's March 2006 recommendations.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9199
Planned Funds: $ 33,700.00
Activity Narrative: This activity relates to technical assistance provided by DOD and USAID. FY 2007 funds will support counseling and testing (CT) technical assistance (TA) visits by USG headquarters staff including Centers for Disease Control and Prevention (CDC), Department of Defense (DOD), and United States Agency for International Development (USAID). This activity supports the travel, per diem and miscellaneous costs of CDC participation. The TA builds upon a March 2006 interagency technical assistance visit made by the CT technical working group (TWG). This TA team made a number of recommendations to strengthen national CT services including: increased CT promotion, introduction of an updated HIV test kit algorithm, use of lay counselors in CT settings, development of a provider-initiated counseling and testing (PICT) training curriculum, and stronger prevention counseling including increased condom education and distribution. In the coming year, USG staff will provide technical assistance in order to improve upon these issues, as well as to address the complexities of HIV counseling and testing for couples and children.

In FY 2006, USG/Tanzania made progress with CT issues. Following the March 2006 CT TWG visit, a supplemental TA visit was conducted in September/October 2006. During this visit, assistance was provided to the Ministry of Health (MOH) through the National AIDS Control Program (NACP) to finalize national PICT guidelines, and to adapt a draft CDC PICT training curriculum to the local context to be used in future PICT trainings.

Future TA visits will be supported in FY 2007 to enhance the capacity of a new CT partner, IntraHealth International, to assist NACP in the national roll-out of PICT in clinical settings. In the second quarter of FY 2007, TA assistance will focus on PICT training for health workers as well as training on couples counseling and testing for counselors already trained in VCT.

In the third quarter of FY 2007, members of the interagency CT TWG, including representatives from DOD and USAID, will return to observe settings where national PICT roll-out has occurred, as well as to monitor the progress made on their March 2006 recommendations, and make further recommendations as necessary. The CT TWG will pay particular attention to child counseling and testing issues.

A subsequent TA visit in the fourth quarter of FY 2007 will focus on the national progress of PICT, CT promotion, condom education and distribution, and other issues as requested by NACP and other partners. During this visit, assistance will also be given in the preparation of the FY 2008 COP.

During FY 2007, four interagency TA visits will be made to Tanzania to assist in national PICT roll-out as well as conduct site visits and assist in implementation of activities to address the CT TWG's March 2006 recommendations.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Regional Procurement Support Office/Frankfurt
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9581
Planned Funds: $ 150,000.00
Activity Narrative: This activity links to activities under Counseling and Testing Ministry of Health/National AIDS Control Program activity #7776.

Proposed physical infrastructure improvements include upgrades of existing building space for counseling rooms in order to improve client flow and ensure confidential counseling in 25 NACP-funded, CT sites.

Consolidating infrastructure improvements will take away administrative and management burden from partners to allow a single country contact to oversee and coordinate the process for all RPSO procurements across program areas in Tanzania. The added benefit will ensure quality and consistency of products and services and ideally lead to cost efficiency with bulk purchasing. The in-country requisitioner will work with identified technical leads to assist RPSO in their contracting responsibilities. Funding for the representative is covered under the CDC management and staffing portion of the COP. RPSO has previously assisted CDC Tanzania with laboratory improvements and equipment purchases.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

USG in-country staff

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Regional Procurement Support Office/Frankfurt
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9582
Planned Funds: $ 60,000.00
Activity Narrative: This activity links to activities under Counseling and Testing Ministry of Health/Zanzibar AIDS Control Program activity #8690.

Proposed physical infrastructure improvements include upgrades of existing building space for counseling rooms in order to improve client flow and ensure confidential counseling in 10 ZACP-funded, CT sites.

Consolidating infrastructure improvements will take away administrative and management burden from partners to allow a single country contact to oversee and coordinate the process for all RPSO procurements across program areas in Tanzania. The added benefit will ensure quality and consistency of products and services and ideally lead to cost efficiency with bulk purchasing. The in-country requisitioner will work with identified technical leads to assist RPSO in their contracting responsibilities. Funding for the representative is covered under the CDC management and staffing portion of the COP. RPSO has previously assisted CDC Tanzania with laboratory improvements and equipment purchases.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

USG in-country staff

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9608
Planned Funds: $ 34,718.00
Activity Narrative: During the next fiscal year, HHS/CDC will continue to collaborate closely with the Government of Tanzania, Ministry of Health (MOH)/National AIDS Control Program (NACP), and other key partners to further strengthen technical and program capacity for implementing the Emergency Plan. HHS/CDC provides direct technical support for all of its HIV/AIDS CT programs, which are implemented in collaboration with Tanzanian governmental and non-governmental organizations. The non-governmental implementing partners have established offices in Tanzania to carry out CT activities.

In FY 2007, this funding will support in-country CT program staff. In-country program staff will work with the MOH/NACP to develop national CT policies, guidelines, protocols, and curriculums. Guidance will also be provided for establishing and expanding CT services, strengthening supervision systems, and conducting routine monitoring and evaluation. In partnership with the Zanzibar AIDS Control Program (ZACP), in-country staff will also support CT efforts by helping ZACP develop an annual work plan. In-country staff will assist other non-governmental partners by ensuring compliance with national policies and guidelines, harmonizing CT training efforts, and facilitating the exchange of lessons learned among partners. Finally, staff will conduct site visits throughout mainland Tanzania and in Zanzibar to observe service provision, monitor cooperative agreements, and ensure appropriate program implementation.

Emphasis Areas	% Of Effort
Human Resources	10 - 50

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9609
Planned Funds: $ 33,000.00
Activity Narrative: This activity relates to technical assistance provided by DOD and USAID. FY 2007 funds will support counseling and testing (CT) technical assistance (TA) visits by USG headquarters staff including Centers for Disease Control and Prevention (CDC), Department of Defense (DOD), and United States Agency for International Development (USAID). This activity supports the travel, per diem and miscellaneous costs of CDC participation. The TA builds upon a March 2006 interagency technical assistance visit made by the CT technical working group (TWG). This TA team made a number of recommendations to strengthen national CT services including: increased CT promotion, introduction of an updated HIV test kit algorithm, use of lay counselors in CT settings, development of a provider-initiated counseling and testing (PICT) training curriculum, and stronger prevention counseling including increased condom education and distribution. In the coming year, USG staff will provide technical assistance in order to improve upon these issues, as well as to address the complexities of HIV counseling and testing for couples and children.

In FY 2006, USG/Tanzania made progress with CT issues. Following the March 2006 CT TWG visit, a supplemental TA visit was conducted in September/October 2006. During this visit, assistance was provided to the Ministry of Health (MOH) through the National AIDS Control Program (NACP) to finalize national PICT guidelines, and to adapt a draft CDC PICT training curriculum to the local context to be used in future PICT trainings.

Future TA visits will be supported in FY 2007 to enhance the capacity of a new CT partner, IntraHealth International, to assist NACP in the national roll-out of PICT in clinical settings. In the second quarter of FY 2007, TA assistance will focus on PICT training for health workers as well as training on couples counseling and testing for counselors already trained in VCT.

In the third quarter of FY 2007, members of the interagency CT TWG, including representatives from DOD and USAID, will return to observe settings where national PICT roll-out has occurred, as well as to monitor the progress made on their March 2006 recommendations, and make further recommendations as necessary. The CT TWG will pay particular attention to child counseling and testing issues.

A subsequent TA visit in the fourth quarter of FY 2007 will focus on the national progress of PICT, CT promotion, condom education and distribution, and other issues as requested by NACP and other partners. During this visit, assistance will also be given in the preparation of the FY 2008 COP.

During FY 2007, four interagency TA visits will be made to Tanzania to assist in national PICT roll-out as well as conduct site visits and assist in implementation of activities to address the CT TWG's March 2006 recommendations.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Table 3.3.09: Activities by Funding Mechanism

Mechanism: I-TECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 12467
Planned Funds: $ 300,000.00
Activity Narrative: Tanzania's zonal training centers (ZTCs) are well positioned to strengthen sub-national expertise and ensure that trainings in the HIV/AIDS sector are well-organized to support the National AIDS Control Programme (NACP), referral hospitals, National Institute for Medical Research (NIMR), and city, regional and district health management teams. ZTCs are a critical capacity-building partner and Tanzania's success in the fight against HIV/AIDS depends heavily on these institutions. I-TECH is funded to strengthen the capacity of ZTCs to mount the strongest possible response to the epidemic.
The ZTC system is comprised of eight centers, which are decentralized to achieve maximum access to quality training for healthcare professionals. The Northern ZTC, situated at the Centre for Educational Development in Health (CEDHA) in Arusha, is the largest ZTC serving four regions. It offers a diploma program in health personnel education and many short courses for health professionals. Other ZTCs are smaller in size and scope, housed at Clinical Officer Training Centres (COTC) (e.g., Western ZTC, Kigoma) or with Assistant Medical Officer's Training Schools (e.g., Lake ZTC at Bugando Hospital, Mwanza).
I-TECH will collaborate with IntraHealth and MOHSW/NACP to build the ZTCs' capacity to conduct PITC trainings to 200 in-service providers from 4 regions, using the training of trainers approach to create master trainers. This strategy complements the GOT's efforts in the workforce capacity development process in the short term and increases human capacity in the long term (skills-based mentoring). PITC trainings will be conducted using the five-day curriculum developed by NACP and in accordance with national guidelines. These initial trainings will be used to pilot test materials and I-TECH and the ZTCs will work with NACP and IntraHealth to revise the curriculum, as needed. The reprogrammed funds will also assist the ZTCs to establish relationships and distribute a basic package of HIV/AIDS support materials (i.e., plans, teaching aids, media materials, monitoring and evaluation instruments, management tools, etc.) as a baseline for capacity development.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards	200	☐

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Mbeya HIV Network Tanzania
Prime Partner: Mbeya HIV Network Tanzania
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 19302
Planned Funds: $ 111,556.00

Activity Narrative: This activity also relates to activities in palliative care (7723, 7735), treatment (7747, 7749, 7794, 7797), AB prevention (8688), and other activities in counseling and testing (8657, 8660).

Through the Henry M. Jackson Foundation, the Department of Defense (DoD) established HJF Medical Research International (HJFMRI) in Tanzania in 2004 to manage and provide technical assistance to HIV care initiatives in the Southern Highlands. In FY 2005, HJFMRI worked with several local non-government (NGOs) and faith-based organizations (FBOs) in the Mbeya Region to form an HIV Network (Network) in support of HIV programming in three of the four regions in the Southern Highlands Zone (Mbeya, Ruvuma, and Rukwa Regions). Most of these 10 organizations that presently form the Network are well established within this Zone, functioning anywhere between two to 20 years.

The Southern Highlands, Mbeya Region in particular, is situated along the Trans-African Highway, at the junction between Malawi and Zambia. This location on the "trade" route has contributed to a large percentage of the overall HIV infected population in Tanzania. Prevalence in the population along this route averages around 19% according to data from NGOs and FBOs providing VCT services but can range as high as 68% among bar workers. (Riedner, et al: 'Baseline survey of sexually transmitted infections in a cohort of female bar workers in Mbeya Region, Tanzania' Sexually Transmitted Infections , 2003 Oct; 79(5);382-7)

Currently, the Network works in a coordinated manner to sensitize and mobilize communities on issues related to counseling and testing, HIV care, and anti-retroviral treatment (ART). Each Network member has unique expertise which is shared with other members to strengthen the overall capacity and program for all. Some examples of members and their strengths include: KIHUMBE (which receives its own funding as a prime partner and does not receive funds under the Network) excels in home-based care and prevention education and is the Zone's premier source of training in both technical areas working along side the Mbeya Regional AIDS Control Programme (MRACP); the Iringa Residential Training Foundation (ITRF) (located in Mbeya Municipality) has extensive experience with income generation project training and small business start up; Save Tanzania (SETA) trains other network members to build an organization's capacity in program and budget management; the Anglican Diocese in the Southern Highlands has extensive experience in training orphan counselors and orphan caregivers; and The Evangelical Lutheran Church of Tanzania (ELCT), provides training in gender, legal and human rights. Since the Network was formed, significant results have been achieved in all areas of member programming and it is allowing them to achieve coordinated and sustainable solutions. While KIHUMBE is a member of the network, it focuses only on Mbeya Municipality where it is located and is funded as a prime partner in a separate submission, the geographic coverage for the Network includes the Rukwa and Ruvuma Regions and other districts within the Mbeya Region.

In support of sustainable programming, in FY 2007, the oversight of the Network, activities currently under taken by HJFMRI, will be transferred to a local institution. This will occur through an open and competitive process where a local organization with a demonstrable track record in service provision, coordination and excellent management and accountability, will be selected to serve as the umbrella organization for the Network. The Network itself has been incorporated as a legal entity, has developed a steering committee and is working on strengthening an administrative core to manage and oversee member activities. The selected organization or entity will be the prime partner for this activity under this submission, determining awards, ensuring regional coverage, and assuring proper fiscal management and oversight with sub-grantees implementing activities at the community level. The funding under this submission will support management of the Network and all counseling and testing activities conducted by the TBD as part of its overall counseling and testing portfolio in the region.

FY2007 funding will support a mobile VCT effort as a means for overcoming existing health service infrastructural deficiencies, bringing desperately needed HIV/AIDS counseling and testing, education, care and treatment to people throughout the year. Isolated and rural communities served by members of the Network will be targeted. Regional and district hospitals will be an integral part of this program as they will provide the vehicles that will transport mobile VCT staff and their testing materials from one

location to another. In addition, the regional and district hospitals will determine the actual location of the mobile VCT based on local prevalence rates and community need. In accordance to national guideline, clients will be counseled and tested by a team of certified counselors provided by member NGOs as well as the regional and district hospitals. Clients who are found to be HIV positive will be referred to the nearest Care and Treatment Centre (CTC) attached to the hospital providing the mobile VCT vehicle for evaluation. Clients that test HIV positive will be referred to local community support groups for people with HIV/AIDS to access emotional and spiritual support and to home based care (HBC) organizations working in their area for additional palliative care, many of them members of the Network.

The Mobile VCT program will be linked to health centers to provide the client with information about local and district CTC, behavior change, healthy living choices, and information about local income generating projects and training through IRTF to help promote the lively hood of PLWHA. In order to maximize coverage and reduce the change of overlap, the Network will work with all members to assign areas of coverage based on current program services footprints in HBC or prevention. Working in concert with the Network, the Family Health International's Regional Outreach Addressing AIDS through Development Strategies (ROADS) Program (under the Transport Corridor Initiative), and local health center and dispensary VCTs, this mobile VCT activity will target a total of 10,000 individuals who will receive counseling and testing and their results and will train an estimated 120 peer educators living in target communities to assist in community mobilization. Existing VCT counselors from Network member organizations and participating hospitals will be used for service delivery so no additional staff will need to be trained.

Funding in FY 2007 will support costs related fuel for the Mobile VCT unit, transportation and remuneration of volunteer counselors, tents, and community mobilization necessary to carry out counseling and testing.

Plus up funding will be used to procure two vehicles to provide mobile services targeting underserved, hard-to-reach, and high-risk populations such as truckers and commercial sex workers. In accordance to national guideline, clients will be counseled and tested by a team of certified counselors provided by TBD member NGOs as well as the regional and district hospitals. Clients who are found to be HIV positive will be referred to the nearest Care and Treatment Center. This mobile VCT activity will target a total of 10,000 individuals who will receive counseling and testing and their results at 20 sites in the initial stages of the program. Existing VCT counselors from participating NGOs and hospitals will be used for service delivery so no additional staff will need to be trained.

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	RODI
Prime Partner:	Resource Oriented Development Initiatives
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	19303
Planned Funds:	$ 103,730.00

Activity Narrative: This activity also relates to activities in palliative care (7723, 7735), treatment (7747, 7749, 7794, 7797), AB prevention (8688), and other activities in counseling and testing (8657, 8660).

Through the Henry M. Jackson Foundation, the Department of Defense (DoD) established HJF Medical Research International (HJFMRI) in Tanzania in 2004 to manage and provide technical assistance to HIV care initiatives in the Southern Highlands. In FY 2005, HJFMRI worked with several local non-government (NGOs) and faith-based organizations (FBOs) in the Mbeya Region to form an HIV Network (Network) in support of HIV programming in three of the four regions in the Southern Highlands Zone (Mbeya, Ruvuma, and Rukwa Regions). Most of these 10 organizations that presently form the Network are well established within this Zone, functioning anywhere between two to 20 years.

The Southern Highlands, Mbeya Region in particular, is situated along the Trans-African Highway, at the junction between Malawi and Zambia. This location on the "trade" route has contributed to a large percentage of the overall HIV infected population in Tanzania. Prevalence in the population along this route averages around 19% according to data from NGOs and FBOs providing VCT services but can range as high as 68% among bar workers. (Riedner, et al: 'Baseline survey of sexually transmitted infections in a cohort of female bar workers in Mbeya Region, Tanzania' Sexually Transmitted Infections , 2003 Oct; 79(5);382-7)

Currently, the Network works in a coordinated manner to sensitize and mobilize communities on issues related to counseling and testing, HIV care, and anti-retroviral treatment (ART). Each Network member has unique expertise which is shared with other members to strengthen the overall capacity and program for all. Some examples of members and their strengths include: KIHUMBE (which receives its own funding as a prime partner and does not receive funds under the Network) excels in home-based care and prevention education and is the Zone's premier source of training in both technical areas working along side the Mbeya Regional AIDS Control Programme (MRACP); the Iringa Residential Training Foundation (ITRF) (located in Mbeya Municipality) has extensive experience with income generation project training and small business start up; Save Tanzania (SETA) trains other network members to build an organization's capacity in program and budget management; the Anglican Diocese in the Southern Highlands has extensive experience in training orphan counselors and orphan caregivers; and The Evangelical Lutheran Church of Tanzania (ELCT), provides training in gender, legal and human rights. Since the Network was formed, significant results have been achieved in all areas of member programming and it is allowing them to achieve coordinated and sustainable solutions. While KIHUMBE is a member of the network, it focuses only on Mbeya Municipality where it is located and is funded as a prime partner in a separate submission, the geographic coverage for the Network includes the Rukwa and Ruvuma Regions and other districts within the Mbeya Region.

In support of sustainable programming, in FY 2007, the oversight of the Network, activities currently under taken by HJFMRI, will be transferred to a local institution. This will occur through an open and competitive process where a local organization with a demonstrable track record in service provision, coordination and excellent management and accountability, will be selected to serve as the umbrella organization for the Network. The Network itself has been incorporated as a legal entity, has developed a steering committee and is working on strengthening an administrative core to manage and oversee member activities. The selected organization or entity will be the prime partner for this activity under this submission, determining awards, ensuring regional coverage, and assuring proper fiscal management and oversight with sub-grantees implementing activities at the community level. The funding under this submission will support management of the Network and all counseling and testing activities conducted by the TBD as part of its overall counseling and testing portfolio in the region.

FY2007 funding will support a mobile VCT effort as a means for overcoming existing health service infrastructural deficiencies, bringing desperately needed HIV/AIDS counseling and testing, education, care and treatment to people throughout the year. Isolated and rural communities served by members of the Network will be targeted. Regional and district hospitals will be an integral part of this program as they will provide the vehicles that will transport mobile VCT staff and their testing materials from one

location to another. In addition, the regional and district hospitals will determine the actual location of the mobile VCT based on local prevalence rates and community need. In accordance to national guideline, clients will be counseled and tested by a team of certified counselors provided by member NGOs as well as the regional and district hospitals. Clients who are found to be HIV positive will be referred to the nearest Care and Treatment Centre (CTC) attached to the hospital providing the mobile VCT vehicle for evaluation. Clients that test HIV positive will be referred to local community support groups for people with HIV/AIDS to access emotional and spiritual support and to home based care (HBC) organizations working in their area for additional palliative care, many of them members of the Network.

The Mobile VCT program will be linked to health centers to provide the client with information about local and district CTC, behavior change, healthy living choices, and information about local income generating projects and training through IRTF to help promote the lively hood of PLWHA. In order to maximize coverage and reduce the change of overlap, the Network will work with all members to assign areas of coverage based on current program services footprints in HBC or prevention. Working in concert with the Network, the Family Health International's Regional Outreach Addressing AIDS through Development Strategies (ROADS) Program (under the Transport Corridor Initiative), and local health center and dispensary VCTs, this mobile VCT activity will target a total of 10,000 individuals who will receive counseling and testing and their results and will train an estimated 120 peer educators living in target communities to assist in community mobilization. Existing VCT counselors from Network member organizations and participating hospitals will be used for service delivery so no additional staff will need to be trained.

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Table 3.3.09: Activities by Funding Mechanism

Mechanism:	SONGO-NET
Prime Partner:	SONGONET-HIV Ruvuma
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	19304
Planned Funds:	$ 54,714.00

Activity Narrative: This activity also relates to activities in palliative care (7723, 7735), treatment (7747, 7749, 7794, 7797), AB prevention (8688), and other activities in counseling and testing (8657, 8660).

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Table 3.3.10: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10

Total Planned Funding for Program Area: $ 19,780,000.00

Program Area Context:

This activity links to all activities under treatment, supporting Tanzania's expansion from 96 to 200 care and treatment sites and the Government of Tanzania's goal of enrolling 100,000 on ART by December 2006. ARV procurements will be limited to alternate first line, second line, and pediatric formulations to meet national needs while the Government of Tanzania (GoT) will continue to procure first line regimes utilizing GFATM resources. In addition, USG funds will assist in procurement of medications necessary for the prevention and treatment of OIs such as cotrimoxazole and laboratory reagents necessary for the monitoring of HIV positive patients.

At a national level, the Ministry of Health's Pharmaceutical Supply Unit (PSU) is responsible for identification and quantification of all essential drugs and commodities while the Medical Stores Department (MSD), a parastatal located within the Ministry of Health, undertakes procurement. All ARVs imported into Tanzania, regardless of funding source, must be in conformity with the National Standard Treatment Guidelines. All products must be registered with the Tanzania Food and Drug Authority (TFDA), and are subject to sampling and quality assurance testing upon arrival.

Procurement on behalf of the USG/Tanzania in FY07 will be undertaken by the Partnership for Supply Chain Management (SCMS). SCMS will also take over support for capacity building and monitoring of related supply chains, emergency and buffer stock procurements, and quantification. Requirements developed during forecasting will be fed into SCMS's global suppliers system. Consolidated bulk deliveries will be made from manufacturers to the Regional Distribution Center for East Africa in Nairobi. SCMS as the shipper will be able to issue "tailor made" shipping and importation documentation specific to Tanzania's requirements. Crown Agents, well-established in Tanzania and with a wealth of ARV importation experience, will continue to handle the clearance process and delivery to MSD for distribution to all of the sites in the national ART program. Now under SCMS, JSI and Crown Agents will continue to make sure that steps are taken to avoid delays or jeopardize product efficacy due to improper storage. Currently the clearance process is averaging 1 to 2 weeks. With SCMS's controlling all aspects of documentation, this is expected to be reduced to 1 week or less. SCMS, building upon JSI/Deliver activities, will also continue to provide technical assistance to a wide range of development partners including all PEPFAR partners, Global Fund, the Development Partners Group, as well as the various divisions of the MOH involved in commodity distribution.

To support an improved ordering and delivery system in FY05 the USG funded an Integrated Logistics Management Information System (LMIS) for essential drugs and commodities including PMTCT, ART and home-based care in two of the country's 21 regions. This pilot looked at the feasibility of moving from a pre-packed "push" system to a utilization based "pull" system. In FY06, the GoT adopted the ILS for national roll out. It is expected that FY07 funds through SMCS will allow more regions to be trained, in step with MSD's expansion of their packing line capacity. Through this "Report and Request" ordering system each site reports its consumption, number of patients per regimen, stock on hand and estimated upcoming re-supply quantities. This facility-level data is then used for decision-making throughout the distribution network. USG funded SCMS/JSI zonal staff will ensure the functioning of the LMIS and promote the use of the data generated to monitor program performance. This database will also enable sites with sufficient information technology capability to order online, reducing lead-time and the potential for transcription errors inherent in any manual system.

Logistical activities supported by the USG in FY07 will ensure that drugs procured by all parties arrive at their final destination, the patient, through a two-pronged approach providing both central level and zonal/regional support. At the central level, JSI, as the local executing agent of SCMS, will continue to strengthen the capacity of the National AIDS Control Programme and MSD staff in the areas of data analysis, quantification, forecasting, procurement scheduling and pipeline monitoring. Forecasting and quantification will be undertaken for the entire gamut of products required for the Care and Treatment

Program, both USG-supplied and those funded through other sources. Consumption and morbidity data, as well as program objectives are used to develop needs requirements annually. This annual exercise is followed up with quarterly reviews of consumption, stock on hand, pipeline, and program expansion data to adjust shipment scheduling as/if required. Achievement of scale-up targets will be closely monitored to verify the accuracy of the assumptions used to develop needs requirements.

In the zones and regions, USG will support the institution of "SWAT" teams with the dual purpose of supporting facilities to quantify and order drugs and to ensure that drugs arrive safely at the site, are properly recorded and monitored until prescribed for patients. These teams are being piloted in Dar es Salaam in FY06. This activity will be expanded and a national network of 8 teams supporting 8 zonal stores will be established in FY07. The SWAT teams will include a clinician and pharmacist as well representatives from relevant MSD and District Health Management Team offices. They will assist facilities in quantifying drug requirements; provide on-the-job training; build regional and zonal supervision capacities; monitor ARVs, HIV test kits, drugs for OIs, reagents, lab supplies and equipment; and serve as an early warning system for stock-outs. This decentralized capacity building will take advantage of improved logistics data availability to help develop a culture of "data for decision making". A supervisor, based in Dar es Salaam, will coordinate these teams and serve as the link between the central MSD warehouse and the 8 zonal stores.

The USG will support a complementary program in collaboration with the TFDA. The Accredited Drug Dispensing Outlets (ADDO) effort, designed and lead by the TFDA, certifies duka la dawa baridis (DLDBs) as qualified to provide certain drugs and commodities and well as defined consultation services. ADDO is an effort to further regulate DLDBs which are privately run small outlets that had been authorized by the GoT to provide a limited range of medical supplies and over-the-counter drugs. As they are placed in very rural areas they often reach underserved communities, the goal of this USG supported activity is to improve access to basic and critical medications for opportunistic infections in rural and peri-urban areas. ADDO program elements include: accreditation; business skills training; pharmaceutical training (including dispensing practices); basics of common diseases symptoms and treatment; communication skills; supervision; and regulation and inspection. These outlets are being considered by the GOT as distribution points for of home-based care kits, drugs for opportunistic infections, and, possibly, for the re-supply of ARVs and cotrimoxazole.

USG activities in FY07 will be managed by a Personal Services Contractor hired specifically to manage the procurement and logistics needs of the USG/Tanzania. The individual will not only oversee SCMS and the other activities described above but will also coordinate identified medical procurement and serve as a point person across the USG agencies; track and flag related national issues; identify opportunities for public diplomacy intervention; and track GFATM related procurements. In all cases, the individual would be required to not only be informed of the issues but also propose and implement remedies.

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	7733
Planned Funds:	$ 18,969,657.00

Activity Narrative: This activity links to all activities under antiretroviral treatment. Activities in 2005 represented a turning point in the implementation of the Emergency Plan in Tanzania. With the arrival of the first anti-retrovirals (ARVs) purchased with USG funds in September 2005, the Tanzania program turned the corner into full-scale implementation of the ART strategy. Under COP 2007, support for ARV logistics will continue and expand through funding of JSI's Partnership for Supply Chain Management Systems (SCMS), building on the successes of the previous years under JSI/DELIVER. JSI/SCMS will continue to assist the National AIDS Control Program (NACP) with the quantification of all of the National Care and Treatment Plan's ARVs, and will procure those that are designated as the USG's contribution to the pool.

ARV's procured by SCMS will fulfill the USG's commitment, articulated through a formal memorandum of understanding with the Government of Tanzania (GoT), to provide alternate first line, second line, and pediatric drugs for the country. These are: Abacavir, Didanosine, Efavirenz, Lamivudine, Lamivudine combined with Nevirapine, Lopinavir combined with Ritonavir, Nelfinavir, Nevirapine, Ritonavir, Stavudine, Zidovudine, and Saquinavir. The total cost of approximately $14 million represents 60% of overall expenditures on ARVs in Tanzania. The balance, procured by GoT with GFATM funds, is for first line ARVs.

With the increasing influx of drugs to support the ART program, comes a concomitant concern over the handling and security of these commodities, from the time they enter the country until the time they are received by the patient. To help safeguard the ARVs, zonal "SWAT" teams were established in 2006 to create a linkage between the 8 Zonal Medical Stores Departments (MSD) and clinics. (This will build upon the successful work carried out under JSI/DELIVER in 2006 by two consultants monitoring ARV logistics and providing supportive supervision to the 19 ART sites in Dar es Salaam.) These SWAT teams, comprised of two people each (an individual with pharmacy expertise and an individual with clinical expertise) will move within the MSD zone to assist facilities in quantifying their drug requirements, provide on-the-job training to improve performance of ARV-related logistics functions, and ensure that MSD is able to fill requests. An additional supervisor, based in Dar es Salaam, will coordinate these teams and serve as the link between the central MSD warehouse and the 8 zonal stores, thus completing the monitoring chain from the drugs' point of entry into the logistics system to their exit at the service delivery point. Whereas the pharmacist staffer of the two person team will support drug management staff in the sites, the clinical staffer of the team will support clinical staff in understanding the prescription and ordering process for the drugs. Thus the two person team will ensure that ARVs are available at the facility and are prescribed properly. These teams will also serve as an opportunity to link into the activities of the Twinning Center (see ART AIHA activity narrative for more information) and treatment. Treatment partners, with a presence in facilities, will guide SCMS SWAT teams to identify technical assistance in drug and logistics that the partners may not be best placed to provide. The Twinning Center will provide preceptors for ART facilities which do not have a direct USG partner. The preceptor may join the team to provide expert input at the facility level and as on-going supervision for sites which may "graduate" from preceptorship.

In FY 2005, JSI/DELIVER piloted an Integrated Logistics System for commodities including PMTCT, ART and home-based care in two of the country's 21 regions. In 2006, the USG funded the expansion of the ILS to two additional regions. Three more regions were trained using funds leveraged from DANIDA. COP 2006 funds will allow two to four more regions to be trained, in step with MSD's expansion of their packing line capacity. COP 2007 funds will be used to continue this process, and to support MSD's computerized database in capturing facility-level data on usage of drugs and related medical supplies. The progressive roll out of the ILS will have profound implications on MSD's data entry requirements, and JSI/SCMS will continue to support MSD through locally-procured IT services and staff, including expanding electronic ordering by ART sites and districts. Data from this database will be invaluable, both to central level decision makers as well as zonal and district managers supported by the SWAT teams who will also monitor the roll out of the ILS. In addition to support in the development, training and implementation of logistics systems for the various commodity groups and programs (ART, PMTCT, STI drugs, HIV test kits, essential drugs, etc.), JSI/SCMS will expand their quantification and ongoing monitoring to include ARVs, HIV test kits, STI drugs, drugs to combat opportunistic infections, reagents, lab supplies and equipment, and will procure many of

these items on behalf of the USG.

SCMS will also continue to provide technical assistance to a wide range of development partners including all PEPFAR partners, Global Fund partners, the Development Partners Group, as well as the various divisions of the MOHSW involved in commodity distribution; NACP, Reproductive Child Health Services, and in particular, the Pharmaceutical Supply Unit, which will be strengthened over time to assume its key role of coordinating all commodity management for the MOHSW.

With plus up funding, 3 of the 5 regions that are still using old systems will be able to rapidly transition to the ILS, thus improving forecasting, timely procurement, and distribution. Experienced zonal training centers will be used for the necessary training along with already developed, tested and used training materials. The additional resources will also support the upgrading of remaining zonal medical stores with the packing lines necessary to implement ILS. Funding for the remaining 2 regions will be included in the '08 COP thus facilitating a completed roll-out by September 2008.

Continued Associated Activity Information

Activity ID:	3433
USG Agency:	U.S. Agency for International Development
Prime Partner:	Partnership for Supply Chain Management
Mechanism:	SCMS
Funding Source:	GHAI
Planned Funds:	$ 14,293,966.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

Adults
Country coordinating mechanisms
Faith-based organizations
Doctors
Nurses
Pharmacists
Infants
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Pregnant women
Program managers
Children and youth (non-OVC)
HIV positive pregnant women
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: RPM+
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 9175
Planned Funds: $ 500,000.00

Activity Narrative: This activity links to all activities under antiretroviral treatment with the goal of improving the accessibility to affordable, quality and effective essential medicines and pharmaceutical services to populations in rural and peri-urban areas through assistance to the Ministry of Health and Social Welfare (MOHSW) and the Tanzanian Food and Drugs Authority (TFDA) to expand the number of accredited drug dispensing outlets (ADDOs). The ADDO effort transforms duka la dawa baridi (DLDBs) outlets, low-level, private sector vendors of drugs and commodities, into a regulated service and health education provider. The major feature of the ADDO shops is that in most cases they are the nearest service in a community offering standardized health services of an assured quality. It has been found that about 41% of the population makes their first contact at the drug outlets before going to a health facility. Major ADDO program elements include: accreditation based upon MOHSW/TFDA-instituted standards and regulations governing ADDOs; business skills training; pharmaceutical training (including dispensing practices); basics of common diseases symptoms and treatment; health communication skills,; essentials of HIV/AIDS; and regulation and inspection. Once DLDBs have been accredited, RPM Plus will work with National AIDS Control Programme (NACP), other PEPFAR partners, district authorities to link prevention, care and treatment activities into the ADDO program in order to leverage resources, create referral linkages and collaborate to provide integrated HIV/AIDS care and support at the community level. The strategy will support both Government of Tanzania (GoT) and PEPFAR plans to scale up HIV/AIDS services.

ADDOs outlets offer avenues for providing appropriate community health interventions. Conceivably, they may be used to reinforce compliance to drugs for chronically ill patients, provide medicine refills for these conditions, provide storage of basic medicines and drugs for treating opportunistic diseases for patients living with HIV/AIDS, and provide general health information. In addition, the number of trained dispensers could play a role in recognizing serious conditions for referral and provide one-on-one counseling and advice. Once established, integrated HIV/AIDS prevention, care and treatment activities and other major public health interventions such as malaria, TB and Integrated Management of Childhood Illness will be integrated into the ADDO menu of essential pharmaceutical services.

In 2005 RPM Plus carried out a rapid situation analysis of home-based care services in Morogoro region in order to be able to understand the existing gaps and to explore feasible options for integrating HIV/AIDS interventions into the ADDO program. A concept paper detailing the ADDO-HIV/AIDS model has been finalized and is being shared with major stakeholders for input. The strategy was later presented and approved by both TFDA management and MOHSW senior management team. In addition, in 2006, RPM Plus provided technical support to TFDA to finalize joint work plans to implement ADDO roll out activities at national, regional and district levels. Implementing the first phases of the basic elements of the ADDO model (accreditation) RPM Plus transformed and TFDA accredited 177 ADDOs in two districts of Morogoro region. Owners were trained on dispensing, common disease conditions, communications skills and HIV/AIDS.

In FY 2007 the RPM+ effort will focus on Iringa region and complement the treatment and care activities of Family Health International, a major USG partner. Iringa is located in the southern highlands of Tanzania. The region is divided into eight districts, has a population of 1,495,333, and 801 villages. There are 712 registered DLDB outlets however, experiences have shown that the registered DLDBs are only 50% of the existing DLDBs in the districts and the numbers tend to be higher than the existing information at the regional pharmacist's office.

Through the ADDOs, public education on HIV/AIDS campaigns related to availability of voluntary counseling and testing (VCT) for HIV/AIDS, and ARV treatment facilities, and information on prevention fight against stigma using available Information, Education, and Communication materials and social marketing techniques in collaboration with other partners (e.g. PSI, T-Mark) will reach groups and areas that might not otherwise be reached. In addition ADDOs, in collaboration with community-based organizations/NGOs, could provide home-based care (HBC) services to remote and rural areas through extension services that would be able to take the HBC kits and services into underserved and remote areas. In addition, ADDOs could be a source for replacement of kit supplies. The MOHSW/NACP guideline for HBC places emphasis on the continuum of care that links the relevant elements of comprehensive care to the relevant health and other sectors that

will ensure the needs of clients and their families are met through timely and effective intervention. The patient receiving care must have access to all three levels: facility, community and home. ADDOs are well-positioned to be part of a functional referral link to other HIV/AIDS services such as HBC, VCT, PMTCT and ART. A referral system will be developed that will assist clients with information on where to access those services. RPM Plus will link with PEPFAR's Care and treatment partners in Iringa and Morogoro to pilot the use of ADDOs as an adjunct to proposed interventions.

The current scope of work for Partnership for Supply Chain Management Services (SCMS) includes procurement and delivery of HIV pharmaceuticals and related products to target countries, coupled with technical assistance in supply chain management as required ensuring their timely delivery to health facilities. SCMS does not address issues of pharmaceutical or clinical services such as diagnostic, prescribing or dispensing practices, public education or other issues related to medication use. In those countries where both SCMS and RPM Plus are supporting the country PEPFAR programs this division of technical responsibility is the agreed upon approach based on the comparative strengths, skill sets and competencies of each activity.

Expected results will include: increased access to essential drugs and basic pharmaceutical services for rural communities through a sustainable public-private collaborative model that; improved dissemination and distribution of HIV/AIDS products and services to rural populations, increased awareness on HIV/AIDS available services and referral linkages to VCT, STI, PMTCT and other public health interventions; six million contacts per year; and documented results and outcomes of this innovative public-private model for supporting HIV/AIDS prevention, care and treatment activities in resource-limited setting.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

Adults
Mobile populations
National AIDS control program staff
People living with HIV/AIDS
Policy makers
Program managers
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Other MOH staff (excluding NACP staff and health care workers described below)
Pharmacists
Other Health Care Workers
Implementing organizations (not listed above)

Coverage Areas

Iringa

Morogoro

Table 3.3.10: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 9177
Planned Funds: $ 310,343.00
Activity Narrative: The FY 2007 funds will support one full time equivalent staff member who will coordinate this program area as well as serve as technical lead. The position, although hired by USAID, has been designed by the USG team to serve the needs of the entire portfolio and will be accountable to meeting the needs of all agencies. Their role is multifaceted and includes: coordination of drug, equipment, and commodity forecasting, procurement, and distribution across and within USG agencies; technical assistance to the USG and implementing partners regarding appropriate volume and types of procurements vis-à-vis Government of Tanzania (GoT) and USG regulations, policies and protocols; identification of drug and commodity related barriers to implementation of the broader USG program; design and implementation of solutions to the same; and oversight of Antiretroviral (ARV) drug partners.

In FY 2007 the Tanzania team is working towards a more consolidated procurement process to achieve efficiencies as well as to ensure compliance with GoT and USG regulations. To that end, not only is one agent, John Snow International/Supply Chain Management Systems (JSI/SCMS), procuring all of the USG ARVs, as JSI have done in all previous years, but this same agent will also be procuring all test kits, a significant portion of treatment and care related drugs and commodities, all biologic surveillance reagents, and laboratory reagents. In addition, s/he will work directly with implementing partners to assist and facilitate their procurement needs. To fulfill this role, the staff member will make frequent site visits, assessing pipelines and logistics systems. They will work directly with SCMS to design interventions to remediate problems. They will also work with GoT, other donors, the Global Fund for AIDS, TB, and Malaria, the Tanzania AIDS Coordinating Committee to identify and solve systemic issues. The individual will play a leading role in the ARV drugs thematic group.

With the significantly increased complexity of USG procurement planning and implementation it has been determined that a senior USPSC is needed to guide and oversee the program. This position had previously been a FSN position at State but had never been filled.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Target Populations:

Country coordinating mechanisms
National AIDS control program staff
People living with HIV/AIDS
Policy makers
USG in-country staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.11: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11

Total Planned Funding for Program Area: $ 69,644,838.00

Program Area Context:

An estimated 400,000 Tanzanians have advanced HIV infection and would benefit from HIV treatment. The Government of Tanzania (GOT) has made significant progress in expanding access to antiretroviral therapy (ART). In 2006, the program expanded from 96 to 200 ART sites and over 600 health care workers were trained in ART delivery. Logistical systems for the distribution of medications and ART monitoring systems were strengthened. Availability of drugs has improved and the "pull" system (where ART sites order drugs based on need) has been partially implemented. By September 2006, with significant USG support, over 50,000 persons had been enrolled on ART, compared with 25,000 one year earlier. Despite this promising growth, Tanzania continues to face significant human capacity shortages, limited laboratory capacity, fragile procurement systems and weak referral systems; all of which have been compounded by substantial technical and policy challenges.

To address these deficiencies and to contribute to sustainability, the most notable change in the USG-funded approach is the implementation of a regional strategy. In FY 2006 under the leadership of the National AIDS Control Program (NACP) and the USG team and in collaboration with USG ART partners, each partner was assigned specific regions and given the mandate to strengthen ART services at all of the GOT treatment sites within their designated regions. The partners are working with the regional and district governmental authorities in their assigned regions to plan and budget for the provision of ART services at regional, district, and health-center levels. In collaboration with local representatives, the partners have completed assessments of all these sites and submitted strengthening plans. Through this process, the geographical scope of direct USG support has increased and is more aligned with the national plan. In FY 2007, the USG will continue support to national coordinating bodies such as the NACP and the Zanzibar AIDS Control Program (ZACP).

Sustainability is a hallmark of the USG approach, and a few sites have "graduated" to a direct funding relationship with the USG, allowing the ART partners to support additional new facilities. The GOT has ambitious plans to expand some ART services (for example, follow up of stable patients and initiation of standard first line ARV regimens) to a total of 500 health centers within the next two years. With the regional approach established, the USG and its partners are now in an excellent position to assist with this expansion. To address health-care staff shortages, USG staff and partners will assist with the implementation of an emergency hiring plan supported by reprogrammed Global Fund monies (see OPSS).

Although some district authorities have access to basket funds to support ART scale up, the administrative and technical expertise to efficiently manage and expend these funds is weak. In FY 2007, the USG will supplement this with direct USG funds and will provide technical assistance to build the capacity of these authorities in both management and provision of supportive supervision of treatment services in their regions/districts. Where USG partners have primary responsibility for supporting the ARV program, they will extend support for/coordination with all sites and programs providing HIV care and treatment within the region. In regions where USG partners do not have primary responsibility for supporting the ART program, USG will support service provision through a preceptor program.

USG partners will ensure that all facilities will receive agreed-upon standards for a minimal level of support. These will include improved training of a primary and secondary team of ART clinic staff, provision and participation in regular supportive supervision site visits, active promotion of Provider-Initiated HIV testing, support for prevention with positives (PWP) programs, post-exposure prophylaxis, advocacy for inclusion of ART services within the regional and district budgets, strengthening of systems for case reporting and record keeping as per national standards, establishment of clinical mentoring from regional hospital/partner by distance communication (mobile phone), and development/strengthening of referral systems and linkages to community care programs.

Facilities will be renovated as needed to improve patient flow and confidentiality, and will receive

equipment and supplies not provided from the GOT or Medical Stores Department; this will be done in coordination with the GOT to ensure essential equipment maintenance and support through the national system. Beginning in FY 2007, most procurement of drugs, reagents, and other commodities will occur through the Partnership for Supply Chain Management, and site renovation work will be centralized for more efficient oversight

In FY 2007, USG partners directly supporting HIV treatment will specifically focus on providing: 1) improved identification of pediatric cases and referrals for services, 2) improved linkages with other programs to ensure and enhance a continuum of care (TB/HIV, C&T, PMTCT, prevention services including a PWP initiative focusing on partner testing, disclosure, risk reduction, family planning, treatment of sexually transmitted infections and decreasing alcohol use) and 3) improved quality of treatment services at all levels. Linkages across all program areas will be strengthened, for example through use of referral tracking forms. Each USG treatment partner will specifically work to improve linkages to PMTCT programs, with targets of increasing the numbers of pregnant women accessing ART to 6% of total ART patients. A national level radio campaign will work to increase demand for ART.
Although Tanzania has a higher proportion of HIV-infected children in care (10%) than most African countries (median 7%), the proportion is significantly below the GOT target of 20%. A USG-funded assessment of the barriers to pediatric care identified a number of areas where policy changes and technical assistance should increase the number of children in care. In FY 2007 these activities will include raising health care worker awareness and clinical skills in pediatric care, promotion of provider-initiated testing among children, and linking mothers' HIV-status to the child health card. A particular focus will be to develop regional networks for the diagnosis of early pediatric HIV infection through DBS PCR testing. These interventions will help assure that all USG ART partners increase the pediatric proportion to at least 13% of their total patients. Cumulative target is to provide treatment to 15,000 children by the end of FY 2008. A USG supported Pediatric AIDS program nested in a Family Care Centre of the zonal hospital in the Kilimanjaro Region will function as a model center for direct care and will assist the NACP to develop policies and training to be disseminated nationally. Experience gained from establishing referral networks from this zonal hospital will be applied in other zones. Expanded training in pediatric treatment will allow down-referral of stable pediatric patients.

Improved quality of treatment programming will be supported by individual partners, and through collaboration, with other donors, such as the German Technical Cooperation, the Clinton Foundation, and Médecins Sans Frontières, with best practices being shared at national level meetings. To assess the quality of the national ART program, USG is funding a national evaluation in which patient level outcomes will be analyzed using routinely collected data. Also, the collaborative QI model being used in Rwanda and Uganda will be piloted in 2 partner sites.

Together, these efforts will contribute to GOT and Emergency Plan goals, nearly doubling the current number of patients on ARV's by the end of 2007.

Program Area Target:

Number of service outlets providing antiretroviral therapy	252
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	125,274
Number of individuals receiving antiretroviral therapy by the end of the reporting period	102,328
Number of individuals newly initiating antiretroviral therapy during the reporting period	52,914
Total number of health workers trained to deliver ART services, according to national and/or international standards	4,019

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	AIHA
Prime Partner:	American International Health Alliance
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7679
Planned Funds:	$ 500,000.00

Activity Narrative: Preceptors Initiative

The American International Health Alliance (AIHA) ARV Services activity described here is one component of a comprehensive set of services further described in the OPSS, Palliative Care, OVC and Laboratory program areas.

The Preceptor Initiative is a component of the Twinning Center's Voluntary Healthcare Corps (VHC). The VHC recruits individuals with expertise in healthcare and HIV/AIDS for mid- and long-term assignments in the twinning partnerships and other projects supported by the President's Emergency Plan. Volunteers provide clinical, educational, and capacity-building services through assignments that are long enough to meet measurable program goals and allow for adequate transfer of knowledge and experience.

The overall goal of the Preceptor Initiative in Tanzania is to increase the capacity of antiretroviral treatment (ART) clinics to expand their care and treatment services through the fielding of trained and qualified professionals.
The objectives of the preceptor initiative are1) to identify preceptor placement sites with specific and measurable objectives, 2) to identify qualified and experienced professional preceptors and 3) to orient, field and monitor the preceptors as they provide on-site technical support to ART clinics.

In FY 2006, AIHA established an in-country office that will be responsible for visiting sites prior to volunteer placement, identifying housing, and providing the volunteer with travel support, a living allowance, and medical evacuation insurance. AIHA fielded two nurse managers to conduct site assessments at the regional and district level hospitals and health centers in Singida and Shinyanga to better understand the structure of existing services, introduce the Preceptor initiative to in-country staff and identify specific needs for preceptor assignments. The nurse managers met with regional and district level staff at 10 ARV clinic sites. The medical teams and regional officials were extremely receptive of the preceptor initiative and acknowledged a critical need for on-site technical assistance in both clinical and non-clinical areas related to ART. During the assessments and discussions with the in-country staff, several common need areas were identified. These include training and on-site mentoring in HIV education, clinical ARV treatment, universal precautions, program monitoring and evaluation, and information technology.
As stated, assessments were performed in Singida and Shinyanga, and volunteer preceptors will initially be placed at ART clinics there. These regions were chosen in FY06 because under regionalization, no USG ART partner was initially assigned to those regions. Now, in FY07, Family Health International and Elizabeth Glaser Foundation will assume responsibility for the scale-up of services in Singida and Shinyanga respectively. The activities of the preceptorship program will lay a strong foundation and has helped identify areas that need strengthening.

Although the ART clinics in the two regions have been provided basic training, supplies and equipment to expand care and treatment services by the Ministry of Health, they require additional site level support to expand and improve the provision of quality care to increasing numbers of patients on ART. From the areas of identified need, specific scopes of work are being developed outlining clear objectives for each assignment, the required qualifications of the candidates and the expected outcomes of the assignment.

As the scopes of work are developed, qualified and trained candidates will be identified through the VHC recruitment networks and professional associations. A clinical and non-clinical preceptor will be placed at each site to allow coordination of efforts and provide a broader level of support to the clinics. The preceptors will provide on-site guidance for ARV clinic staff through supportive supervision, mentoring, and identification of specific technical assistance needs.

In FY 2007, additional preceptor placement sites will be identified (in coordination with the NACP, USG partners in the region and regional and local officials); additional needs assessments of placement sites will be conducted to determine new preceptor assignments; and additional preceptor scopes of work developed with individualized and measurable objectives for each assignment. 30 qualified and experienced preceptors will be recruited, fielded and supported to provide technical assistance to the identified placement sites. The VHC will monitor the preceptors and institution placements and

preceptor evaluations of their experience will be utilized to improve the program support and appropriateness of placements and defined scopes of work.

Continued Associated Activity Information

Activity ID:	5344
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	American International Health Alliance
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 500,000.00

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Adults
Business community/private sector
HIV/AIDS-affected families
Infants
National AIDS control program staff
People living with HIV/AIDS
Program managers
Children and youth (non-OVC)
HIV positive pregnant women
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers

Key Legislative Issues

Twinning

Volunteers

Coverage Areas

Shinyanga

Singida

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Bugando Medical Centre
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7683
Planned Funds: $ 400,000.00

Activity Narrative: Enhancing of Contiuum of HIV/AIDS Care and Treatment in the Lake Zone

The Lake Zone is comprised of six regions, Mwanza, Shinyanga, Tabora, Kagera, Kigoma, and Mara. It is one of four zones in the country.

The Lake Zone is a very high HIV-burden area in Tanzania. It has an aggregate population of 13 million, which is about a third of the country's population. It borders Uganda and Kenya, both countries with a high HIV burden. It has refugees from Burundi, Rwanda and Congo. The first AIDS case was reported in Kagera region in 1983. HIV prevalence in the Lake Zone ranges from 5% to 19.4%. Extrapolating from national figures, the estimated number of PLHA in the Lake Zone is over 700,000, and of these, 100,000 require antiretroviral treatment. The grim HIV statistics in the Lake Zone justify the need for intensive scale-up of HIV/AIDS prevention, care and treatment through the network model.

The Lake Zone is the catchment area for Bugando Medical Center (BMC).
BMC is a Consultant Zonal Referral University Teaching hospital, a zonal training centre and a zonal reference laboratory for HIV/AIDS/TB. It has a bed capacity of 850. In FY2005, BMC entered into a direct cooperative agreement with HHS/CDC. USG direct support to BMC, despite the presence of other implementing partners in the Lake Zone, is a necessary step in building indigenous capacity and sustainability. In FY2006, BMC main focus was on building the skills and capacity of health care workers for ART delivery. They trained 108 health care workers using the national ART curricula. Through these efforts, and with the direct support of AIDSRelief, an estimated 2,000 PLWHA were enrolled on ART at BMC. Distance to point of service (POS) delivering ART services is a significant deterrent to access HIV/AIDS care for poor PLWHA in the rural lake area. To help address this in FY06, BMC introduced an ART service model to four primary health care centers in the Lake Zone in order to bring the services closer to the community.

Historically, the role of the zonal/referral hospitals has been to oversee health programs in their zones. BMC oversees health programs in the Lake Zone on behalf of the MOH and provides technical support for their implementation. The mandate of BMC has been to support the provision of quality HIV care and treatment to PLHAs by carrying out ART training and supportive supervision to lower level facilities within the Lake Zone.

Under regionalization, where USG ART partners have been assigned specific regions within which to support the scale-up of ARV services, the role of the referral/zonal hospitals is evolving. This is due to the fact that the regionalization strategy has become an opportunity to build the capacity of each Regional Medical Office (RMO) to fulfill the responsibilities of their role, which is to coordinate and oversee all health programs within their region. EGPAF, Columbia and AIDS Relief have been assigned regions within the Lake Zone.

Now, zonal hospital staff will serve as consultants, providing technical assistance (TA) both to the growing Regional Health Management Teams (RHMTs) and to lower level facilities within regions of their zones, but under the coordination of each RMO. They will especially focus on the regions in which they are located.

In the Lake Zone, the USG ART Partners assigned to each region will help build the capacity of the RHMT's to perform supportive supervision as part of the RMO coordination role. They will help organize supportive supervision teams and schedule supervision visits until the RHMT's fully assume that responsibility. With USG funding BMC will help train the RHMTs, serve as a technical arm within these supportive supervision teams and under the direction of the RMO, will train and provide TA to lower level facilities within the zone. In addition, given BMC's long-standing relationships within Mwanza, the region in which they are located, they will strengthen linkages and referrals to their facility from the community as part of a continuum of care.

In support of this approach, and because the lack of highly trained HCW in primary health care facilities is a major obstacle to rolling out ART services, BMC will continue to focus mainly on capacity development. Their activities also help to support decentralization in two ways. First, the provision of training sessions at the zonal level instead of centrally,

and secondly, their provision of TA to primary level facilities supports the decentralization of services from regional and district level facilities.

Specifically, BMC will be funded for training and supportive supervision, the provision of technical assistance to lower level facilities and the enhancement of linkages.
1) In collaboration with the USG ART partner that supports the particular region, BMC will build the capacity of the RHMTs. In FY07, BMC will train over 30 RHMT members from all regions in the Lake Zone on HIV/AIDS clinical management and on the use of the supportive supervision tool, in order to enhance their supportive supervision skills on HIV/AIDS services.

2) Serving as the technical consultants for ART, BMC will carry out supportive supervision and training for HCW at lower level health facilities. In FY07 they will train at least 160 HCW, strengthening existing health teams and building new ones. These trainings will consist of refresher trainings at the district level using the national curriculum and initial trainings at primary health centers using the adapted WHO IMAI curriculum, whose adaptation the USG is supporting in FY07. Supportive supervision to these facilities will be carried out jointly with regional USG partners and RHMTs.

3) As an extension of this TA to lower level facilities, BMC also plans to help introduce ART services to an additional 7 primary care health centers, in order to hasten ART scale-up and expand access to HIV/AIDS services. Their physicians will provide on-site mentoring and ensure best practices in these lower level facilities after they are trained.

4) There are few linkages between health institutions that provide ART and communities. To address the continuum of care, existing linkages from BMC to communities, community based organizations, home-based care programs and PLWHA networks will be developed. To ensure this continuum and to maximize adherence to opportunistic infections prophylaxis, antiretroviral and anti tuberculosis treatment support and in collaboration with the Ministry of Health Home Based Care Unit, BMC will support training of facility and community based health care providers. BMC will allocate funds to support community outreach services, hire community outreach public health nurses and support joint BMC and community stakeholders' meetings. BMC has developed a model to ensure tracking of patients to maximize adherence to care and treatment regimens and if scaled up, these models can be a national example for best practices. An example is the inclusion of PLWHA and their families and communities to strengthen adherence. This will also help to overcome denial, stigma and discrimination.

For effective roll out of HIV/AIDS treatment, community acceptance and preparedness is critical, so funds will be used by BMC to support treatment outreach efforts. This will allow PLWHA, community leaders, and health care providers to conduct advocacy, education and stigma reduction meetings in the communities. This will pave the way for increased uptake of HIV/AIDS treatment services.

BMC will continue to operate in a network model, and strengthen collaboration with the Ministry of Health and Social Welfare and NACP, USG partners in the regions, RHMT's and district health management teams, PLWHA support networks and community based organizations. This will ensure complementation of services, maximization efficiency and effectiveness and better utilization of resources.

Continued Associated Activity Information

Activity ID:	3484
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Bugando Medical Centre
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	198	☐

Target Populations:

Adults
Business community/private sector
Community leaders
Disabled populations
Faith-based organizations
Family planning clients
Doctors
Nurses
Pharmacists
Most at risk populations
HIV/AIDS-affected families
Mobile populations
People living with HIV/AIDS
Policy makers
Pregnant women
Teachers
Volunteers
Children and youth (non-OVC)
Primary school students
HIV positive pregnant women
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Kagera

Kigoma

Mara

Mwanza

Shinyanga

Tabora

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	AIDSRelief Consortium - Central
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	Central (GHAI)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7692
Planned Funds:	$ 1,063,792.00

Activity Narrative: AIDSRelief -Rapid expansion of ART (Central funds)

This activity is linked to 7694 in treatment.

This brief overview of activities reflects the entire AIDSRelief Consortium treatment program in Tanzania. The central funds from headquarters will be used to complement in-country funds for the roll-out of the whole program. The targets, legislative issues, major and minor focus etc. for the program are therefore reflected in the narrative associated with the in-country funds.

The AIDSRelief Consortium is achieving significant success in providing anti-retroviral therapy (ART) to underserved populations in Tanzania, thereby helping to improve the quality of life for persons living with HIV and AIDS. The AIDSRelief Consortium, comprised of Catholic Relief Services, Institute of Human Virology (University of Maryland), Futures Group and Interchurch Medical Assistance, began as a track 1.0 ART partner in July 2004, initiating program support for seven local partner treatment facilities. By August 31st, 2006, these seven sites had 5,063 active patients receiving ART and 17,264 HIV+ patients in care. AIDSRelief is working in partnership with the Ministry of Health and the in-country USG team supporting host-country strategic objectives.

A key element of AIDSRelief is the program's guiding principles, these being a major element in the success and sustainability of this project. Such principles state, for example, that: (i) Care and treatment for HIV infected individuals should be integrated into the existing health care infrastructure; (ii) Treatment success for the program is ultimately defined by therapeutic outcomes that produce a sustainable health and quality-of-life impact on individual patients, their families, and their communities; and (iii) Ssuccessful ART interventions are those that provide durable viral and immunological response to the initial first line ARV regimens.

AIDSRelief is a comprehensive program to help strengthen the capacity of local partner treatment facilities to implement quality HIV care and treatment programs. The program works in close collaboration with key stakeholders, including the in-country USG team and the National AIDS Control Program to ensure these programs are in harmony with national guidelines. The main components of the AIDSRelief program include: (1) clinical capacity building and mentoring; (2) quality assurance and improvement; (3) pharmaceutical procurement and supply chain management; (4) laboratory infrastructure and capacity; (5) adherence and community mobilization; (6) strategic information; and (7) finance and compliance. AIDSRelief provides technical and financial support in all of these program areas to local partners, as and when needed.

Unique program interventions have included "wrap-around" macronutrient support programs at two ART program sites; strengthening of VCT/TB linkages at five hospitals and 6 stand-alone VCT centers; training in pediatric HIV counseling and community-based adherence programs.

Proposed activities for FY 2007 include: (i) rapid expansion of ART program support to 16 treatment facilities by March 2007 and further expansion to an additional 18 sites by February 2008, totaling 34 local partners by the end of FY 2007; (ii) extended on-site clinical mentoring involving the entire care and treatment team (clinician, nurse, lab, adherence, pharmacy, SI, management and finance) at each local partner site; (iii) strengthening of Regional Health Management Teams and integrating them into ART expansion planning and ongoing supportive supervision; (iv) ensuring ongoing quality assurance/quality improvement is taking place through evaluative efforts including viral load sampling; (v) continued support for and expansion of community-based adherence and care programs that help partner facilities identify new cases; and (vi) providing support for people receiving ART, while reducing stigma associated with HIV/AIDS.

Continued Associated Activity Information

Activity ID: 3476
USG Agency: HHS/Health Resources Services Administration
Prime Partner: Catholic Relief Services
Mechanism: N/A

Funding Source: GHAI
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Key Legislative Issues

Gender

Coverage Areas

Arusha

Dar es Salaam

Dodoma

Manyara

Tanga

Mwanza

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	AIDRelief Consortium TZ Budget
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7694
Planned Funds:	$ 8,070,000.00

Activity Narrative: AIDSRelief ART services (Tz funds)

The AIDSRelief Consortium (AR) FY07 activities will build upon the accelerated scaling up of activities under the regionalization plans funded through FY06 plus-up funds. AR will provide direct support to both GOT and FBO ffacilities in Mwanza, Mara, Manyara and Tanga to reach a target of 20,897 patients on ART by September 2008 in 32 Local Partner Treatment Facilities (LPTFs) and 3 satellite clinics. The pediatric ART target is 2717, 13% of the overall ART patient target, and AR anticipates accelerated pediatric enrollment as the program continues to grow.

The AR FY07 strategy will support the integration of HIV/AIDS care and treatment into existing health facilities with an emphasis on quality assurance/quality improvement (QA/QI). Key components will include 1) sustainability and training 2) a family-centered model of care 3) community linkages and 4) monitoring and evaluation.

Sustainability and Training: A central element of the program remains sustainability. This will be achieved by: incorporating Regional Health Management Teams (RHMTs) in activities and increasing their supportive supervisory skills; providing ongoing clinical trainings to support the GOT in offering sustainable, equitable, quality HIV care and treatment; engaging communities by educating them about their own health and promoting their key role in sustaining the program; involving PLWHA at the community and national levels with policy advocacy; working with the GOT to establish a QA/QI program. Pharmacy, basic strategic information and financial compliance training will be also provided to all sites. FY07 trainings will focus on new sites and biannual CME sessions will be instituted. AR will ensure that companies providing lab equipment provide on-site training during installation.

AR will provide on-site supervision and mentoring to all 32 health facilities in tandem with RHMTs, improving quality of care at care and treatment centers (CTCs) while strengthening supervision and clinical capacity of RHMTs. AR will also enlist RHMTs in decision-making related to the distribution of resources. Strengthened RHMTs will contribute both skills and improved information gathering up to the national level. Assessments identified critical human resource needs in many CTCs. AR will support such needs through direct contracts or other mechanisms as necessary for an initial 12 month period to overcome critical needs and help build clinical capacity of existing staff. This is with an understanding that the government includes these additional staff in their budgets after 12 months.

Family-Centered Model of Care: AR promotes a family-centered approach to HIV care and treatment and is committed to building its pediatric patient load to 13% of total patients. The family-centred model will require orientation of all hospital staff in HIV and the basic principles of treatment; review and identification of linkages between the CTC and other potential points of entry to reach men and children especially - i.e. MCH, ANC, general outpatient and inpatient services and encouraging provider-initiated diagnostic testing. In addition, AIDSRelief, through its strong relationships with community outreach, will sensitize communities to the need to bring in infants, children and their spouses for testing. Special attention will be given to mentoring in pediatric care and treatment to strengthen skills of care providers. AIDSRelief will ensure that staff in the LPTFs are trained using the NACP pediatric training modules. In addition, AR is developing a pediatric counselling training model which will be reviewed and possibly adapted for Tanzania. Strategic linkages, already ongoing, with the Clinton Foundation and the African Network for Caring for Children with AIDS (ANECCA), will also enhance pediatric recruitment and capacity building.

Strengthening Linkages with Community Based Programs: AR quality data from other countries indicate the importance of a continuum of care and patient adherence in achieving durable viral suppression to first line regimens. These experiences indicate that a community referral and adherence component that reaches down to the household level is essential. AR interventions will emphasize the cost effective allocation of available resources between treatment facilities and community-based organizations to support patient adherence. These include regular visits of facility staff to community-based organizations providing care and support to PLHAs, emphasizing and promoting Prevention for Positives and healthy living. Faith-based health facilities often have existing networks in

place which AR will use to strengthen these links through lay community health volunteers, training, and supervision. To ensure optimal adherence at government facilities, AR will also link CBOs within government CTC catchment areas to nearby treatment facilities. All facilities, whether faith-based or government, will develop community outreach plans. These links with CBOs also include AR's long standing work with food and OVC programs.

ART quality of care: AR offers a comprehensive portfolio of services that enables safe and successful ART initiation and scale-up ranging from diagnosis of HIV, an emphasis on treatment preparation, clinical mentoring, diagnosis and treatment of OIs, community mobilization and education, patient monitoring, lab training, pharmacy systems and maintenance of medical records. Three multi-disciplined technical teams of clinicians, counselors, nurses, pharmacy, and strategic information experts will provide on-site TA to all sites. In addition to an initial site visit and formalization of care and treatment (C&T) plans at the CTC, TA will include 2 week visits to strengthen HIV C&T and provide on-site staff mentoring. Significant emphasis will be placed on patient adherence preparation, links to community outreach, improving outpatient clinic efficiency, and strengthening continuity of care. During the mentoring process, teams will also address improving the diagnosis of OIs and linkages between TB/STI and PMTCT services. AR will strengthen linkages between VCT and TB centers. All TB patients will be screened for HIV. By strengthening pharmacy forecasting and procurement, AR will ensure sites access cotrimoxazole for prophylaxis and fluconazole for those who require this. In addition, AR will work with the MOH to define a basic care package and pilot such a package (insecticide treated bed nets, cotrimoxazole, clean water, etc.) at one site.

Monitoring and Evaluation: To increase the efficiency and effectiveness of M& E, AR will focus on capacity building, strengthening of SI systems and the promotion of data use, and the integration of AR M&E systems with MOH systems. A total of 32 staff at 16 LPTFs activated in FY07 will be introduced to the national data collection system. AR will provide monthly SI support to all sites to ensure timely compilation of indicators and the integration of tools into clinical practice. The data collection will be facilitated through the introduction of computers into sites and dedication of one staff member to capture the data. To improve the use of data in clinical care, AR will link SI staff and clinicians and use routine quality improvement activities. AR will also conduct a life table analysis to examine factors associated with entry and exit from the program. Such tools will give AR and CTCs the ability to improve patient management, address adherence challenges, and maintain quality of care. AIDSRelief will base two of its SI Associates regionally to assist with data collection and M&E support. One will be based in Arusha in support of partners in Manyara and Tanga and another in Mwanza to support partners in Mwanza and Mara. A senior SI advisor based in Dar es Salaam will coordinate regional efforts, synthesize data and liaise with SI staff at both USG and NACP.

Continued Associated Activity Information

Activity ID:	5505
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Catholic Relief Services
Mechanism:	AIDSRelief Consortium
Funding Source:	GHAI
Planned Funds:	$ 3,620,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	32	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	20,407	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	16,733	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	8,704	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	144	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
People living with HIV/AIDS
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Coverage Areas

Manyara

Mwanza

Tanga

Mara

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Central Budget
Prime Partner:	Columbia University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Central (GHAI)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7697
Planned Funds:	$ 4,400,000.00

Activity Narrative: This activity is linked to 7698 in treatment.

The overview of activities described here reflects the entire Columbia ART program in Tanzania. The central funds from headquarters will be used to complement in-country funds for the roll-out of this whole program. The targets, legislative issues, major and minor focus etc. for the program are therefore reflected in the narrative associated with the in-country funds.

Since the United Nation's Call to Action on HIV/AIDS, Columbia University (CU) has been at the forefront of increasing access to HIV/AIDS care and treatment services. The International Center for AIDS Care and Treatment Programs (ICAP) at the Mailman School of Public Health supports the development of high quality HIV/AIDS care and treatment services in low-resource settings. ICAP programs, including the MTCT-Plus Initiative, Multi-country Columbia Antiretroviral Program (MCAP), and University Technical Assistance Program (UTAP), provide technical assistance on a breadth of HIV/AIDS services, such as PMTCT, PMTCT-Plus, family-focused comprehensive HIV care and treatment, TB/HIV collaborative programming, and pediatric care and treatment. Through ICAP's three focal areas of expertise – service delivery, training, and research – CU faculty and staff provide support to international partners in program development, clinical care, capacity building, monitoring and evaluation, and operations research. Six core principles characterize their program approach: 1. Family-centered service is fundamental to improving the lives of the majority affected by HIV/AIDS and helps ensure that women and children receive equal access to care. 2. Comprehensive HIV/AIDS care provided by a multidisciplinary team of providers is critical to improving the health of people who are HIV-infected. 3. Technical assistance at both national and site levels are key supports for national programs. 4. National policy provides the structure for program planning and implementation. 5. Quality, sustainable HIV/AIDS programs are accomplished when developed in alignment with national guidelines and best scientific evidence, coupled with program evaluation and operations research. 6. The long-term success of HIV/AIDS programs is contingent on community involvement and support.

ICAP programs currently support HIV/AIDS activities in eleven African countries. In Tanzania, country operations have established a foundation for HIV/AIDS program activities, including pMTCT, pMTCT-Plus, and Care and Treatment, as well as an early infant HIV diagnostic program. With regionalized planning for care and treatment services in Tanzania, ICAP-Tanzania has collaborated with the Tanzania Ministry of Health (MOH) in the expansion of HIV/AIDS services in the framework of PEPFAR. With "regionalized" planning for care and treatment services, ICAP was designated in FY 2006 as the primary USG care and treatment partner for three regions Kagera, Pwani, and Zanzibar, with some activities in Dar es Salaam and Mwanza. Some specific accomplishments include: establishment of care and treatment services at 13 facilities in five regions of Tanzania; establishment of PCR testing of HIV-exposed infants in the Lake Zone; strengthening of entry points to care and treatment by using two novel approaches-the MCH platform and the district network approach; ensured over 90% uptake of PMTCT at ANC and labour and delivery at all CU supported sites; trained over 600 health care workers and enrolled 6000 clients on ART, of which 10% are in the pediatric age group.

For FY 2007, they propose to expand their support of ARV services to 28 health facilities in Kagera, Pwani, and Zanzibar regions, allowing for 100% coverage of NACP-designated care and treatment facilities within these regions. To achieve these targets, ICAP will emphasize comprehensive services, sustainability and the strengthening of linkages across program areas. Specifically, they propose to: increase access by raising community awareness through community sensitization campaigns and by strengthening entry points to care; expand mobile VCT to
hard-to- reach communities in Zanzibar, Pwani and Kagera: strengthen HIV oncology services at Ocean Road Cancer Institute and assist in the decentralization of HIV oncology services to the Zonal level; increase case finding of HIV-exposed infants and infected children through routine opt-out counselling at the maternal child health clinic and diagnostic counselling and testing of pediatric clients in the wards; initiate early infant diagnosis of HIV for babies from the age of six weeks in the lake Zone and expand services to a total of 12 sites by the end of FY 2007; enhance quality of care and continuum of care by linking with other partners and organizations providing adherence support, home based care and support to orphans and vulnerable children. Linkages will

also be made with humanitarian organizations supporting refugees in Kigoma in order to ensure that these vulnerable groups access counselling and testing and care and treatment services; they will establish high quality paper-based M&E systems in remote and rural facilities, computerise all regional and high volume facilities and provide training and ongoing supervision in the generation of clean data from all sites with established systems. In addition, CU will computerise and provide HIV-exposed infant data for the first time in Tanzania.

Continued Associated Activity Information

Activity ID: 3474
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Columbia University
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Key Legislative Issues

Gender

Coverage Areas

Dar es Salaam

Kagera

Kilimanjaro

Same

Mwanza

Kaskazini Pemba (Pemba North)

Kusini Pemba (Pemba South)

Chakechake

Kaskazini Unguja (Unguja North)

Kusini Unguja (Unguja South)

Unguja Magharibi (Unguja West)

Mjini (Urban)

Pwani

Bagamoyo

Kisarawe

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Columbia University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7698
Planned Funds:	$ 3,260,000.00

Activity Narrative: Expanding HIV Care and Treatment Services in Kagera, Pwani, Mtwara, Kigoma and Zanzibar (TZ funds)

Columbia University, International Center for AIDS Care and Treatment Programs (ICAP) in Tanzania, has collaborated with the MOH in the expansion of HIV/AIDS services in the regions of Kagera, Pwani, and Zanzibar. In FY06, ICAP supported 13 hospitals in six regions and 5750 people on ART, including 170 children. Under regionalization, ICAP will expand to 28 health facilities allowing for 100% coverage of NACP-designated ART sites with possible expansion to additional sites in Kigoma. ICAP's target is to enroll over 12,000 HIV-positive adults and 1400 children on ART by September 2008.

In FY07, ICAP activities consist of three components: general care and treatment, PMTCT-Plus, and pediatric care and treatment. Several activities will support the development of these program components.

1) Increasing access:
(a) Community sensitization will be essential to increasing uptake. Past experience has demonstrated that voluntary counseling and testing (VCT) utilization increased by nearly 50% after ICAP implemented sensitization activities. Activities will sensitize influential leaders on HIV transmission, the harmful impact of stigma, the importance of knowing one's HIV status, and the availability of services. Many of these interventions will be implemented by local organizations. In Zanzibar, ICAP will promote treatment availability among most at risk populations (MARPS).

(b) Strengthening Entry Points: Provider-initiated counseling and testing (PICT) will be supported in the maternal and child health (MCH) clinic, outpatient wards, and in adult and pediatric medical wards. Health workers will be trained in counseling and testing (C&T) then allocated to hospital wards and outpatient departments. Hospital administration will be encouraged to hold bi-weekly meetings to identify testing goals, to review progress, and to develop strategies for improvement. ICAP will also support mobile VCT through local NGOs. TADEPA has been providing C&T services and home-based care in Bukoba districts of Kagera. ICAP will partner with them to expand services to another three districts to support mobile VCT. In Zanzibar, ICAP will explore partnerships with local organizations with experience in mobile VCT among MARPS. Prevention with Positives (PWP), specifically HIV disclosure, will be incorporated into C&T programming. As discordant couples who do not disclose are common, techniques and training on HIV disclosure will be supported. Strengthening of district networking of pMTCT will increase identification of HIV-infected pregnant women and HIV-exposed infants and will ensure their prompt referral to care and treatment.

(c) Linkages: M&E activities will focus on patient tracking, utilizing existing MOH reporting mechanisms to assist with identification and referral to care. Referring counselors will compare lists of patients referred to CTCs with the list of patients actually enrolled, and patients who are lost to follow-up will be traced by local community-based organizations or, where none exist, district health authorities.

2) Quality Services
(a) CU will train 90 health workers in care, ART, and adherence counseling through Zonal Training Centers and in collaboration with regional health authorities, will provide on-site clinical mentoring on HIV care and management of ART toxicities and treatment failure and co-management of TB and HIV. HIV clinic providers will be trained to conduct TB screening in the CTC using a standard questionnaire. Those with suspicion of TB will be referred for sputum smears and x-ray examination. Clients diagnosed with TB will be provided a two-way referral letter and a CTC counselor will either escort the client to the TB clinic or for ensuring client follow-up through patient tracking. All CTC patients diagnosed with TB will be provided cotrimoxazole prophylaxis and ART, when appropriate. Specific interventions for pregnant women include CD4 screening of all HIV-infected pregnant women with expedited initiation onto ART for those eligible. Links with malaria prevention programs will be supported as well. HIV disclosure and family testing and PWP will be reinforced during clinician sessions. Micronutrient supplementation will also be provided, in addition to referral to food supplementation programs.

b) Pediatrics: Technical assistance (TA) will focus on increased case-finding of

HIV-exposed infants and infected infants and children. HIV counseling and testing – either through opt-out services in the MCH, use of testing algorithms for DCT in pediatric wards, or PCR DNA testing for early infant diagnosis – will be the key mechanisms for entry of HIV-positive children into care and treatment. In the MCH, protocols will establish specific staff (i.e. nurse counselors or receptionist) responsible for identifying and referring mothers with unknown status for testing and for transferring HIV status of the mother from the ANC card to the well-baby card. As MCH clinics include well and sick baby services, opt-out testing of the mother in immunization clinics and clinical staging algorithms of children in under-5 clinics will be a focal point of technical assistance. Two-way referral systems with back-up defaulter tracing will help ensure HIV-exposed infants and infected children are followed. ICAP's assistance will prioritize use of cotrimoxazole. Providers will be trained on the use of cotrimoxazole and on the national pediatric ART guidelines. Pediatric TB screening will be supported in CTC's, as well as referral for food supplementation and malaria preventive measures.

c) Adherence support and retention in care: With District AIDS Coordinators, ICAP will develop an inventory of HIV related services offered by CBOs, PLWHA groups and NGOs in the district. CTC clients will be linked with these organizations, depending on the client's needs. A two-way referral system will be used and a point person in the CTC will be responsible for ensuring sound linkage between client and community support. When possible, CBOs will participate in CTC multidisciplinary team meetings for case conferencing of clients and to identify areas for client support. In communities where such services are not available from NGOs, village health workers in district health systems will provide adherence support for CTC clients and will be trained to assist in patient tracking. All ICAP supported CTC's will be linked to HIV support groups. Support groups will be encouraged to discuss HIV disclosure, family testing, coping strategies, reduction of risky behaviour, particularly as they may affect adherence to treatment.

3) Strategic information: M&E activities will focus on strengthening and optimally utilizing existing MOH reporting mechanisms between facility levels to assist with identification and referrals. Effective paper reporting systems will be established, with computerization of 7 high volume sites. M&E Officers and data managers will be assigned specific regions where they will be responsible for the reporting systems and data flow, with central coordination in the Dar es Salaam office. In Kagera where CU is supporting PMTCT, CTC and Infant Diagnosis activities, there will be a fully dedicated M&E Officer and data manager. The M&E staff will be instrumental in establishing and strengthening two-way linkages between service delivery points and implementing data quality assurance protocols for both paper-based and electronic systems for collection of national indicators. Site supportive supervision visits will be conducted quarterly with training workshops semi-annually. In this way, CU plans to build the capacity of site staff to independently collect and summarize data and to conduct simple analyses for input into program activities.

Continued Associated Activity Information

Activity ID:	3461
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Columbia University
Mechanism:	UTAP
Funding Source:	GHAI
Planned Funds:	$ 2,130,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	28	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	9,416	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	8,192	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	5,206	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	90	☐

Target Populations:

Adults
Commercial sex workers
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Injecting drug users
Infants
National AIDS control program staff
People living with HIV/AIDS
Policy makers
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Kusini Pemba (Pemba South)

Unguja Magharibi (Unguja West)

Mwanza

Dar es Salaam

Kagera

Kaskazini Pemba (Pemba North)

Kaskazini Unguja (Unguja North)

Kusini Unguja (Unguja South)

Pwani

Kigoma

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Deloitte Touche Tohmatsu
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7701
Planned Funds:	$ 8,500,000.00

Activity Narrative: This activity relates to other activities under PMTCT (#7760), HBHC (#s 8706, 7716, 7702, and 7851), HKID (#7817), HVCT (#7670), HTXS (#7771), and OHPS (#s 7703 and 7704).

The activity is designed to support priority needs for the Tanzania HIV/AIDS Care and Treatment Programme. It is a newly competed mechanism awarded to Deloitte and their key technical partner, FHI.

Presently Deloitte/FHI's program in Tanzania has approximately 5,000 patients under treatment. By the end of FY2007, the 33 sites in three regions are expected to have over 20,000 receiving general HIV clinical care and support, 9,764 of which will be on ART. This will expand to 38 sites and 60 health centres by the end of FY2008, when over 28,000 will be on receiving general HIV clinical care and 17,400 on ART.

The activity will focus on the important priority of rapidly increasing and sustaining the number of Tanzanians receiving HIV clinical care and anti-retroviral therapy (ART) in the three regions that were assigned by NACP. The program will be focused on scale up to all facilities (33) in these three regions, and will expand to one additional neighboring region, Singida, with an additional five facilities. The prioritization of particular sites in the regions will be selected in cooperation with the Regional Health Management Team (RHMT) and the District Health Management Team (DHMT).

The new regionalization approach will engage RHMTs and DHMTs in the planning for and funding of sites, identifying possible sources such as Global Fund of other donors, or district level "basket funds," to support key aspects of the scale up. The activity will specifically outline a comprehensive approach to bridge the communication gap between programs related to care and treatment and the planning and budget of local government. This approach should result in greater synergy and collaboration at the local level and promises to increase sustainability. Although it will likely yield fewer patients served per facility, it will result in more patients being served overall. The cascade down to district hospitals and health centres is particularly critical for getting services to the 80% of the Tanzanian population who reside in rural areas.

Program components are based on a comprehensive systems approach to build capacity across a continuum of care. The activity uses national standards and guidelines to achieve quality of care and sustainability.

The ART sites will be funded through sub-grants through this activity, complemented by technical assistance, training, and supervision/mentoring/precepting. Quality service provision will be supported with the development and strengthening of linkages between entry points to care and treatment services (i.e. TB clinics, PMTCT services, and counseling and testing) and care and treatment clinics (CTCs). Two-way referral mechanisms will be established and tracing of those lost to follow up will be overseen by district level health authorities. If necessary, specific staff to handle referrals will be placed in facilities.

Deloitte/FHI will support the implementation of diagnostic counseling and testing at inpatient ward facilities and outpatient departments, especially pediatrics and TB. Data from other facilities indicate that this approach will yield high numbers of positive patients who otherwise would be of unknown status.

To build demand for services, the program will pilot modes of community preparation and involvement to ensure functional referrals with community-care programs across a continuum of care; and developing low literacy patient educational materials for adherence, nutrition, etc. It will link with the new STRADCOM Program to ensure that messages from STRADCOM are reinforced through the clinical services. It will integrate with other activities providing home-based palliative care, counseling and testing, PMTCT, TB, preventive counseling, and family planning services. Focus will be placed on pediatric uptake of services, improving case finding and referrals from lower level facilities and maternal child health clinics, and monitoring and reporting. It will link with services in the community that will support the involvement of PLWHAs and the media to highlight and promote services and educational messages.

To ensure quality of services, specific quality improvement measures will be established so that facilities themselves can track key indicators of quality of care, rather than only to depend on intermittent supportive supervision. In addition, Deloitte/FHI will work closely with the RHMT and DHMT offices to develop a local program for supportive supervision.

Two important issues will receive specific attention during FY2007, including sensitization of providers to the issues of stigma to reduce the negative impact of stigma on service uptake or compliance. Also, staff will be trained to promote prevention messages with those who are HIV positive, so as to reduce the potential for further transmission.

One important barrier that precludes more effective use of facilities is the lack of manpower. This limits the hours/days that CTCs can serve patients, and the efficiency of the clinical personnel. Efforts are underway to hire retired nurses to complement staff, to reorganize the work at the clinic to depend more or administrative staff for non-clinical tasks, and to hire and train any staff that might be assigned to CTCs from the Emergency Hiring Plan that will be organized in FY2007 using reprogrammed Global Fund monies.

An important component of the program is the grant management services provided by Deloitte to ensure fiscal and programmatic accountability by carrying out budget reviews of treatment sites, perform pre-award assessments, and ensure that all the necessary financial controls and systems are in place before grants are awarded to the facilities. To ensure sustainability, capacity building provided by the contractor will prepare the regions and districts to plan appropriately for ART and related services, and will enable ART sites to work independently over time. Vehicles and lab equipment may be procured, if necessary, until centralized procurement services are in place.

During FY2007, additional records will be kept to track referrals so that problems with referrals can be remedied locally through routine review of referral data. A regional monitoring and evaluation officer will be hired to monitor the completeness and accuracy of data collected.

Plus up funding will provide an initial increment directed at attracting larger employers – those with in-house clinic facilities – to leverage our Treatment program, gaining access to the technical assistance, materials, and providing the guidance they need to move along the road towards certification as CTCs.

In addition, plus-up funds will be used to initiate expansion into a fourth region, Singida. With these plus-up funds, Deloitte/FHI will be able to provide significant technical assistance for scale up of treatment, and improve the quality of services provided. Deloitte's one year ART target for the region is to ensure standardized quality services to at least 200 patients on ART in each district hospital and 800 at SRH.
This requires significant training, as well as infrastructure and programmatic improvements. It is critical to establish a small, but strong, Deloitte/FHI team in Singida with adequate means of transport and reliable communication. This technical assistance team will consist of one clinician, a monitoring and evaluation officer, a home-based care and community officer and an accountant. The team will require 2 vehicles. Office space will be provided from the Singida regional authorities. Deloitte/FHI will continue to use a comprehensive systems approach in each region to build capacity across a continuum of care services.

Continued Associated Activity Information

Activity ID:	3443
USG Agency:	U.S. Agency for International Development
Prime Partner:	Deloitte Touche Tohmatsu
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 2,845,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	40	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	18,100	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	14,238	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	6,100	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	166	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Discordant couples
Infants
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Program managers
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Dodoma

Iringa

Morogoro

Singida

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Central Budget
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7705
Planned Funds: $ 5,006,215.00
Activity Narrative: This activity is linked to 7706 in treatment.

The overview of activities described here reflects the entire EGPAF ART Program in Tanzania. The central funds from headquarters will be used to complement in-country funds for the roll-out of this whole program. The targets, legislative issues, sub-partners etc. for the program are therefore reflected in the narrative associated with the in-country funds.
Project HEART (Help Expand Anti-retroviral Therapy) of the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) was initiated in February 2004, and has been providing care and treatment services to HIV-positive individuals in 15 health facilities in the regions of Kilimanjaro, Morogoro, Coast, Dodoma, Arusha and Tabora.
EGPAF has, as of 30th June 2006, already helped to enroll 8,961 patients in the care and treatment program, with 4,633 including 676 children receiving ART. Of the 4,633 ever enrolled in ART, 3800 (82%) are known to be still receiving treatment by end of June 2006. In one year alone, from July 2005 to June 2006, the project has enrolled 6,294 new patients in care and treatment, 3,399 receiving ART. 960 children (15% of total) are newly enrolled in care and treatment,551 (16%) of whom are receiving ART.
EGPAF aims to focus on scale-up of services, strengthening of existing services, integration of different programs, improved quality of service provision, and sustainability of the program. Through funds budgeted in FY 2007, EGPAF anticipates support for anti-retroviral therapy (ART) for 9,700 new patients, of whom 1,454 will be children aged below 15 years. This will result in a cumulative total of 17,303 patients receiving ART through EGPAF.
The objectives for the fourth year of implementation are to improve and expand HIV Care Treatment services in Tanzania to include a wider geographical area, better identification, diagnosis, and follow-up of patients, and greater focus on children, especially those under the age of 2; to improve the quality of clinical care offered at all EGPAF sponsored sites, through training and education, mentorship and supervisory support; to strengthen the links and integration between Care & Treatment and other programs e.g., PMTCT, TB, STI and HBC, as means to providing a comprehensive continuum of care to people living with HIV; to strengthen monitoring/evaluation of the Care & Treatment Program at the facility level; and to document lessons learned and best practices gleaned from program implementation. To achieve this, activity areas will include increased counseling and testing, strengthening of monitoring and evaluation, prevention among positives, laboratory support, PMTCT+ and supportive supervision.

Continued Associated Activity Information

Activity ID: 3473
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Coverage Areas

Dar es Salaam

Kilimanjaro

Morogoro

Pwani (prior to 2008)

Shinyanga

Tabora

Arusha

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Project HEART - Tz Budget
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7706
Planned Funds:	$ 5,700,000.00

Activity Narrative: Project HEART of EGPAF was initiated in February 2004. As of 30th June 2006 it had enrolled 4633 patients on ART including 676 children. By September 2008, EGPAF will have enrolled over 22,000 adults on ART and over 4000 children. Proposed FY07 activities include the following:
a) Expansion to New Sites EGPAF will maintain its support to the already existing 28 hospitals in the three regions. In addition, EGPAF will add two remaining hospitals in Kilimanjaro, one in Arusha, expand to five hospitals in the newly acquired Shinyanga region, and roll out ART in 20 health centers in the four regions, to make a total of 56 facilities by the end of the project year.
b) Increased CT Building on past successes at Mawenzi and Kitete hospitals, EGPAF will actively promote and support provider-initiated counseling and testing (PICT) at all patient contact points in outpatient and inpatient departments. The project will orient all facility staff in this approach, support training of more counselors and support provision of HIV test kits. In order to mitigate the shortage of health workers, the project will support the use of lay counselors.
c) Follow-Up of HIV tested patients At the ART sites, the site coordinator will continue to conduct daily checks on registers at the RCH clinic, outpatient clinic, in-patient wards and the TB clinic to keep track of patients referred to the CTC. Registers of all tested clients at the non-ART sites will be established and information on their treatment and/or referral regularly checked by an identified person.
d) To increase identification, diagnosis and enrollment of children, especially those under two years. EGPAF will increase the enrollment of children especially younger ones by promoting and supporting routine CT of children and their mothers at all contact points in the health facilities including immunization clinics. HIV exposed and infected children will be initiated on CTX prophylaxis as appropriate. Symptomatic children will be staged and treated according to national guidelines The Child-Centered Family Care Center [CCFCC] at KCMC will also contribute to the increase in the number of children, especially in the Kilimanjaro region. The CCFCC will contribute by linking PMTCT to Care and Treatment (C&T); by participating in the National Plan to pilot infant HIV testing by DBS-PCR; by conducting outreach training to health care workers to provide a continuum of care to children and families in their communities; by tracking of patients using registration logs from different sites; by communicating with partners in rural areas to maintain home-based care visits when necessary; and by sponsoring the training of two Tanzanian residents in pediatrics with a focus on HIV/AIDS. EGPAF will continue to collect pediatric data disaggregated by age group to increase focus on identification of HIV infected and exposed children under two years of age.
e) Quality of Clinical Care EGPAF shall increase the quality of care offered at all sites through training and mentorship; development and use of SOPs and job aids; program linkages and supportive supervision. In collaboration with NACP and other USG partners, the project will support basic and refresher trainings focusing on adult and pediatric HIV care. Clinical mentors will be assigned to at least 20 sites, health workers will be supported technically through a "warm line". A QI checklist based on the National SOPs for ART will be used by the sites at least quarterly for self-assessment and by EGPAF project officers in supportive supervision.

HBC: EGPAF will continue to support the position of "community liaison person" at each site. The community liaison person will maintain contact information for point persons of each CBO and hold regular meetings with these persons to enhance referral mechanisms.
TB/HIV: EGPAF will advocate that PLWHAs be screened for TB before initiation of ART, and those on ART be continuously screened for TB. EGPAF will support monthly meetings between CTC and TB clinic staff for coordination of the joint activities. The site coordinator and TB clinic in-charge will reconcile registers weekly. The Regional TB and Leprosy Coordinator will be supported to coordinate TB/HIV activities in each district hospital.
PMTCT+ : EGPAF will expand PMTCT and ART services in concert by expanding and improving testing services; by assuring the follow up of mothers and HIV exposed children; by training health workers on identifying the exposed child, on the care of the exposed child and on presumptive diagnosis of infection in symptomatic young infants for early referral.
Prevention with positives: The project will sponsor discussions among PLHAs on best approaches to increase testing of spouses and appropriate prevention for discordant couples and shall promote partnership between sites and organizations in the region that directly support primary prevention and behavior change activities. Risk reduction counseling will be included in all counseling sessions with PLHAs.

It has been agreed through meetings held between EGPAF and the RHMTs and DHMTs in the 3 regions that all health institutions with HIV testing capability can start providing a minimum package of care for PLHA. This will consist of CT (VCT and PICT), PMTCT, care and follow up of exposed children, HIV testing for all TB patients, staging of HIV disease, CTX prophylaxis, and treatment of opportunistic infections. EGPAF will support training of health workers at dispensary and health centre level on basic HIV/AIDS care including clinical examination and staging to facilitate early recognition and referral of patients that need ART; training on OI preventive therapy and follow-up for side effects and compliance with treatment. EGPAF will specifically support MOH Quality Assurance structures in lab and the reprinting and dissemination of the SOPs, supportive supervision by QA teams, and re-training as necessary.
f) Strengthening M&E EGPAF will recruit regionally-based M&E officers who will train and supervise data entry clerks, paid for by EGPAF, on data recording, data entry and reporting. These clerks and site coordinators will collate, verify and report data and be trained on the paper-based and electronic systems and data management. Site coordinators will be responsible for reporting of overall facility-level data. Each site will be provided with computers with software for data entry, therefore establishing a computerized data management system. Project-recruited regional technical officers will provide supportive supervision in data collection, utilization and monthly and quarterly reporting to MOHSW and USG, and JSI staff will conduct semi-annual monitoring visits.
g) Sustainability EGPAF will continue to use hospital staff, developing their capacity. EGPAF will continue to provide hospitals with direct sub-grants to strengthen their planning and budgeting capacity for long term sustainability. They will continue to hold semi-annual meetings with RHMTs and DHMTs. Regional teams will in turn hold quarterly meetings to coordinate HIV/AIDS activities in their individual regions. The RHMTs and DHMTs will be responsible for selecting the primary level facilities for ART expansion. EGPAF will support ART training of members of RHMTs and DHMTs to aid in facilitative supervision.
With plus-up funds, EGPAF will be able to provide significant technical assistance for scale-up of treatment, and improve the quality of services provided. They will work in 4 districts, and in 5 of the regions 7 hospitals. In addition, EGPAF proposes to improve the identification and follow up of HIV exposed and infected children using routine immunization visits in two health facilities. The overall goal is to improve integration of C&T for HIV exposed and infected children into existing EPI (expanded program of immunization) and PMTCT services.

Continued Associated Activity Information

Activity ID:	3494
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
Mechanism:	Project HEART
Funding Source:	GHAI
Planned Funds:	$ 1,700,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	61	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	22,547	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	18,633	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	10,093	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	729	☐

Target Populations:

Adults
Community leaders
Doctors
Nurses
Pharmacists
Infants
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Children and youth (non-OVC)
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Coverage Areas

Arusha

Kilimanjaro

Tabora

Shinyanga

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Central Budget
Prime Partner:	Harvard University School of Public Health
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	Central (GHAI)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7719
Planned Funds:	$ 5,428,858.00

Activity Narrative: This activity is linked to 7722 in treatment.

The overview of activities described here reflects the entire Harvard School of Public Health ART program in Tanzania. The central funds from headquarters will be used to complement in-country funds for the roll-out of this whole program. The targets, legislative issues, sub-partners etc., for the program are therefore reflected in the narrative associated with the in-country funds.

Between the start of the program in November 2004 and July 2005, 16,102 patients have been enrolled in care and treatment, including 1,684 children, 373 pregnant women and 384 TB patients currently on ARV's. Of these, 8,500 were initiated on ART. The MDH (Muhumbili University College of Health Sciences, Dar es Salaam City Council and Harvard) program has expanded to 23 sites which includes the 3 main district hospitals (DH), health centers (HC), and semi-private and private facilities in Dar-es-Salaam (DSM), thereby leading to massive and rapid increase in the number of patients on care and treatment. Activities conducted at these sites include provider initiated counseling and testing, evaluation of patient eligibility for ART, adult and pediatric care and treatment, prevention and treatment of opportunistic infections, laboratory services, strengthening of Home Based Care (HBC), training, Quality Assurance (QA), screening for TB, and Monitoring and Evaluation (M&E) components. The comprehensive training program has provided HIV/AIDS care and treatment to all levels of health care practitioners from different parts of the country.

Many novel programs have resulted in a locally sustainable, high-quality, cost-effective, rapidly expanding care and treatment program. These include the implementation of double shifts, strategic site renovations for optimal space utilization, time block patient appointment systems to streamline patient flow in clinics, successfully piloting initiation of HIV/AIDS care and treatment at the HC level, piloting integration of TB/HIV activities, piloting new referral systems, piloting new pharmacy software for the National AIDS Control Program (NACP), integrating a locally managed Quality Improvement (QI) and M&E system, and incorporating a locally assembled and operated human resources and payroll system.

During the proposed funding period the focus will continue to be on scaling up HIV/AIDS care and treatment services to the larger DSM region, with more emphasis on children and pregnant women. To achieve this objective, in addition to the current 7 sites, 3 DH (Mwananyamala, Amana and Temeke), IDC and 3 HC (Mbagala Rangitatu, Bugurunni and Sinza), MDH will be scaling up operations to one tertiary care hospital (Muhimbili National Hospital) and an additional 14 health facilities namely, UDSM, TMJ, Mikocheni, IMTU, Oysterbay, Tanzania Heart Institute, Mzena Memorial Hospital, St. Bernard, TMS (Kapessa), MSH(Mbezi), Regency, Tumaini, Hindu Mandal, Aga Khan, and Khan Hospital. The key areas for FY 2007 include the institution of the Preventive package, provision of effective TB interventions, strengthening pediatric AIDS care and treatment, integration of TB/ HIV care and treatment, referral systems, prevention with positives and quality of care.

The lessons learnt from the many initiatives piloted have enabled the coverage of more patients than before using the same resources. MDH is incorporating different levels of involvement at each of the proposed sites to maximally stretch available resources and reach many more people who need services. Other areas of focus include integrating services both among facilities at the primary, secondary and tertiary levels, and between different program areas within the HIV program such as PMTCT, TB/HIV and HBC in DSM. Sustainability of the MDH program has always been, and will continue to be, a key component of activities, along with maintaining high quality of service.

Continued Associated Activity Information

Activity ID: 3475
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Harvard University School of Public Health
Mechanism: Track 1
Funding Source: GHAI

Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Coverage Areas

Dar es Salaam

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Tz Budget
Prime Partner:	Harvard University School of Public Health
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7722
Planned Funds:	$ 2,720,000.00

Activity Narrative: This activity relates to activities in TB/HIV (7721) and PMTCT (7720).

Between the start of the program in November 2004 and July 2005, 16,102 patients have been enrolled in care and treatment, including 1684 children, 373 pregnant women and 384 TB patients currently on ARV's. Of these, 8500 were initiated on ART. The Harvard (MDH) program has expanded from 4 sites to 23 sites.

In FY2006, specific achievements have included the implementation of double shifts, strategic site renovations for optimal space utilization, time block patient appointment systems to streamline patient flow in clinics, successfully piloting initiation of treatment at the health center level, piloting integration of TB/HIV activities at district hospitals, piloting new referral systems, piloting new pharmacy software for the NACP, integrating a locally managed quality Improvement (QI) and M&E system, and incorporating a locally assembled and operated human resources and payroll system.

During the proposed funding period MDH will expand care and treatment services in their assigned larger Dar es Salaam (DSM) region under regionalization. MDH will scale up to one tertiary care hospital (Muhimbili National Hospital) and 14 health facilities in addition their current 7 sites (3 District hospitals (DH) Infectious Disease Clinic and 3 Health Centers (HC). In concert with regionalization, different levels of involvement will occur at each of the proposed sites to maximally stretch available resources.

With central funds, MDH will maintain 8,000 patients on ARV's, an additional 2,000 with FY2006 level funds, and with the increase in funds in FY2007, MDH will enroll and maintain an additional 7,000 patients, to bring a total ever enrolled to 17,000 patients by March 2008, and over 20,000 by September 2008. Children will account for 15% of the total.

In FY2007, activities will focus on certain key areas to support the continuum of care. Preventive package: This will continue to include cotrimoxazole prophylaxis, effective TB interventions including screening for TB at Care & Treatment Centers (CTCs) and follow up of TB patients; and education about safe drinking water and proper hygiene. Linkages will be made between the malaria program and CTCs by having monthly meetings at sites where overlapping activities can be better coordinated. Nutritional counseling and support services will be provided at all sites.

Leveraging local stakeholders' capacity: MDH will strengthen the links between home-based care (HBC) at 23 CTCs and the community by integrating their services with other stakeholders in DSM. A stakeholder analysis will guide the mobilization of appropriate resources and help implement pragmatic collaborative mechanisms. All stakeholders will be instrumental in formulation of a common work plan. The mapping of resources and organizations involved in HBC will be a major contribution both for the program in DSM region and nationally.

Strengthening referral systems: MDH has an efficient referral system based on the modified network model, which will extend to the new 15 facilities. The system will include 2-way referral forms, referral coordinators on-site, cross checking lists of referred patients between facilities on a daily basis, referral documentation and integration of patients accessing different components of care into one central database. Complicated cases will be referred to a tertiary care site. Regular meetings between referral coordinators will be held. The referral system will encompass facility based care and HBC providers in DSM with monthly stakeholder meetings to help identify challenges and plan for common solutions. The 2-way referral systems that will be established between CTC, HBC providers and community based volunteers will ensure proper feedback. Patient lists at the referring and referee sites will be compared at monthly intervals to help track lost patients.

Family testing: HCP will continue to be trained to encourage patients to bring other members of their family and community for VCT. Prevention of positives will be done among all those diagnosed to be HIV positive with emphasis on discordant couples.

Counseling and Testing: The MDH program will use a multi-pronged strategy. MDH will sensitize HCW to ensure that PIT and VCT referrals occur especially for patients with high risk behavior/symptoms of HIV attending other hospital services. VCT providers will be

recruited and based in in-patient wards. Counselors and HBC providers have been trained to bring in other family members especially husbands and children to facilitate VCT, enabling disclosure and making services family-friendly. This will also provide psychosocial support, reduce stigma and reduce domestic violence. Links between existing stand alone VCTs and CTCs will be strengthened and referral systems developed for better patient access to treatment. Mothers visiting immunization clinics will be given VCT and the children tested. Documentation of all patients who are counseled, tested and those receiving their lab results will be done, these records cross verified at biweekly intervals and entered into the central database.

Pediatric Care: To ensure that HIV exposed infants receive optimal care, information from the mothers ANC card will be transferred to the baby's card at delivery to ensure continuity of documentation. Cotrimoxazole prophylaxis will be provided to all exposed children at the sites. HCW will be specifically trained to insist that mothers bring their ANC card to the pediatric immunization clinic. MDH will organize trainings for HCW working in immunization clinics to ensure that information on the infants' exposure status will be transferred to the baby card at these clinics. They will advocate for integration of this with the immunization scheme of the government so that all exposed children presenting at 6 weeks or more will be tested using DBS DNA PCR. Supervisory visit teams with a pediatrician to ensure that quality of care for children. Functional referral systems between the ANC, labor wards, immunization clinic and the CTC will be developed and implemented using specially designed 2-way referral forms and training of HCP from these areas. Additionally all children in in-patient wards and those presenting with a downward trend in their growth chart will be tested. Discussions with the Social Welfare Department and orphanages in DSM to develop mechanisms to increase preferential access to HIV/AIDS care for orphans at their sites. Sensitization meetings for caretakers of OVCs on pediatric HIV testing and CTX prophylaxis will be held quarterly.

TB/HIV: MDH activities in this area are described in the TB/HIV program area.

Quality of Care: Regular QA and QI visits using MDH DSM tools, specific QI lists combined with supportive supervision, technical assistance, preceptorship, system strengthening and logistical improvement will make quality services more accessible. A QI tool with DSM specific indicators of care and treatment developed for the program by JSI Inc, continues to be used for surprise visits to ensure that quality is maintained.

Sustainability: Recruitment of all staff will be through the government system thereby strengthening existing health systems and ensuring continuity of these positions in the long run. Several MDH-trained site managers have been promoted as district hospital directors and district medical officers. Locally feasible, sustainable SOPs will be developed in collaboration with HCW to enable them conduct these services effectively. MDH will conduct regional and inter-country workshops where experiences and lessons learnt will be shared. As access to funds is an important part of sustainability, they will continue helping collaborators apply for funding from funding agencies.

Continued Associated Activity Information

Activity ID:	5384
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Harvard University School of Public Health
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 955,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	23	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	17,000	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	15,300	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	7,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	500	☐

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Dar es Salaam

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Mbeya Referral Hospital
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7747
Planned Funds:	$ 3,112,500.00

Activity Narrative: ARV Services-Mbeya Referral Hospital

The Mbeya Referral Hospital (MRH) is one of five zonal hospitals in Tanzania. Its function in the Southern Highlands is to provide training, to coordinate and oversee the quality of treatment and to establish health service referral systems among four regions (Mbeya, Iringa, Rukwa and Ruvuma) serving a catchment population of over six million people. Initiated in late 2004, under Emergency Plan funding and multiple donor support, an extensive infectious disease medicine clinic, in-patient services and training facility with a referral level laboratory at this hospital continue in evolution.

The FYO7 aliquot of funding will support the referral hospital in its role as a training center for HIV care, technical supervisor for the services in the Mbeya, Rukwa and Ruvuma Regions, and provider of direct patient treatment. By September 2008, the Mbeya Referral Hospital will have published its regional and national, certificate level training program at this facility based on the current national curriculum in close concert with the National AIDS Care Programmme's (NACP) Care and Treatment Unit. The present basic lab and treatment courses will be revised and updated with short courses and a much more developed outreach systems of courses at regional seats for medical personnel representing the Southern Highlands and other regions of Tanzania in comprehensive HIV care by September 2008.

By September 08, the USG will continue to complement clinical training with instruction for laboratory technicians in the zone on required safety labs and advanced monitoring techniques for HIV-positive individuals. This will be linked to the submission under Lab and include collaborative efforts among the Referral Hospital, American Society for Clinical Pathology (ASCP), African Medical and Research Foundation (AMREF), CDC and the U.S. Department of Defense (DoD) – its main US Agency partner. All of the training at the referral hospital will be directly linked and integral to service provision at this facility. In partnership with CDC and the central laboratory in Dar es Salaam, the lab at the referral hospital will execute a quality assurance program and supervision of regional health facilities.

MRH serves not only as a referral and training center but also as a primary care facility. With assistance from the MOH and direct Emergency Plan FY04-7 funding, the Referral Hospital has been able to initiate and sustain a large scale ART program. Though it was only able to begin full recruitment of patients in January 2005, it now boasts a patient-load of over 1700 on ART and 4,500 on care. Though it experienced a slow start, it will exceed its September 2008 ART targets of 5,000, enrolling over 200 new patients a month. Through September 2008, it will continue to expand direct ARV treatment to reach at least an additional 1,000 individuals, bringing the total under ART at this facility to 6,000 and under care to 8,500 by September 2008. Currently, the referral hospital provides technical supervision to six additional hospitals in the Mbeya Region supporting a total patient population of 3000 on ART and another 6,000 with care. The number of facilities under its supervision will expand to an additional six by September 07 and by at least another five by September 2008. Supervisory teams from the referral hospital consisting of a medical officer, clinical office and nurse attend clinic days at lower level facilities once or twice per month. FY 2007 will be used to further strengthen the Strategic Information systems of the zone, utilizing the Mbeya Referral Hospital as the central hub for data management in the Mbeya Region with plans to expand to support all of the Southern Highlands.

Although traditional PMTCT offered by several MOHWS facilities, pregnant women in their third trimester are being identified and evaluated for triple ARV if their CD4 is less than 350/microliter. This is in process at antenatal clinic of the Mbeya Referral Hospital, and will soon became the norm at four district hospitals and three regional hospitals, and will by Sep 2007 be ensconced in 4 facilities in Rukwa and 4 in Ruvuma.

Through these sites, the pediatric ward at the referral hospital, and linkages with over ten NGOs and FBOs providing support to OVCs in the Municipality, pediatric cases are identified and evaluated for treatment. Currently over 11% of the ART and care population is between the ages of zero to 14 years. It is expected that a total of 5,420 patients (16% pediatric) will be on ART by September 2008. Mbeya Referral Hospital will increase the enrollment of children especially younger ones by promoting and supporting routine counseling and testing of children and their mothers at all contact points in the health

facilities, including immunization clinics, outpatient clinics, and in-patient wards and through PMTCT programs.

Mbeya Referral Hospital will promote couple counseling and testing for all clients that receiving counseling, care and treatment. This strategy will become the backbone for the hospital's efforts to promote prevention for positive and will also assist in boosting the number of males on treatment. As part of ensuring the continuum of care, the Mbeya Referral Hospital works in close concert with several NGOs and FBOs in the Municipality. These organizations not only assist in patient identification and referral to the HIV Care and Treatment Center (CTC) at the hospital but provide at home follow up of patients under treatment. In order to link services, training will emphasize that care for People Living with HIV/AIDS should be provided in a continuum with links from care & treatment to other programs within the health facilities and extend from the health facilities into the community.

These referrals are supported through a social worker placed at the CTC. Mentoring of these organizations with medical officers from the CTC provides additional capacity for these groups in this role. This aliquot of FY 06 funding will support continued development of the hospital in its role as a zonal center for training of clinical personnel, reagents for continued monitoring of patients, drugs for opportunistic suppression (like cotrimoxazole, fluconazole, acyclovir and even vincristine) and treatment, ART, supportive supervision to the zone, strengthening of zonal referral mechanisms and patient tracking, and expansion of the community referral system and technical support to participating NGOs and FBOs.

Mbeya Referral Hospital is requesting $500,000 in plus up funding to provide laboratory capacity building and laboratory reagents in the regions of Mbeya, Ruvuma and Rukwa in which more than 23 NACP accredited CTC sites are scattered in 17 districts. The number of patients as of March 2007 is about 25,000 since the start of ART services in October, 2004. The number of patients is expected to rise to 30,000 by the end of 2009. Pressing demand to increase testing and intervention for more pregnant mothers and infant product coupled with drive to get all ARV drug services closer to local point of care requires more resources.
Funds are also requested to support the renovation of 9 lab rooms in the zone, procure ELISA, haematology, chemistry, equipments, and reagents for 9 labs and train 18 lab technicians.
Mbeya Referral is requesting $100,000 to expand Strategic Information (SI) training in the regions of Mbeya, Ruvuma and Rukwa in which more than 23 NACP accredited CTC sites are scattered in 17 districts.

Continued Associated Activity Information

Activity ID:	5507
USG Agency:	Department of Defense
Prime Partner:	Mbeya Referral Hospital
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,450,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	3	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	5,420	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	5,120	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,440	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	218	☐

Target Populations:

Adults
Business community/private sector
Community-based organizations
Family planning clients
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Program managers
Caregivers (of OVC and PLWHAs)
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Mbeya

Iringa

Rukwa

Ruvuma

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Mbeya Regional Medical Office
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7749
Planned Funds:	$ 850,000.00

Activity Narrative: ARV Services at Mbeya Regional Medical Office

This activity also relates to activities in CT (7749), palliative care (7723, 7735), and treatment (7747) and SI (8683)

Mbeya is one of four regions including Iringa, Rukwa and Ruvuam which make up the Southern Highlands in Tanzania. Zonal health services for these four regions are provided by the Mbeya Referral Hospital which works in concert with but not over the regional medical offices. Based on a network model, the Mbeya Regional Medical Office (MRMO) supports the implementation of prevention, care and treatment programs throughout the region, providing funding and supervision to the regional hospital and district level facilities. This office supports not only the needs of hospitals, health centers and dispensaries in providing primary care but also works to strengthen the continuum through providing quality counseling and testing (CT) and PMTCT services, strengthening of referrals between facilities and services, conducting the training in palliative care to HBC providers, and supporting community education on health service initiatives. All three regions (Mbeya, Rukwa and Ruvuma) supported through the US Department of Defense (DoD) are implemented in a coordinated and almost parallel fashion, directly supporting the MOH's desire for donor agencies to undertake a more regional focus in developing networks of care.

Though the MRMO was originally slated to begin receiving Emergency Plan support with FY05 funding for ART, due to initiation of treatment at the regional, two district (Kayela and Rungwe) and one mission (Igogwe) hospital, as part of the MOH rapid roll out plan, work with this partner in the area of treatment began in January 2005.

Funding in FY07 will continue to support expansion of treatment services at these four facilities plus the addition of a fifth, Mbozi District Hospital, with a combined September 2008 target for the MRMO of 1,800 patients on ART and over 3,000 patients on care. FY 2007 support will ensure that all the six districts in Mbeya are supported with ART services. This expansion will include increasing the number of individuals trained through NACP efforts to an additional 38 personnel (at least six individuals per facility) under the Mbeya Referral Hospital submission in this section. PMTCT is being further integrated into treatment. Although traditional PMTCT offered by several MOHWS facilities, pregnant women in their third trimester are being identified and evaluated for triple ARV if their CD4 is less than 350/microliter.

Currently 13 % of the ART and care population is between the ages of zero to 14 years. Pediatric uptake will be increased by increasing the enrollment of children especially younger ones by promoting and supporting routine counseling and testing of children and their mothers at all contact points in the health facilities, including immunization clinics, outpatient clinics, and in-patient wards and through PMTCT programs.

Through these sites, the pediatric ward at the referral hospital, and linkages with over ten NGOs and FBOs providing support to OVCs in the Municipality, pediatric cases will be identified and evaluated for treatment.

MRMO will promote couple counseling and testing for all clients that receiving counseling, care and treatment. This strategy will become the backbone for the hospital's efforts to promote prevention for positive and will also assist in boosting the number of males on treatment. As part of ensuring the continuum of care, the MRMO works in close concert with several NGOs and FBOs in the Municipality. These organizations not only assist in patient identification and referral to the HIV Care and Treatment Center (CTC) at the hospital but provide at home follow up of patients under treatment. In order to link services, training will emphasize that care for People Living with HIV/AIDS should be provided in a continuum with links from care & treatment to other programs within the health facilities and extend from the health facilities into the community.

A referral mechanism, using existing structures, is being strengthened in FY05 to link services to centers providing counseling and testing at TB clinics, stand alone sites and lower level health facilities. Efforts in FY07 under the MRMO in CT will look to strengthen the integration of provider initiated counseling and testing in the five facilities' out patient clinics and in patient wards to identify the maximum number of treatment ready patients.

In FY 2007, an electronic medical record system will continue to be imroved at the Mbeya Referral Hospital and will be introduced at each of these sites. Currently these facilities use the paper versions of the patient report forms for this database with the Mbeya Referral Hospital keeping the electronic version and providing the hospitals with weekly patient reports. This record system has been not only helpful in improving patient management but also tracking of patients as they are referred back to their district hospitals for primary care from the regional or referral facility. By extending this capacity directly to the districts, physicians and hospital administrators can make better real time decisions that will improve services at their facilities and develop a network of information on care and treatment in the region.

Under this submission, the MRMO will continue to develop capacity of local NGOs and FBOs in provision of HBC, focusing on the introduction of ARV education into HBC training and treatment adherence as part of service delivery. In FY07, the MRMO will continue working with the medical staff of a large NGO in the region, Kikundi Huduma Majumbani (KIHUMBE), to devise a six-day course to cover topics in adherence and basic patient monitoring for individuals on ART. The MRMO will train more than 100 HBC providers in basic palliative skills with KIHUMBE training current providers in the region in the "advanced" care package. At all five treatment facilities, linkage of ART and care patients to HBC providers, under the Network umbrella submission under palliative care, will be built upon in FY07 to provide this home follow up. The MRMO will continue to evaluate and monitor HBC programs in the region supporting a continuum of care approach and ensuring quality services are provided.

Continued Associated Activity Information

Activity ID: 3386
USG Agency: Department of Defense
Prime Partner: Mbeya Regional Medical Office
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 600,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	7	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	5,981	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	4,299	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,628	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	40	☐

Target Populations:

Adults
Community leaders
Family planning clients
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Infants
National AIDS control program staff
People living with HIV/AIDS
Pregnant women
Program managers
Children and youth (non-OVC)
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
District level staff
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Mbeya

Table 3.3.11: Activities by Funding Mechanism

Mechanism: ZACP
Prime Partner: Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Progra
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7757
Planned Funds: $ 250,000.00
Activity Narrative: Care and Treatment services
Zanzibar has a population of 1 million with an estimated 0.6 % HIV prevalence in the general population. With this prevalence, it is estimated that there are approximately 6000 Zanzibaris needing care for HIV. The Ministry of Health and Social Welfare's plan is to establish Care and Treatment services within 12 health facilities, both public and private by the year 2011 so as to ensure all Zanzibaris who need services can access them.
The Zanzibar AIDS Control Programme(ZACP) was launched in April 1987. Within the organization, the manager is assisted by an administrator cum financial officer. Unit heads, which include care & treatment, strategic information, PMTCT, IEC, counselling, testing & home based care, laboratory and STI control, are responsible for coordinating the implementation of the planned HIV activities.

Through the USG support, ZACP has established a National Coordination Unit and appointed a National Coordinator for Care and Treatment. The role of the coordinator is to ensure effective program implementation and monitoring. In addition, ZACP, through USG support and in collaboration with other partners, coordinated the establishment of care and treatment services at 2 sites in the year 2005 and is in the process of establishing services at 2 new sites by the end of the year 2006. From the time care and treatment services were initiated in Zanzibar in March 2005 until end of June 2006, 318 clients have been initiated on ARVs in the 2 existing sites. In order to ensure quality services are provided, to date 95 health care workers have been trained on HIV/AIDS care and treatment, 25 have been trained on adherence counseling and 26 have been trained on Paediatric HIV/AIDS management based on national guidelines. ZACP has also developed and disseminated IEC materials in order to increase demand for the services on the Islands.

The proposed activities in FY 2007 include strengthening and scaling up existing services. To scale up access to services to more Zanzibaris who need them, ZACP plans to coordinate expansion of HIV/AIDS services to two district and cottage hospitals. In doing this, ZACP will work with partners to conduct site assessments, build staff capacity and strengthen the infrastructure of the above sites. It will also coordinate health care workers and organize community sensitization activities. It will help strengthen care and treatment services in existing sites by strengthening the care and treatment management information system, referral systems. ZACP will also design demand creation activities. It will also continue to procure and distribute all necessary supplies in order to ensure smooth running of treatment services.

To ensure effective national program coordination, FY07 funds will continue to support the positions of the national care and treatment coordinator and other staff working in care and treatment services.

Continued Associated Activity Information

Activity ID: 5319
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health - Zanzibar, Tanzania
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 402,440.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Adults
Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Doctors
Nurses
Pharmacists
Infants
International counterpart organizations
National AIDS control program staff
People living with HIV/AIDS
Policy makers
Pregnant women
Program managers
Volunteers
Children and youth (non-OVC)
HIV positive pregnant women
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
Implementing organizations (not listed above)
District level staff
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas

Kaskazini Pemba (Pemba North)

Kusini Pemba (Pemba South)

Kaskazini Unguja (Unguja North)

Kusini Unguja (Unguja South)

Unguja Magharibi (Unguja West)

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National AIDS Control Program Tanzania
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7771
Planned Funds:	$ 500,000.00

Activity Narrative: Strengthening HIV Treatment Services: NACP

The National AIDS Control Program (NACP) ARV Services activity described here is one component of a comprehensive set of services further described in the Counseling and Testing, Care and Strategic Information areas.

The Government of Tanzania (GOT) adopted care and treatment for PLWHA as one of its key strategies in the Health Sector Response to HIV/AIDS. The Ministry of Health (MOH) Care and Treatment Plan was approved by the cabinet in October 2003. To implement the plan, the MOH established the Care and Treatment Unit (CTU) within the NACP.
The NACP Care and Treatment Unit (CTU) is responsible for coordination, management and implementation of the National HIV/AIDS Care and Treatment Plan. The CTU works with four other units of the NACP and other health and multi-sectoral partner organizations to develop policy and comprehensive care and treatment strategies and ensure their implementation in public, private and community based settings.

Since its establishment in 2003, the unit has successfully coordinated the development of several tools, including the National Guidelines for Clinical Management of HIV/AIDS in Tanzania, the Training Curriculum and Materials on Basic Management of HIV/AIDS, Comprehensive Management of Pediatric HIV/AIDS, Adherence Counseling and Laboratory. Furthermore, the NACP CTU has been able to coordinate the provision and expansion of ART services to 200 sites.

Since October 2004, at the inception of the National Care and Treatment program, to date, the number of patients ever enrolled on ART exceeds 49,000, with children accounting for over 4,500 of patients. The number of health care workers (HCWs) that have been trained on the basic management of HIV/AIDS is almost 1,500 with a percentage that have received focused training on Pediatric HIV/AIDS care.

In FY07, USG funds will support the NACP in the expansion of care and treatment services down to primary health facilities and the maintenance of the existing 200 ART sites. These two components will be supported through the sub-components of coordination, implementation of training, continuing medical education and strengthening of supportive supervision at the regional level.

NACP will spearhead the expansion of ART services to the community level by selecting 500 new ART sites at the level of primary health facilities i.e. health centers and dispensaries. The selection of facilities will be done in collaboration with the Regional and District Health Management teams and the USG ART partners working in these regions. These lower level sites will not immediately provide the full complement of HIV/AIDS care and treatment services but will initially serve as refill locations, treatment outreach centers and/or initiation of ART sites. Expansion of services will require an assessment, development of strengthening plans (including human and physical infrastructure development) and phased implementation of services at these sites. The staff at this level will be trained in the basic clinical management of HIV/AIDS using the adapted WHO Integrated Management of Adult and Adolescent Illnesses (IMAI) training package. The USG is also funding the WHO country office to adapt this curriculum in FY07. From each primary care health facility, a multidisciplinary clinic "HIV Care and Treatment Team" will be selected for training. Each team will include doctors/clinical officers, nurses, adherence counselors, and pharmacy technicians. The total number of health workers to be trained is expected to be 1,000. Of these, about 500 clinicians and nurses will also be trained on comprehensive pediatric HIV/AIDS care.

Continuing medical education will be given to both the newly trained HCWs and the initial HIV care and treatment teams through a system of practical training that fosters ongoing professional development. This includes frequent refresher trainings, supportive supervision and clinical mentorship/preceptorship. To support this in FY2007, the NACP is planning to develop a clinical mentoring program so as to ensure sustainable quality care is provided by all trainees. As part of a decentralized and thus sustainable system, the Regional Health Management Teams (RHMTs) will be trained to provide supportive supervision activities to sites within their regions.

Beyond training and supportive supervision, the NACP will focus on developing a more reliable monitoring and evaluation system, expanding treatment literacy and updating current protocols and curriculum. USG support for these activities is described in the Strategic Information and OPSS section. In addition, to evaluate the quality and impact of the national program, the USG is funding a targeted evaluation in FY07 within the ARV services section.

Patient monitoring and tracking is still a major challenge for the NACP.
The CTU will collaborate with other units within the NACP, the USG and other donor partners to establish a more effective and sustainable patient tracking and monitoring system to enable effective patient and program monitoring and evaluation and linkages to care.

To expand treatment literacy, CTU, in collaboration with IEC unit will continue to develop various IEC materials (brochures, leaflets, posters, wall charts) and conduct TV and radio programs.

Finally, since the management of HIV/AIDS is very dynamic with progressive and frequent changes, with USG support, the CTU plans to finalize, review and update the national clinical guidelines, national training materials and SOPs used at tertiary and secondary levels and the IMAI documents to be used at primary health care levels. Finally, the CTU, in collaboration with the Human Resource Directorate and other departments of MOHSW, training institutions and I-TECH, a new USG partner, will introduce HIV/AIDS prevention, care, treatment into the pre-service curriculum of various training institutions in the country.

Continued Associated Activity Information

Activity ID:	3378
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National AIDS Control Program Tanzania
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 547,463.00

Emphasis Areas	% Of Effort
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	1,000	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
Implementing organizations (not listed above)
District level staff
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Pastoral Activities & Services for People with AIDS
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7784
Planned Funds:	$ 750,000.00

Activity Narrative: Expansion of HIV/AIDS treatment/ART service programme at PASADA

This activity also relates to activities in Orphans and Vulnerable Children (#8708).

This activity provides care and treatment to patients suffering from HIV and AIDS and the complications of the disease. Since its founding in 1992, PASADA's services and client base have expanded tremendously. Today, it serves more than 800,000 people every year through its main Upendano Clinic and 15 diocesan health facilities located throughout Dar es Salaam. Operating under the Roman Catholic Archdiocese of Dar es Salaam, PASADA targets the poorest of the poor, offering comprehensive care and support to all people living with AIDS, regardless of religious affiliation. These services include voluntary counseling and testing; home-based care; educational, psychological, social, and economic support to orphans and vulnerable children; diagnosis and treatment of opportunistic infections; and prevention of mother-to-child transmission (PMTCT) in eight of its 15 sites. The program also offers support groups, nutritional assistance, and access to income generating activities. Part of the uniqueness of the PASADA program is the strong linkages between and among the various services the program offers, and the referral mechanisms with the Archdiocesan facilities. By the end of FY 2006, PASADA has approximately 17,000 HIV patients registered for various services, with 1,200 on anti-retroviral treatment (ART).

Until late FY 2006, PASADA was a sub-grantee of Catholic Relief Services for care and treatment, and the strengthening of services via the referral clinics received funding and technical assistance from Deloitte. With funds from FY 2006, PASADA "graduated" from sub-grantee status to being supported directly by the USG.

With FY 2007 funds, the PASADA Treatment Programme will focus on the expansion of ART services at PASADA and in the satellite health facilities of the Archdiocese of Dar es Salaam. In addition to supporting the treatment program at PASADA, treatment services will be piloted at four dispensaries in the Archdiocese of Dar es Salaam. This "downward" expansion fits with the National AIDS Control Programme's planned devolution of services to lower-level facilities, and should also help to enhance pediatric AIDS case finding.

A critical component of the planned expansion of services is the training that will be provided to PASADA and dispensary staff on the management of ART patients, adherence, and their responsibilities in the prevention of new infections. With FY 2007 funds, PASADA expects to enroll 5100 people on ART.

In addition to expansion, priorities for FY 2007 funding to support the treatment and related programs are: 1) improved quality of treatment services, especially the implementation of quality improvement programs; 2) strengthened linkages between and among PASADA clinical and community services; 3) training of providers and outreach workers in stigma to reduce it as a barrier for people seeking counseling/testing, as well as treatment; 4) strengthening of the organization and management of PASADA, including both fiscal and programmatic accountability; and 5) regular planning, monitoring, and evaluation of the program (particularly with regard to decentralization process) to ensure that planned objectives are reached.

With FY 2007 funds, linkages between and among the various components of PASADA's continuum of care, such as PMTCT services, will be strengthened to ensure additional referrals. Attention will be paid to consolidate and scale up Voluntary Counseling and Testing (VCT) services, especially of pregnant women, in order to increase the number that can access ART. PASADA will also train People Living with HIV/AIDS (PLWHA) on basic counseling skills so that they can be involved in raising community awareness about the importance of HIV testing and treatment, and to reduce stigma and discrimination. This community awareness is intended to increase access to care and treatment for women, children, and families affected with HIV and AIDS identified in the dispensaries, and to empower them with information so that they, too, can become community resource people. This community awareness will also help to link HIV-positive individuals to care and treatment services.

Through the PASADA OVC program, training will be conducted to sensitize all staff to ensure they are aware of suggestive symptoms and signs suggestive of HIV/AIDS, or to

identify those with histories of possible exposure so that the children are referred in for testing and possibly for treatment. This will be part of a stepped-up approach to identification and treatment of HIV-positive children in the catchment area. PASADA expects that the expansion into dispensaries and sensitization of health providers at those facilities will allow for improved pediatric AIDS case-finding and referral, as necessary.

To improve the effectiveness of treatment, PASADA will continue to provide targeted nutritional support to clients who are severely malnourished and income-generating opportunities to families. Because PASADA deals with the poorest of the poor, whose economic base has been paralyzed by the HIV epidemic and whose families are already over stretched, food and income generation are particular challenges.

Lastly, PASADA will organize awareness raising workshops addressing religious leaders, teachers, and other important stakeholders in the community in order to reduce stigma and reluctance to discuss HIV/AIDS-related issues in the community.

Procurement for cotrimoxazole will be handled through the Supply Chain Management System (SCMS), which will provide experience with SCMS and if successful, the program will expand to other procurements in FY 2008.

In addition to the programmatic growth and enhancement, additional attention will be given with FY 2007 funds to strengthen the data collection and statistical analysis of patients care, as well as to strengthening fiscal accountability.

Continued Associated Activity Information

Activity ID:	5560
USG Agency:	U.S. Agency for International Development
Prime Partner:	Pastoral Activities & Services for People with AIDS
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 500,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy	7	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	5,100	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,100	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	2,200	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	87	☐

Target Populations:

Adults
Community leaders
Doctors
Nurses
Pharmacists
Infants
People living with HIV/AIDS
Children and youth (non-OVC)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Religious leaders
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Dar es Salaam

Pwani

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: PharmAccess
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7786
Planned Funds: $ 2,165,600.00

Activity Narrative: This activity is linked to PharmAccess submissions in Other Prevention (7787), CT (7789) and TB/HIV (7790).

The Tanzanian Peoples Defense Forces (TPDF) initiated one of the first ART programs in Tanzania in March 2003, at Lugalo Hospital in Dar es Salaam. As part of FY04's Emergency Plan funding from USAID through Family Health International (FHI), Lugalo Hospital has been able to expand care and treatment services at this facility to reach a total of 2,000 HIV-infected military personnel and their dependents. In FY06, the TPDF initiated counseling and testing and Prevention of Mother-to-Child Transmission (MTCT) services in the seven remaining military hospitals throughout the country (Mbalizi, Mwanza Mzinga, Monduli, Mirambo, Ruvuma and Bububu). With FY06 funding ART services began at all facilities. These activities are just now being initiated due to late arrival of FY06 funds. As part of the regionalization plan for treatment services lead by the MOH and National AIDS Control Programme (NACP), FHI will end its support for ART services at Lugalo and 3 satellite in the Coast Region in September 2006. Thereafter these sites will come under the support of US Department of Defense (DOD)/PharmAccess/TPDF.

Under this submission, PharmAccess will work with the military to continue to expand ART services in all eight supported military hospitals as well as six satellite sites. These include Bububu Hospital in Zanzibar, in response to a request from the Zanzibar AIDS Control Program to initiate ART at this facility. This military hospital has recently been re-built completely. The new Bububu Hospital will serve as a referral hospital for the northern part of Zanzibar with an estimated catchment population of 80,000, military and civilians.

Funding will support initial and refresher training of 56 medical personnel from all military hospitals and satellite health centers; infrastructure improvement of the six satellite sites; equipment and consumables for basic laboratory requirements for monitoring of patients (to include haematology and chemistry testing); capacity for CD4 monitoring is currently present at Lugalo hospital and will be developed at the military hospitals of Mwanza, Mbalizi and Mzinga; community education and mobilization of other support groups for patients on ART. The medical treatment facilities of all military hospitals and satellite sites will be supported through nearby regional and zonal facilities under the National Care and Treatment Plan. Referral mechanisms, e.g. for CD4 testing, have been put in place and will be strengthened. Treatment of OI's and ARVs will be supplied by EP funds through USAID/SCMC and the MOH/MSD).

ART-experienced clinicians, nurse-counselors, laboratory and pharmacy specialists from Lugalo, Mbalizi and Mwanza military hospitals will serve as preceptors for the other hospitals and satellite sites following participation in NACP training, building upon experienced personnel in the TPDF. All hospitals will be included in the FY07 plans for continued CT, PMTCT and TB services ensuring development of comprehensive HIV services at military facilities as well as the establishment of strong referrals between services. Counselors at the VCT centers will be trained additionally on counseling of HIV+ patients. Referral between TB-units and CTCs and between the CTCs and HBC providers has been introduced under the FY06 program and will be strengthened under FY07. All HIV-infected men and women will be referred for further evaluation and qualification for TB treatment and ART within the same facility. Expansion of ART at military facilities will assist in national coverage and the availability of these services to the surrounding civilian communities.

HIV-positive children are identified through PMTCT programs supported at the eight military hospitals mentioned above and the satellite sites in Dar es Salaam, Mbeya, Mwanza and Tabora regions. Pediatric cases will be identified at the ante and postnatal (ANC) services and pediatric wards of the hospitals and will be referred to the HIV Care and Treatment Centers at the hospitals for staging and ART eligibility. Currently over 13% of the ART and care population at Lugalo Hospital is between the ages of zero to 14 years. The relatively high uptake is due to the fact that families of military employees live in the barracks near the hospitals and that all military hospitals provide ANC services. Overtime, with a larger share of civilians in the ART program, the percentage may go down somewhat. Civilians who live further away from the hospitals tend to visit ANC services in their village. A family care model will be used to inform women attending the ANC at the military sites to raise the pediatric caseload.

It is expected that a total of 4,000 patients (13% pediatric) will be on ART and an additional 4,000 on non-ART care by September 2008. ARV services in the military hospitals started 3-4 years ago, exclusively for military personnel and their dependents. The majority of patients on treatment therefore are male. Since FY06 ARV services are open for civilians in the communities surrounding the military hospitals. As 80% of the population accessing services at military facilities is civilian we expect that the gender imbalance will be corrected over time.

Under FY05 funding FHI has initiated referral to community support groups, HBC services and d patient self-help groups at Lugalo Hospital and its 3 satellite sites. Continuation of these functions after FHI's pull-out is guaranteed under the regionalization plus-up funds. Functions will be introduced at all other military health centers under FY07 TPDF/DOD/PharmAccess program under FY07. For most military hospitals this is a new activity.

All military hospitals will be equipped and staff will be trained to enter patient data electronically. The national database, developed by the University Computing Center (UCC) for NACP, will be used for that purpose.

To ensure sustainability there will be no appointments of new staff for the TPDF hospitals and health centers. Current staff will be trained to strengthen their capacity to provide adequate care and treament services.

Expansion of ART services in FY07 will ensure a close linkage of military implementation to national strategies and programs. Funding for the TPDF through PharmAccess will provide much needed technical support, management assistance and M&E for all TPDF activities in this COP. Lugalo Hospital will serve as the coordinating body and oversee quality assurance following national standards.

Pharmaccess International is requesting $400,000 to scale up ART treatment services in the TPDF. A new policy stipulates that HIV screening will become part of the annual physical check-up for all servicemen and women whose total population is 35,000. As a result of this new policy, the 8 military hospitals will need to be equipped for CD4 testing and 18 health centers need to be prepared for care and treatment services. Funding under this submission will accomplish the following. Three health care workers per site will be trained to provide treatment services, following the national curriculum of the MOHSW. Each site will be refurbished and furnished to provide treatment services, and OI drugs. Samples and patients with clinical complications will be referred to nearby military hospitals for follow-up and CD4 testing. The prevalence rate in detachment and border camps is estimated at no less than 10-12%. The funds will be used to train 54 health care professionals: three health care workers (medical officer, counselor, pharmacy assistant) per site who will be trained to provide and manage ARV following the national curriculum of the Ministry of Health and Social Welfare.

Continued Associated Activity Information

Activity ID:	3390
USG Agency:	Department of Defense
Prime Partner:	PharmAccess
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,550,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	32	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	7,180	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	5,160	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	2,700	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	149	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Infants
International counterpart organizations
Military personnel
Refugees/internally displaced persons
National AIDS control program staff
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Prisoners
Volunteers
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Mbeya

Morogoro

Arusha

Mwanza

Tabora

Ruvuma

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Rukwa Regional Medical Office
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7794
Planned Funds: $ 850,000.00

Activity Narrative: ARV Services in Rukwa Region

This activity also relates to activities in PMTCT (7796), CT (7794), and palliative care (7723), treatment (7747), and SI (8683)

Rukwa is one of four regions in the Southern Highlands which includes Iringa, Mbeya and Ruvuma and is served by the Mbeya Referral Hospital for all its advanced care and supervisory needs. This referral hospital works in concert with but not over the regional medical offices. As with the Mbeya Regional Medical Office (MRMO), the Rukwa Regional Medical Office (Rukwa RMO) supports the implementation of prevention, care and treatment programs through out its region, providing funding and supervision to the regional hospital and district level facilities. This includes supporting direct care services, providing quality counseling and testing (CT) and PMTCT services, strengthening of referrals between facilities and services, conducting training in palliative care to HBC providers, and supporting community education on health service initiatives.

Identified as one of the MOH sites for initiation of ART in FY04, the Rukwa Regional Hospital in Sumbawanga is poorly equipped, its infrastructure inadequate, it has few trained staff, and critical commodities are limited to support such efforts. Laboratory equipment to support CD4 monitoring and safety labs purchased by the MOH recently arrived to meet one of their most critical needs. FY 2006 Emergency Plan funding, which is just about to arrive in country, will continue to support the development of additional infrastructure and capacity through clinic and lab renovations and the training of additional staff.

Funding in FY07 to the Rukwa RMO will continue to support expansion of treatment services at the regional hospital plus extension of support to a second site, Nkasi District Hospital. This includes increasing the number of individuals trained through NACP efforts in the region to an additional 12 personnel (at least six individuals per facility) under the Mbeya Referral Hospital submission in this section. Direct FY 2007 funding to the Rukwa RMO will provide for consumables for monitoring and medications for OI prophylaxis and treatment (exclusive of ARVs to be purchased and supplied by MOH and USAID) for both hospitals. Laboratory services will continue to receive technical support from the Mbeya Referral Hospital. It is anticipated FY07 funding will support a combined 1,200 patients on treatment and another 1,600 patients with care by September 2008.

In support of the expansion of treatment to other facilities in the region, the Mbeya Referral Hospital will continue to augment the Rukwa RMO in developing a treatment supervisory team to support Nkasi and other CTCs in the region as they come on line. Experienced clinicians will be places with this team for two to three weeks, in the early stages to maximize effective monitoring.

A referral mechanism between newly established VCT and PMTCT services in the region has been established. Building upon existing structures, this referral system aims to link services at centers providing counseling and testing at TB clinics, lower level health facilities and PMTCT interventions at antenatal clinics to the CTC. Provider initiated counseling and testing will be strengthened in these two facilities' out patient clinics and in patient wards to identify the maximum number of treatment ready patients.

In 2007, PMTCT services will be integrated within ANC and CTC. Pregnant women in their third trimester will be identified and evaluated for triple ARV if their CD4 is less than 350/microliter. Currently 9 % of the ART and care population is between the ages of zero to 14 years. Pediatric uptake will be increased by increasing the enrollment of children especially younger ones by promoting and supporting routine counseling and testing of children and their mothers at all contact points in the health facilities, including immunization clinics, outpatient clinics, and in-patient wards and through PMTCT programs. Through these sites, the pediatric ward at the referral hospital, and linkages with over ten NGOs and FBOs providing support to OVCs in the Municipality, pediatric cases will be identified and evaluated for treatment.

Rukwa RMO will promote couple counseling and testing for all clients that receiving counseling, care and treatment. This strategy will become the backbone for the hospital's efforts to promote prevention for positive and will also assist in boosting the number of

males on treatment. As part of ensuring the continuum of care, the Rukwa RMO works in close concert with several NGOs and FBOs in the Municipality. These organizations not only assist in patient identification and referral to the HIV Care and Treatment Center (CTC) at the hospital but provide at home follow up of patients under treatment. In order to link services, training will emphasize that care for People Living with HIV/AIDS should be provided in a continuum with links from care & treatment to other programs within the health facilities and extend from the health facilities into the community.

In FY 2007, an electronic medical record system being piloted at the Mbeya Referral Hospital will be introduced at each of these sites. In FY05, use of the paper versions of the patient report forms for this database was introduced at the regional hospital to familiarize medical staff with the use and benefit of the system. The Mbeya Referral Hospital maintains the electronic medical record system and provides the hospital with weekly patient reports. By extending this capacity directly to the region in FY07, physicians and hospital administrators can make better real time decisions that will improve services at their facilities.

Lastly, based on the model of the continuum of care developed by the regional medical offices in the Southern Highlands, the Rukwa RMO will continue to develop the capacity of local organizations and dispensaries in extending support for HIV care and treatment into the community. Training of these providers in basic palliative services will include the addition of ARV education and counseling in treatment adherence as part of service delivery. Using the module on ART support in HBC developed by the Mbeya Regional Medical Office and a large NGO in the Mbeya Municipality, FY 2007 funds will continue to support the Rukwa RMO in training 40 HBC providers/dispensary personnel. Linkage of hospital patients to these dispensaries and organizations for support and follow up will be undertaken and evaluation and monitoring of HBC programs in the region conducted ensuring quality care.

Continued Associated Activity Information

Activity ID:	3395
USG Agency:	Department of Defense
Prime Partner:	Rukwa Regional Medical Office
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 450,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	3	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	2,550	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,200	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,170	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	12	☐

Target Populations:

Adults
Country coordinating mechanisms
Faith-based organizations
Family planning clients
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Infants
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Program managers
Children and youth (non-OVC)
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
District level staff
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Rukwa

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Ruvuma Regional Medical Office
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7797
Planned Funds:	$ 850,000.00

Activity Narrative: ARV Services in Ruvuma

This activity also relates to activities in PMTCT, (7797), CT (8658), treatment (7747) , and SI 8683.

Ruvuma is the third of the four regions in the Southern Highlands, which includes Iringa, Mbeya and Ruvuma, to be included as a prime partner for treatment under the US Department of Defense. The Mbeya Referral Hospital supports Ruvuma for all its advanced care and supervisory needs, working in concert with but not over the regional medical office with the later supporting direct implementation of prevention, care and treatment programs through out its region.

Situations surrounding care and treatment in Ruvuma are very similar to Rukwa and development of treatment capabilities will mirror plans for Rukwa. Both are geographically isolated areas of the Southern Highlands and lacking support for basic services. FY 2006 Emergency Plan funding, which is just arriving in country, will support the development of additional infrastructure and capacity through clinic and lab renovations and the training of additional staff.

Funding in FY07 to the Ruvuma RMO will support expansion of treatment services at the regional hospital plus extension of support to a second site, Tunduru District Hospital. Current expansion plans will include increasing the number of individuals trained through NACP efforts in the region to an additional 12 personnel (at least six individuals per facility) under the Mbeya Referral Hospital submission in this section. Direct FY07 funding to the Ruvuma RMO will provide consumables for monitoring and medications for OI prophylaxis and treatment (exclusive of ARVs to be purchased and supplied by MOH and USAID) at both facilities. Laboratory services will continue to receive technical support from the Mbeya Referral Hospital with required equipment for the Tunduru Hospital procured either by the MOH or CDC. With similar capacities being developed in Ruvuma as in Rukwa, it is anticipated that these two hospitals will support a combined 2, 420 on treatment and another 2,600 with care by September 2008.

As in Rukwa, the Mbeya Referral Hospital will assist the Ruvuma RMO in developing a treatment supervisory team to support CTC in the region as they come on line. FY 2007 being requested in this submission in support of these teams will include costs for transport, lodging and meals incurred during supervisory visits. A referral mechanism between VCT and PMTCT services in the region being introduced in FY05 is being strengthened to ensure linkage of services at centers providing counseling and testing at TB clinics, lower-level health facilities and PMTCT interventions at antenatal clinics to the CTC. FY07 submissions under CT will look to strengthen the integration of provider-initiated counseling and testing in these two facilities' outpatient clinics and in patient wards in support of treatment efforts. And lastly, the electronic medical record system being piloted at the Mbeya Referral Hospital (funding under the DoD submission in SI) will be introduced at each of these sites to aid in patient management, reporting to the MOH and tracking patients as they are referred back to smaller facilities to receive their primary care. All of these efforts combined, strengthen the overall program in the region with a focus on developing sustainable systems.

Strategic planning meetings with the Director General of the Mbeya Referral Hospital and the Regional Medical Officers of Rukwa, Ruvuma and Mbeya continue the development of similar program plans to be implemented in the Southern Highlands in support of HIV prevention and care. As in Rukwa, the Ruvuma Regional Medical Office has expressed a desire to develop the capacity of communities to take part and support care and treatment as it is introduced into the region. Local NGOs, FBOs, have been providing training in provision of palliative care and ART adherence counseling to assist in patient follow-up. In FY 2007, the Ruvuma RMO will train and additional 40 HBC providers/dispensary personnel with the ART module developed by the Mbeya Regional Medical Office and a large NGO in the Mbeya Municipality. The Ruvuma RMO continues to work with the Regional Hospital and Tunduru District Hospital in strengthening referrals of hospital patients to these dispensaries and organizations for support and follow up. Key organizations providing this service will be mentored by linking them with a counselor or nurse working in the CTC. Funding will support the training of providers/dispensary personnel, commodities for patient follow up, and continued supportive supervision by the

hospitals and Regional Medical Office.

Continued Associated Activity Information

Activity ID:	3399
USG Agency:	Department of Defense
Prime Partner:	Ruvuma Regional Medical Office
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 450,000.00

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy	3	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	3,300	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	2,956	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	2,420	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	15	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Program managers
Children and youth (non-OVC)
Widows/widowers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
District level staff
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Ruvuma

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Selian Lutheran Hospital - Mto wa Mbu Hospital
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7805
Planned Funds:	$ 500,000.00

Activity Narrative: Selian AIDS Control Program Care and Treatment Services

This activity also relates to activities in Counseling and Testing (#8662), Prevention of Mother-to-Child Transmission (#8220), Orphans and Vulnerable Children (#7804), and Palliative Care (#7803).

This activity provides care and treatment to patients suffering from HIV and AIDS and the complications of the disease. Selian Lutheran Hospital AIDS Control Programme is a faith-based initiative with a wide spectrum of HIV/AIDS related services, which work together to achieve a continuum of care. The overall program includes prevention and relief of suffering by means of early identification and effective assessment and treating of pain and other problems, physical, psychological and spiritual. To enhance the continuum of care, a new feature was added to the program in FY06: voluntary Adherence Counselors (VAC), who are patients on ART who volunteer to visit other patients in their homes and to serve as motivator for better adherence to ART regimens.
The full array of services, including Counseling and Testing, Prevention of Mother-to-Child Transmission, facility- and home-based palliative care, and services for orphans and vulnerable children (OVC) are provided through the network of Selian facilities. These include Selian Hospital, the Arusha Town Clinic, the Health Centre at Mto wa Mbu, and through a number of dispensaries and mobile clinics. The immediate catchment area of the project is Arusha and neighboring communities, with the beginnings of movement into the furthest reaches of the Arusha and Manyara Regions. Mto wa Mbu is one of the first rural health centres in Tanzania to be a Care and Treatment Clinic (CTC) for anti-retroviral therapy (ART).

Toward the end of FY 2006, the Selian CTC provided care to over 1,800 patients in four districts of Arusha, with approximately 900 on ART. Mto wa Mbu has nearly 100 additional persons on treatment.

Until late FY 2006, Selian was a sub-grantee of Catholic Relief Services for care and treatment, and the Mto wa Mbu Health Centre in rural Manyara was funded through Deloitte. With FY 2006 Plus-up Funds, Selian "graduated" from sub-grantee status to being supported directly by the USG, and Mto wa Mbu will operate as a satellite clinic

With estimates that less that ten percent of Arusha's HIV patients requiring ART be on treatment, there is great need for rapid expansion of patients enrolled in the CTCs. With COP07 funds, the program will focus on expansion of service provision and strengthened linkages among programs across a broader geographic service area. The program will continue to increase testing to scale up those identified as HIV positive, including children. This will be promoted through increased community mobilization, increasing the number of VACs and home-based care outreach, and strengthening links into the referral points. The target is to have 1,800 on treatment by the end of FY07, and 3,900 on treatment by the end of FY08. With COP07 funds, Selian expects to enrolled 5,600 patients, putting approximately 2,800 on treatment.
Practically, this calls for far better referral mechanisms. Community outreach will include awareness raising, stigma reduction, and training for religious and political leaders in the community. In addition, Selian will establish additional training and linkages to other health care providers in the community for referral into the Selian CTCs. In particular, focus will be placed on making provider-initiated testing a reality, especially in under-5 clinics, antenatal clinics, TB clinics, and pediatric in-patient wards. This will be complemented by training to sensitize all clinical staff of the facility and those who provide OVC services to ensure they are aware of suggestive symptoms and signs suggestive of HIV/AIDS, or to identify those with histories of possible exposure. Selian will also participate in the network being developed at Kilimanjaro Christian Medical Centre to strengthen training and back-up support for providers of pediatric AIDS services. In addition, to promote treatment services and adherence, an additional 30 VACs will be recruited and trained. Selian also plans to establish one new support group for patients on ART at each CTC.

Procurement for cotrimoxazole will be handled through the Supply Chain Management System (SCMS), which will provide experience with SCMS and if successful, the program will expand to other procurements in FY 2008.

Additional attention will be given with FY 2007 funds to strengthen the data collection and statistical analysis of patients' care, as well as to strengthening fiscal accountability.

Continued Associated Activity Information

Activity ID: 6518
USG Agency: U.S. Agency for International Development
Prime Partner: Selian Lutheran Hospital - Mto wa Mbu Hospital
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 400,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	3	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	2,100	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,800	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	300	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	20	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Discordant couples
HIV/AIDS-affected families
Infants
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Volunteers
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Arusha

Manyara

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	STRADCOM
Prime Partner:	Johns Hopkins University
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	7812
Planned Funds:	$ 500,000.00

Activity Narrative: Strategic Radio Communications for Development

This activity is also linked to activities in Abstinence and Be Faithful, ARV Services, Counseling and Testing, PMTCT, and other ARV Services activities.

Following the termination of the BBC World Service Trust radio project in December 2005, USG/Tanzania decided to pursue a competitive procurement process to replace the implementing partner. A Request for Application (RFA) Program Description (PD) has been written, reviewed by O/GAC and released for response from applicants. It is anticipated that this procurement will be awarded in November 2006 for immediate implementation.

The Strategic Radio Communications for Development (STRADCOM) project is intended to deliver demonstrable improvements in knowledge and attitudes relating to a wide variety of HIV/AIDS issues throughout the continuum of care. The project will also support and contribute to behavior change efforts and activities of other implementing partners. The project is designed to serve as a "center of excellence" for radio production that will concentrate on radio expertise to create appropriate and entertaining radio formats and to leverage maximum impact at the community level by working in collaboration with other implementing partners.

The project will use entertainment to promote messages about reducing people's risk of infection, increasing the number of Tanzanians seeking treatment, and reducing stigma and discrimination. The project is designed to run for 3 years and will draw on a variety of radio formats that have broad appeal but are also flexible. An illustrative list of these formats includes PSA type radio spots, mini dramas, call-in shows, radio dramas, and discussion programs. The project is intended to create radio programming that rapidly adapts messages to incorporate emerging issues in HIV and AIDS, as well as issues that concern specific groups of people. These messages clearly target youth and other appropriate populations; it is also anticipated that this project will serve as a major component of the USG portfolio that reaches out to promote emerging messages in the area of ARV and Treatment services.

The main focus of the project will be to create the messages necessary to convey appropriate information to the Tanzanian population about a variety of issues throughout the continuum of care. In addition, some training will take place to create a pool of radio producers and writers who will be able to continue these efforts when project funding has ended. Given the high cost of prime media time in Tanzania, it is anticipated that the project will pursue sponsorships and leverage corporate social responsibility interests in an effort to offset these costs over the course of the three years. All messaging will need to be developed in close collaboration with the National AIDS Control Program, as well as support messaging outlined in the National HIV/AIDS Communications Strategy.

ARV Services focused broadcasts will be delivered in Kiswahili under the guidance of the NACP and TACAIDS; and will be complemented by community level activities in treatment that are conducted by other partners conducting community outreach activities including, but not limited to the National AIDS Control Program, Mbeya, Ruvuma and Rukwa Regional Medical Offices, PharmAccess, Family Health International, Bugando Medical Center and Track 1 treatment partners. Focus will be on national coverage at both urban and rural levels.

For the majority of Tanzanians, radio is the main source of news and entertainment and it is the most popular media outlet. For 35 years, they have been listening to the government-owned Radio Tanzania. There are now four stations with a national reach: Radio Tanzania, privately owned Radio One and Radio Free Africa, and Radio Uhuru as well as two major Christian religious radio stations – Radio Tumaini and Radio Sauti ya Injili . Radio Free Africa and Clouds FM are music stations. In a 2002 survey, 81% of respondents claimed to have listened to radio within the past day. Thus, the popularity of radio will enable the STRADCOM project to reach out to millions of Tanzanians with important messages regarding comprehensive services across the prevention-to-care continuum. On their own, these messages will convey necessary information to influence knowledge and attitudes – in combination with complementary messages delivered at the community outreach level, it becomes possible to influence the necessary corresponding

behavior change.

Specific ARV and treatment messages will promote treatment services as an integral component of a comprehensive continuum of care and address individuals' needs to seek treatment services once they have become treatment eligible. The goal will be to develop messages specifically oriented at dispelling myths, misconceptions and stigma around treatment, as well as increasing the demand for treatment and care services commensurate with the increase in the availability of these services. Messages will focus on the importance of adherence to a prescribed treatment regimen, that it is life-long, and will need to be monitored and adjusted by a trained medical professional. Specific focus will be made to weave in messaging on the importance of including prevention as a continuing component of treatment -- especially among HIV positive patients. This may include issues such as the use of cotrimoxizole, safe water, and malaria prevention measures.

The flexibility of community-based radio communications allows the weaving of multi-pronged messages into programming. The STRADCOM implementing partner will work together with NACP, TACAIDS, and other Emergency Plan partners to assure messages are appropriate, support policies, and are linked to services. The project will also work to strengthen links between radio broadcasters, GOT, and the private sector thus enabling more effective health campaigning by increasing media skills in the Government sector, by working closely with local broadcasters to enhance their capacity, and with commercial businesses to enhance their commitment to produce quality health programming.

Indirect Targets:
In FY07 under ARV services funding, the STRADCOM Project will produce a variety a media outputs which are not captured in the direct targets. All of these outputs will contribute to community program activities undertaken by other ARV services partners mentioned in the narrative.

Continued Associated Activity Information

Activity ID:	5567
USG Agency:	U.S. Agency for International Development
Prime Partner:	To Be Determined
Mechanism:	USAID TBD (former BBC)
Funding Source:	GHAI
Planned Funds:	$ 600,000.00

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Adults
Business community/private sector
Commercial sex workers
Community leaders
Faith-based organizations
Traditional healers
Most at risk populations
Discordant couples
Injecting drug users
Military personnel
Mobile populations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Teachers
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Migrants/migrant workers
Religious leaders
Host country government workers
Public health care workers
Private health care workers
Traditional healers
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Stigma and discrimination

Wrap Arounds

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University Research Corporation, LLC
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7828
Planned Funds: $ 600,000.00

Activity Narrative: This activity is related to all treatment activities, including the ART monitoring activity (#8840) that will measure quality of outcomes in ART sites.

Since anti-retroviral drugs became available free to all Tanzanian citizens approximately 18 months ago, there has been significant effort directed toward rapidly ensuring access to and scaling up of treatment services. As more people are put on treatment, it is important to place additional emphasis on quality and instituting a systematic mechanism for ensuring quality of services provided. Each of the USG/Tanzania (USG/T) implementing partners has instituted some form of supportive supervision and monitoring of quality, but in FY 2007, the USG/T would like to harmonize and apply a uniform approach to quality improvement and institutionalizing quality assurance. The USG/T believes such an activity could contribute to the Government of Tanzania's (GOT's) plans for decentralized supportive supervision.

The proposed plan would be implemented by the University Research Council's Quality Assurance Project (URC/QAP), using their proven Quality Improvement Collaborative methodology. The Quality Improvement Collaborative is an approach for rapidly improving the quality and efficiency of healthcare. A Collaborative focused on specific components of HIV treatment identifies existing knowledge or best practices related to HIV treatment or services, and initiates systematic improvement efforts with a large number of teams. A Collaboratives is a time-limited improvement strategy, usually lasting from 12 to 24 months.
Collaboratives are designed to achieve dramatic improvements in the quality and outcomes of care by fostering active learning among improvement teams, regularly tracking and communicating results of the improvement efforts. Teams within a Collaborative use a common set of core measurement indicators that relate to the desired outcomes of the Collaborative. Teams focus client needs, models of service delivery systems and processes, measurement, and how teamwork can improve each. Each team collects indicator data and reports monthly to the other teams. Frequent monitoring and sharing of results helps to spur the pace of improvements, creating a sense of friendly competition among teams to achieve the best results. The network of shared learning results in rapid development and testing of innovations and solutions to problems, rapid dissemination of effective changes, and rapid development of effective models of care.

The QAP has successfully implemented Collaboratives focused on ART in Rwanda and on pediatric AIDS, pediatric hospital care, and family planning in Tanzania. In other countries URC/QAP focuses on various aspects of reproductive health, HIV, and improving tuberculosis case management.
In FY 2006, URC/QAP was funded to strengthen the pediatric HIV/AIDS care and support through an Improvement Collaborative in six referral facilities (three in Dar es Salaam, one in each of Morogoro, Kilimanjaro and Coast Regions) focusing on two main areas. The first was increasing the number of children diagnosed with HIV infection and referred to Care and Treatment Clinics (CTC) for ART and cotrimoxazole prophylaxis. The second area was to improve case management of HIV and HIV-related conditions such as malnutrition, pneumonia, and malaria in children admitted to these referral facilities. In addition, the program worked to strengthen referral linkages within hospital facilities as well as linkages with the community to improve the continuum of care.

By the end of FY 2006, a total of 3,086 children were suspected to have HIV infection among children admitted in six hospitals using the WHO testing algorithm. Of these 2,093 were tested, 1,048 were found to be HIV positive and 943 (90%) were referred to USG-funded CTC for ART and cotrimoxazole prophylaxis, if eligible.

In FY 2007, the QAP Pediatric AIDS Improvement Collaborative will broaden the entry points for administration of the WHO clinical screening algorithm and train ward-based HIV counselors in the catchment facilities so that they are readily available to counsel children with suspected HIV infection. Apart from the inpatient, the new entry points will include the outpatient clinics and under-five clinics. This activity will be preceded by training of health workers (on site) on the use of the WHO algorithm for clinical screening of children for HIV as well as data collection on suspected cases.

Starting in FY 2007, URC/QAP will work closely with the National AIDS Control Programme (NACP) and USG partners to expand the Pediatric AIDS Quality Improvement Collaborative

program to other facilities funded by the USG. The first priorities will be with Harvard, EGPAF, and recently "graduated" facilities in Dar es Salaam (PASADA) and Arusha (Selian). URC/QAP will work with NACP and the USG treatment partners to prioritize other sites for Improvement Collaborative interventions, moving to up to 12 new sites in FY 2007. URC/QAP will also work with NACP and the USG treatment partners to prioritize other components of ART services that require harmonization among partners and Improvement Collaborative intervention.
A new nationwide initiative to monitor quality of ART services will be put into place in FY 2007, and the QAP will complement this program at the facility level by taking quality issues that are identified, analyze the problems and contributing factors, develop interventions, and test/implement improvement actions. Special focus is placed on the Institutionalization of improvements so they become an integral/sustainable part of an organization.

In addition, there is a significant gap in the referrals between Community-based Organizations (CBO) that serve people living with HIV/AIDS and the CTCs. It is for this reason that in FY 2007, URC/QAP will work consultation with NACP and USG-funded treatment partners to pilot a quality-designed model that attempts to involve communities and families in the identification of needs of HIV-infected children and families, including orphans. The design will include identification and implementation of interventions that lead to strengthened linkages between facility and community care and incorporate quality assurance approaches to improve HIV/AIDS services. The model will also try to: 1) identify and enroll children born at home by HIV-positive mothers, 2) establish strong working Collaborative relationships with CBOs, health facilities, and other stake holders and 3) establish a two-way referral network between community and health facility. This program will involve testing defined coordination mechanisms, referral, and counter referral tools. URC/QAP will work with NACP and the USG-funded partners to identify the best location to pilot this program.

Because this is a quality enhancement of existing treatment sites, there are no direct targets from this activity.

Continued Associated Activity Information

Activity ID:	3511
USG Agency:	U.S. Agency for International Development
Prime Partner:	University Research Corporation, LLC
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 500,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Doctors
Nurses
Pharmacists
Traditional birth attendants
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Children and youth (non-OVC)
Girls
Boys
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Dar es Salaam

Morogoro

Pwani (prior to 2008)

Arusha

Kilimanjaro

Manyara

Tanga

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 7841
Planned Funds: $ 16,412.00
Activity Narrative: CDC Management and Staffing (GHAI account)

These funds will support two full time staff that will assist in coordinating activities within this program area as well as serve as technical leads for aspects of the work. The specific composition of the staffing is a senior and junior specialist, given the scope and magnitude of the treatment roll-out in Tanzania, and the evolving responsibility of the USG in the scale-up of these services given "regionalization".

In FY 2007, USG/Tanzania ART implementing partners will fully transition to the newly adopted regionalization plan designed by the Government of Tanzania (GOT). Under this regionalized plan, each USG partner will support the scale-up of ART services at all levels of treatment facilities within assigned geographic regions. In all designated treatment sites in each region, USG partners will provide some level of support, and will be integrated within the regional and district annual health budget and plans.

In support of this, both full-time staff members will work directly with implementing partners, both governmental and non-governmental, specifically providing technical assistance to the National AIDS Control Program (NACP) and USG ART partners. Field visits and attendance at regional authority meetings will be necessary. As USG/Tanzania plans to implement a more defined strategy of building linkages in FY 2007, one staff member, in addition to the focus on ARV Services, will help oversee the integration of non-ARV services such as prevention of mother to child transmission (PMTCT), TB/HIV and Care. In addition, this specialist, under the direction of the NACP, will help lead the design of a multi-dimensional strategic approach to pediatric HIV/AIDS.

Continued Associated Activity Information

Activity ID: 5506
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: Country staffing and TA
Funding Source: GHAI
Planned Funds: $ 350,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8789
Planned Funds: $ 15,000.00
Activity Narrative: CDC TA for ARV services
Each year, it is important to call together all of the treatment implementing partners, the government of Tanzania and key members of the PEPFAR Treatment Technical Working Group (TWG) to share perspectives on effective service delivery, discuss challenges and possible solutions, and to map out a way forward to scale up services strategically and cost effectively. The Treatment TWG brings a fresh eye to service delivery in this resource challenged environment, bringing experiences and lessons learned from other countries in the region.

In FY2007, given the anticipated scale-up of services under regionalization this annual meeting wll be a critical component of our planning.

These funds will support the Headquarters staff who will attend the meeting and provide the in-country team and our host country counterparts technical assistance during the week of the meeting.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8840
Planned Funds: $ 200,000.00

Activity Narrative: Monitoring the impact of ART in Tanzania (SI)

This narrative relates to OPSS activity ID number 7778.

The majority of facility-based HIV/AIDS treatment monitoring systems implemented in Tanzania are based on chronic disease record-keeping for patient management and cross-sectional reporting of program-level output indicators for program management. The Government of Tanzania (GOT) information systems and very few regional partners have the human or technical resources to collect or analyze longitudinal information on individuals enrolled on antiretroviral treatment (ART). Current resources should be primarily focused on the scale-up of care and treatment and prevention services. However, information on the same individuals over time is needed to measure the impact of the national ART services program on HIV-related outcomes, such as the percentage of persons on ART who are alive and on ART at six and twelve months after initiation. National level evaluation of the quality of services is important to determine if the program is having the desired impact. By the end of 2006, Tanzania will have over 200 care and treatment centers at the zonal, regional and district levels. The National AIDS Control Program (NACP) plans to scale up the number of sites by implementing ART services at the health center level. This will bring the number of sites providing ARV therapy to over 500.

In order to assess the quality of the national ART program, a few key de-identified patient level clinical and laboratory outcomes will be analyzed using routinely collected data from a nationally representative sample of ART care and treatment sites and patients who have been on antiretrovirals (ARV) for 12 months in Tanzania. This activity is a program evaluation and is modeled after the Rwandan evaluation of the quality of ART services. It will provide implementing partners and policy makers with information to enhance or prioritize components of the ART program. This evaluation will be conducted annually in future years.

In this evaluation, key patient-level characteristics will be analyzed with clinical, immunologic, and virologic outcomes, and adherence to ART clinical and program monitoring guidelines during the scale up will be assessed. Medical record abstraction will take place in the second and third quarters of 2007 for 4-6 weeks. Analysis of viral load from residual bloods will start at the same time but will take 8-12 weeks. As there are two components of this evaluation, multi-stage sampling will be performed. From a listing of all ART care and treatment centers, a representative sample of eligible facilities will be selected. A checklist will be administered at each participating facility to describe programmatically relevant characteristics such as facility staffing and management, other available health services, laboratory capacity, drug procurement and stocks, and program model. A retrospective sample cohort of eligible persons on treatment will be constructed to give results about 6- and 12-month outcome data on clinical outcome, weight, and CD4 cell count. The second component is a retrospective cohort based on laboratory testing for HIV RNA on residual blood from routinely collected specimens for CD4 cell counts on patients receiving ART. These data will not include any personal identifiers such as name or unique number. The residual bloods will be delinked from any specimen number and name. All analyses will be done on an aggregate level by cohort. It is not expected that the evaluation will introduce any risks to patients or providers as it is based on data collected routinely and routine laboratory testing which are delinked from any personal identifiers at time of data abstraction. Confidential, standardized data abstraction, storage, and access procedures will be followed. This evaluation will enable the GOT and USG to critically evaluate and improve treatment programs in country. The findings of this evaluation may identify components that could be addressed through future public health evaluation.

The activity will have collaborative oversight from USG Tanzania's Strategic Information and ART Services Thematic Groups, and the NACP with the ART Task Force comprised of members from USG, treatment partners, and other partners. A coordinator will oversee data collection and analysis with the assistance of a data manager. The evaluation will be implemented using teams of data abstractors through USG-funded treatment partners. The database will be owned by the Ministry of Health and Social Welfare (MOHSW) and shared with national and international partners for analyses. To ensure that the information will be used to inform overall Emergency Plan treatment program quality,

success, and improvement, results will be shared with US agencies. This evaluation will be implemented in a way that promotes the improvement of health records and treatment data systems and the development of human capacity in treatment-related strategic information.

The total funding level is based on the number of participating facilities, number of specimens tested, and the number of persons required to support the evaluation. In FY07, we are requesting $200,000. These funds will be used to pay for data abstraction, laboratory supplies, transport and testing of residual bloods, technical assistance, and for data analysis support. A master's level student from the Field Epidemiology and Laboratory Training Program will participate in the overall coordination.

Emphasis Areas	% Of Effort
Strategic Information (M&E, IT, Reporting)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Doctors
Nurses
Pharmacists
National AIDS control program staff
Policy makers
USG in-country staff
USG headquarters staff
Health Care Managers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8841
Planned Funds: $ 30,000.00

Activity Narrative: Drivers and Barriers to male involvement in ART in Zanzibar
It is documented in the literature that women more readily seek help for health problems than men in many geographic settings. In Kenya, it has been reported that men see sexually transmitted infections and reproductive health as women's issues and not affecting them directly. In Tanzania it has been observed that there are more women than men seeking treatment for HIV. In a recent program review with the Zanzibar AIDS Control Program (ZACP), it was reported that there is low uptake of antiretroviral treatment (ART) services among men in Zanzibar and that most public health services are oriented towards women and children making them not user-friendly to men. It is not known what are the drivers or barriers to treatment-seeking behaviors among men in the United Republic of Tanzania. Based on these discussions, ZACP proposed conducting a public health evaluation to identify potential barriers to men receiving treatment.

In FY07, we propose to conduct a public health evaluation with four components and triangulate the results to identify potential drivers and barriers for men in Zanzibar. General barriers that will be addressed include personal (denial of problem, fear or being overwhelmed), interpersonal (fear of losing a partner, lack of family support), societal (stigma attached to HIV), and program/structural barriers (costs associated with treatment, lack of men-oriented services, lack of flexible services (time and duration), or lack of program information or strategies to effectively reach men).

This activity will be conducted by ZACP in collaboration with USG-Tanzania and technical assistance from USG agencies headquarter staff and students from the public health department at the University of Zanzibar. There will be four different components to collect information on drivers and barriers to treatment seeking-behaviors in men. Data will then be synthesized. 1. Men attending a representative sample of voluntary counseling and testing sites will be asked to participate in an anonymous, unlinked exit interview survey. The questions on the survey will assess where men would go for treatment if they had an STI or if they were diagnosed as HIV-positive. 2. Facilitated focus groups will be held for men to discuss issues related to their health, including what motivates them to seek treatment and where they go for specific types of illnesses, e.g., if they had an STI. Men will be invited to participate in the discussion and reimbursed for their transport. Potential groups of men that will be targeted include fishermen, men working in public transportation, and men working at the Foordhani, a large social network area in Stone Town. 3. Men who are currently attending care and treatment centers will be invited to participate in an anonymous, unlinked survey which will assess factors that motivated them to attend the center and what they consider as barriers. 4. Lastly, health care professionals, pharmacists, and workers in "duka la dawas", local pharmacies, will be interviewed to determine their experiences with men clients and what their perceptions are of where men seek treatment for HIV infection, and if they do not, what the possible reasons may be. Baseline information on the percentage of male clients they see and type of services they provide will also be captured. For all four of these components, HIV prevention messages and information on health resources, including care and treatment centers, will be provided to participants where applicable.

The data from the four different surveys will be synthesized and triangulated to identify key drivers and barriers to treatment seeking behaviors, and to determine where men are seeking health care. The results will be used to develop appropriate targeted interventions to reduce barriers and enhance drivers to ensure men access care and treatment. Program and structural barriers will be addressed by ZACP and health facilities. Personal, interpersonal, and societal barriers will be addressed using USG partners and existing community-based organizations to target men.

The FY07 funds will be used to provide technical assistance to ZACP, hire students from the University of Zanzibar to coordinate the study, fund operational costs for this evaluation, including conducting focus groups and printing materials, and disseminate results.

Emphasis Areas	% Of Effort
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Community-based organizations
Doctors
Nurses
Pharmacists
National AIDS control program staff
People living with HIV/AIDS
Men (including men of reproductive age)
Public health care workers
Laboratory workers

Coverage Areas

Kaskazini Pemba (Pemba North)

Kusini Pemba (Pemba South)

Kaskazini Unguja (Unguja North)

Kusini Unguja (Unguja South)

Unguja Magharibi (Unguja West)

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8842
Planned Funds: $ 279,000.00

Activity Narrative: Public Heatlth evaluation of the cost effectiveness of HIV treatment to support resource planning
The resources required to meet PEPFAR's 2-7-10 targets are considerable, and the major portion of these resources is devoted to providing comprehensive antiretroviral treatment (ART) to treatment-eligible individuals. A full and accurate assessment of the cost and cost-effectiveness of ART will contribute substantially to resource planning and allocation. This activity proposes a public health evaluation in Tanzania to measure the costs and outcomes of selected ART programs supported by PEPFAR, and to evaluate the cost-effectiveness of these programs. The specific objectives of the analysis are 1) to estimate the average annual per-person cost of providing quality comprehensive ART for eligible adult and pediatric clients; 2) to evaluate the range of ART costs across settings; 3) to inform resource planning to meet the targets of the Emergency Plan; 4) to inform planning for long-term sustainability of ART in country; 5) to assess the relative cost-effectiveness of the differing program types and program delivery systems; 6) to provide an estimate of patient time and travel costs and their effect on treatment outcomes.

The cost of providing ART services in focus countries may be expected to vary significantly across settings, program types, and delivery approaches. In Tanzania, the delivery approach is through geographic regionalization of treatment partners supporting regions in all aspects of care and treatment. Accurate estimation of the cost of comprehensive ART in a range of settings will serve a number of purposes. First, the project will deliver robust estimates of per-patient treatment costs in representative programs. Second, comparative analyses across settings will reveal institutional and contextual factors that affect the cost of ART provision. Third, by providing an estimate of the program costs that might result from a particular set of circumstances, the project will inform resource planning as programs expand to meet PEPFAR's ambitious treatment goals and guide long-term sustainability planning.

This evaluation will identify and value the discrete cost components that comprise the cost of comprehensive HIV treatment within country, assist USG and country partners in assessing the potential reach of ART programs given available financial resources, inform the choice of approach used for provision of treatment services, and assist the programs in identifying those areas where potential efficiency gains could free-up resources to expand service provision. The sample of HIV treatment facilities utilized for this evaluation is to be selected in collaboration with local USG officials and other appropriate stakeholders based on Tanzania's regionalization model. For this activity, it is proposed that six treatment sites be included in the sample. Retrospective costing data will be collected in order to capture costs over a full-year period. The cost of comprehensive treatment will be estimated based on both facility-level data and on the associated management and operations (i.e., higher-level overhead) costs attributable to supporting treatment operations at the facility. Treatment costs will be collected to capture the full cost of operating the program, including both USG and other-than-USG sources of support, and will track the source of support for each cost component. In addition, patient non-medical direct costs for time and travel to access treatment will be estimated through patient surveys.

Concurrent with the assessment of HIV treatment costs will be an evaluation of treatment outcomes among patients in the same sample of treatment facilities. The methods that will be utilized in this proposed activity are designed to complement the collection and analysis of HIV treatment cost data and will take advantage of outcomes data already available through existing patient monitoring systems. These methods enable analyses that move beyond the basic indicators of how many people are receiving care and treatment and provide data that address key issues relating to treatment quality and effect. Additionally, the methods are designed to be applicable across settings with differing quality of patient monitoring data or laboratory capacity. The outcomes analysis will be based on a retrospective analysis of patient records at the selected sample of treatment facilities. Within each facility a sample of patients will be taken as representative of the total patient population under treatment, allowing comparisons both within and between facilities. De-identified patient-level outcomes data and demographic information will be collected from all patients in the sample. Patient-level treatment outcomes will be assessed using a hierarchical approach that takes advantage of the best available patient monitoring data. Data collection and analysis will involve standard set of indicators routinely available

through the abstraction of clinical records. Based on the ability to abstract common data elements, this set comprises all available indicators of treatment outcomes, including virologic (i.e. viral loads), immunologic (i.e. CD4) and clinical (e.g. incident OIs, weight change from baseline). A positive health outcome will be defined as a patient who, twelve months after initiation of ART, remains in the program and whose treatment might be considered successful based on the best available marker: undetectable viral load, if these data are available; if not, positive change in CD4 if immunologic data are available; if neither virologic or immunologic monitoring data are available, then clinical indicators will be utilized.

The cost-effectiveness of HIV treatment will be assessed in the selected sites, utilizing the cost and health outcomes data collected at each site. With appropriate selection of representative treatment sites that are to be included in the evaluation, the cost-effectiveness analyses will provide measures of how cost-effectiveness influenced by settings, facility types, and program model. Additionally, with the collection of information on patient time and travel costs, the effect of these costs as potential barriers-to-care will be assessed using health outcomes data. Evaluation findings from the cost, outcomes, and cost-effectiveness analyses will be shared with key stakeholders to inform the national program and other providers on the cost-effective approaches to HIV treatment.

Emphasis Areas	**% Of Effort**
Health Care Financing	10 - 50
Policy and Guidelines	10 - 50
Targeted evaluation	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	I-TECH
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8868
Planned Funds:	$ 552,500.00

Activity Narrative: ITECH Pre-Service Education
This activity relates to OPSS (7678 and 8981), Lab (7676), and PMTCT (7825).

Full integration of HIV/AIDS into pre-service curricula is central to assuring sustainability of PEPFAR programs. Given the gaps in pre-service training for HIV, I-TECH will work to develop capacity of allied health institutions to integrate HIV modules into existing pre-service curricula for clinical officers (COs), assistant medical officers (AMOs), and pharmacists. This initiative will complement the existing pre-service programs for nursing and lab that are being implemented through Twinning partnerships.

The goal of all pre-service efforts is to assure that trainees enter clinical practice or social service with an acceptable level of knowledge about HIV disease and its management. A five-level training framework, based on a tested model developed by the US-based AIDS Education and Training Center (AETC) network, will be used to help provide in-country partners with an understanding of the importance of preceptorships, on-site clinical training, and technical assistance in human capacity development efforts.

Approximately 40 pre-service schools will receive technical assistance through this activity. By the end of FY06, I-TECH will have established collaborative relationships with training institutions and obtained MOH support for involvement in pre-service training. With this input, and guidance from MOH and CDC, memorandums of understanding (MOUs) will be established with training institutions as necessary. I-TECH will also work with Zanzibar to determine to what extent materials created for the mainland pre-service programs can be adapted for pre-service training at Zanzibar College of Health Sciences.

By the end of FY06, I-TECH will have convened a working group to address the full integration of HIV/AIDS related content into the teaching programs. Routine and on-going meetings of the working group will be sponsored, and continual updates with stakeholders will be assured (i.e., training institutions, MOH).

After identifying and collecting existing resources and needs assessment data, I-TECH will analyze the discipline's current curriculum and school preparedness in offering HIV/AIDS pre-service training. By conducting a task analysis of CO, AMO, and pharmacist job descriptions and/or competencies, essential skills for pre-service curriculum development for FY 2007 will be defined. Key instructional institutions will be identified for initial participation with guidance from the MOHSW.

In FY07, the measurement of pre-service clinical training outcomes will be improved and learning objectives for the curriculum that are specific to learners' needs will be formulated. I-TECH will gather content from current curriculum, other preexisting curricula, and/or write original content, depending on the educational objectives. It is anticipated that HIV/AIDS training modules will be inserted into the existing pre-service training program in lieu of conducting curriculum revision. Participatory and interactive learning methods that fit within the existing programs of pre-service institutions will be incorporated to engage learners. As a first step, full time and part-time faculty at pre-service institutions will be trained to teach the new modules using supportive materials such as videos and/or other training aids. I-TECH will design and pilot faculty training, and observe faculty teaching the material. Key modules will be taught to faculty based on pre-test findings and a training session will be held to address any identified training deficiencies. At least one site visit to each training institution will be conducted to observe and mentor faculty as they teach from the HIV curriculum. Based on the pilot, revisions will be made and the materials finalized according to MOHSW protocol.

I-TECH will implement a clinical mentoring training series with appropriate faculty, facilitate planning sessions on how to integrate the revised materials into their current teaching schedules, and support the organization of clinical training experiences (i.e., mini-residencies, preceptorships, and rounding with trainer/mentor).

I-TECH will also provide TA to other pre-service partners on instructional design and supportive media production. All materials will be validated with national stakeholders. Work conducted on the mainland will be adapted for Zanzibar where appropriate.

I-TECH's evaluation efforts in support of the above activities will involve identifying key

benchmarks with in-country partners to monitor and facilitate. Effectiveness of this capacity building activity will include evaluation of curriculum implementation, measurement of knowledge, and capacity to apply skills in the practicum setting and workplace. I-TECH will collect appropriate SI information for this PEPFAR funded activity.

Since it already works in close collaboration with UCSF and the HIV/AIDS Twinning Center, two technical partners involved in pre-service work in Tanzania, I-TECH is uniquely positioned to serve as the coordinating mechanism for all activities related to pre-service training. I-TECH also plans to coordinate with the François-Xavier Bagnoud Center (FXBC) to help assure integration of Prevention of Mother-to-Child Transmission of HIV (PMTCT) content into the work of all pre-service training partners. I-TECH's framework for developing and/or revising pre-service training may be helpful in standardizing approaches.

Emphasis Areas	**% Of Effort**
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Doctors
Nurses
University students
Host country government workers
Public health care workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9232
Planned Funds: $ 15,000.00
Activity Narrative: USAID TA for ARV Services
Each year, it is important to call together all of the treatment implementing partners, the government of Tanzania and key members of the PEPFAR Treatment Technical Working Group (TWG) to share perspectives on effective service delivery, discuss challenges and possible solutions, and to map out a way forward to scale up services strategically and cost effectively. The Treatment TWG brings a fresh eye to service delivery in this resource challenged environment, bringing experiences and lessons learned from other countries in the region.

In FY2007, given the anticipated scale-up of services under regionalization this annual meeting wll be a critical component of our planning.

These funds will support the Headquarters staff who will attend the meeting and provide the in-country team and our host country counterparts technical assistance during the week of the meeting.

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9233
Planned Funds: $ 487,500.00
Activity Narrative: DoD M&S for ARV services
This activity relates to activities in treatment (7747l, 7749, 7794, 7797, 7786).

The US Department of Defense (DoD) will provide technical and managerial support to two primary programs: the Walter Reed HIV/AIDS Care Program in the Southern Highlands and activities with PhamAceess International and the Tanzanian Peoples Defense Forces (TPDF). The DoD, has been working directly with the Mbeya Referral Hospital since June 2004 in rolling out treatment throughout the Southern Highlands.

Though it was only able to begin full recruitment of patients in January 2005, it now boasts a patient-load of over 1700 on ART and 4,500 on care. Though it experienced a slow start, it will exceed its September 2008 ART targets of 5,000, enrolling over 200 new patients a month. Through Sep 08, it will continue to expand direct ARV treatment to reach at least an additional 1,000 individuals, bringing the total under ART at this facility to 6,000 and under care to 8,500 by September 2008. Currently, the referral hospital provides technical supervision to six additional hospitals in the Mbeya Region supporting a total patient population of 3000 on ART and another 6,000 with care. The number of facilities under its supervision will expand to an additional six by Sep 07 and by at least another five by Sep 08. Supervisory teams from the referral hospital consisting of a medical officer, clinical office and nurse attend clinic days at lower level facilities once or twice per month. In support of this effort, staff and technical assistance (TA) specifically dedicated to the treatment program area are included in this submission.

The Clinical Care Medical Director directly supporting the US Department of Defense's Walter Reed HIV/AIDS Care Program in the Southern Highlands, is a US physician, retired Army, with over 20 years of experience in providing ART to HIV positive individuals. This individual works as a member of the Mbeya Referral Hospital, fully accredited to practice medicine in Tanzania. He has worked with the Department of Internal Medicine at this facility to help establish its HIV Care and Treatment Center (CTC) as well as help maintain its day-to-day operations. Along with MOH employees at the facility, he also works directly with the three regional medical offices listed above to adapt CTC standard operating procedures to their particular needs. With the assistance of three FSN equivalent technical advisors, hired by the DoD (one physician, clinical officer and nurse), and Mbeya Referral Hospital personnel, the Walter Reed Program undertakes supportive supervision throughout the Southern Highlands for all CTCs.

In addition to in country personnel, the DoD offers excellent US based TA in this area. Clinicians and laboratory personnel for support of treatment efforts make routine visits to Tanzania primarily in support of military-to-military efforts with the TPDF. This technical assistance includes, but is not limited to, development of quality assurance/quality control measures for care and monitoring, standard operating. procedures in both clinic and supporting lab services, and patient record management. This TA will require on average quarterly visits by two personnel for approximately one week each trip. The cost estimate of each TA visit will include airfare, per diem and lodging.

Funding under this submission will support salary and benefits for the Clinical Care Medical Director, three Tanzania medical personnel including one physician, clinical officer and nurse.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Doctors
Nurses
Pharmacists
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
District level staff

Coverage Areas

Mbeya

Rukwa

Ruvuma

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Regional Procurement Support Office/Frankfurt
USG Agency:	Department of State / African Affairs
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9234
Planned Funds:	$ 3,898,898.00

Activity Narrative: Infrastructure improvements in facilities and laboratory
This activity links to activities under ART Services (AIDS Relief, Harvard, EGPAF). Proposed physical infrastructure improvements include upgrades of existing building space provided for patient examination areas, laboratory spaces, medical dispensaries, counseling and patient waiting rooms in order to improve patient flow, ensure confidential adherence counseling, hygienic laboratory conditions to contribute to quality patient care and enhance delivery of services in USG supported treatment sites.
Consolidating infrastructure improvements will remove the administrative and management burden from partners to allow a single country contact to oversee and coordinate the process for all RPSO procurements across program areas in Tanzania. The added benefit will ensure quality and consistency of products and services and ideally lead to cost efficiency with bulk purchasing. The in-country requisitioner will work with identified technical leads to assist RPSO in their contracting responsibilities. Funding for the representative is covered under the CDC management and staffing portion of the COP. RPSO has assisted CDC Tanzania with laboratory improvements and equipment purchases in the past and we anticipate that this partnership will continue to be successful.

Plus up funding will be used for the construction/renovation needs of AIDSrelief partner facilities. This includes: Musoma Regional Hospital $80,000; Sengerema DDH $65,000; Ukerewe District Hospital $40,000; Magu District hospital $27,000; and Sekou Toure Regional Hospital (Mwanza) $24,000.

In Musoma, the proposed addition will allow a self-contained CTC including a covered waiting area, triage, registration, records, clinicians' office, examining rooms, phlebotomy, private counseling area, and a dispensary. The estimated surface area to be added is 150 sq. meters comprising 5 additional rooms. In Sengerema, a new 3 room facility is being built for STI and mental health, but the CTC will occupy that area while waiting for its own facility to be built. The staff is extremely motivated and hard-working and they are producing quality work, but the space situation is dire. We are in possession of a diagram and a budget. The addition will be about 27 x 10 meters and it will house an indoor waiting area, registration/triage, lab, dispensary, 2 examining rooms, an office and a classroom.

In Ukerewe, the CTC is operating out of one room. There is very little privacy and no waiting area. All CTC stations are crammed into the room. The hospital administration has agreed to allocate an additional 5 rooms, which will require extensive renovation. In Magu, the proposed addition will allow a self-contained CTC including a covered waiting area, triage, registration, records, clinicians' office, examining rooms, phlebotomy, private counseling area, and a dispensary. The estimated surface area to be added is 85 sq. meters comprising 4 additional rooms. Sekou Toure Regional Hospital in Mwanza town, is a large government hospital that appears to be doing excellent work. They have between 2000 and 3000 patients under care and they receive as many as 100 patients per day. The CTC facility is basically adequate with the important exceptions of space for medical records and the waiting area. The pharmaceutical stores are also inadequate – the space limitations are severe and this makes it impossible to stock medicines properly. The ARVs, being a recent addition to the array of medicines stored there, are not properly stored. Accessing meds in the stores often requires climbing over and around cartons that obstruct passage. The area to be renovated totals about 80 sq meters in 2 separate locations.

Finally, the additional funds will be used to renovate additional 10 laboratories in these sites to facilitate laboratory services in support of diagnosis, care and treatment for HIV / AIDS.

Emphasis Areas	% Of Effort
Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9237
Planned Funds:	$ 1,864,000.00

Activity Narrative: This activity links directly with all care, treatment, TB/HIV, and PMTCT service delivery activities.

The purpose of this activity is to procure cotrimoxazole in support of the Government of Tanzania's (GoT)'s National Care and Treatment Programme. It will be used in GOT-designated care and treatment centers, as part of our PMTCT+ programs, and by trained health care workers providing palliative care to those with Tb or otherwise benefiting from cotrimoxazole. Cotrimoxazole prophylaxis has a demonstrated beneficial effect in preventing death and illness episodes in adults with both early and advanced HIV disease, as well as with children. Cotrimoxazole remains an important intervention, even with increasing access to ART, as its use can improve survival independent of specific HIV treatment. Current evidence and recommendations suggest it should be used before children require ARVs because it may even postpone the time at which ART needs to be started. According to WHO recommendations, prophylactic dosing with cotrimoxazole for HIV-infected children with any sign or symptoms suggestive of HIV is a key intervention that should be offered as part of a basic package of care to reduce morbidity and mortality.

With funds from COP07, the USG will purchase sufficient quantities to provide an uninterrupted supply of cotrimoxazole for all individuals under care and treatment, HIV-positive individuals in TB settings, pregnant women who are HIV positive, and HIV-exposed children (children born to HIV infected mothers or children identified as HIV-infected with any clinical signs or symptoms suggestive of HIV, regardless of age or CD4 count). Approximately 144,000 persons will be served with the purchase.

While cotrimoxazole is available for use in Tanzania, it is primarily available through the Essential Drug Program (EDP Kit) and through the Sexually Transmitted Infection Program. These sources, plus those purchased through the private sector, are not sufficient to cater for the increased needs posed by care and treatment and PMTCT programs. The USG would use SCMS to procure additional cotrimoxazole to fill in the gap. This purchase would be a first step toward using SCMS for reliable procurement for USG programs, and would help ensure an uninterrupted supply for USG-funded programs. The availability of cotrimoxazole to the USG implementing partners will help ensure its integration into the basic package of services.

All targets are indirect, as they are already counted under care, treatment, or PMTCT+ programs.

With plus up funding, sufficient quantities of Cotrimoxazole will be procured to support of the Government of Tanzania's (GoT)'s National Care and Treatment program. It would provide for an uninterrupted supply of Cotrimoxazole for all HIV exposed children and their HIV positive mothers.

While Cotrimoxazole is available for use in Tanzania, it is primarily available through the Essential Drug Program (EDP Kit) and through the Sexually Transmitted Infection Program. These sources, plus those purchased through the private sector, are not sufficient to cater for the increased needs posed by care and treatment and PMTCT programs. In addition to Cotrimoxazole, additional HIV rapid test kits have to be procured in order to offer HIV testing to mothers with unknown HIV status.
The project will be carried out in three regions with initially 2 facilities per region participating (total of 6 facilities). We anticipate that we have to offer testing to 10 mothers in order to identify one positive mother child pair.

In addition, the requested Plus Up funding will be used for a procurement of micronutrient supplementation or nutritional support will assist with the therapeutic feeding for moderately and severely malnourished HIV-positive children, and nutritional support for HIV-exposed infants and young children. For those with severe malnutrition, quantities will be purchased for at least a month's supply of high energy, high protein, and micronutrient rich supplements, e.g., B-imune. Other product will also be purchased that is rich in soya, micronutrients, cereals and fats for longer term use with malnourished HIV-positive children. The products will be distributed through implementing partners working at Care and Treatment Clinics throughout Tanzania, starting with a pilot with two partners. The nutritional support is expected to reach about 2,500 HIV-positive children,

but targets are not changed as they are already service recipients.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	EngenderHealth
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9238
Planned Funds:	$ 750,000.00

Activity Narrative: Strengthening Treatment and Preventive Services Linkages

This activity relates to activities under treatment (#7705), (#7701), and (#7771)

In the development of the USG/Tanzania's care and treatment portfolio, the need has become apparent for greater linkages between and among important clinical services to ensure effective case finding for adults and children, ongoing adherence, prevention of mother-to-child-transmission (PMTCT), and treatment at the lowest possible level to promote ease of access for patients. There has been limited experience in Tanzania with PMTCT Plus programs, but the idea of developing strong linkages between treatment and maternal and child services holds considerable promise, especially when implemented by an organization with a strong track record in maximizing uptake of PMTCT, engaging male partners in being tested, promoting family planning services, and following exposed children.

With FY2007 funds, EngenderHealth Tanzania plans to implement an activity to strengthen and integrate care and treatment with prevention of mother-to-child transmission (PMTCT) of HIV, other maternal and child health (MCH) services, and other support services in 35 Ministry of Health and Social Welfare sites in 4 districts in Arusha region (Karatu and Ngorongoro), in the Manyara region (Babati and Mbulu), and in one district of Iringa (Njombe). Each of these facilities already has a Government of Tanzania Care and Treatment Clinic (CTC), though there are no USG-funded treatment partners presently working in them (with the exception of Njombe, which will be a special case). EngenderHealth's strength in facilities and operations management, with a strong systems approach, will be focused on technical assistance to the CTC. It will assure that: 1) the CTC meets the service standards of the National AIDS Control Programme, 2) services are efficiently rendered, 3) laboratory and pharmacy support is appropriate, and 4) records are maintained in compliance with the national system for monitoring care and treatment. Just as important as that function will be working with the MCH program at the hospitals to develop a PMTCT service with strong linkages to the CTC, and also a follow up program at the MCH outpatient facility for exposed infants. EngenderHealth will also work with the family planning clinic and the under-five clinics, pediatric wards, labor wards, and maternity wards to identify adults and children at risk of HIV. In addition, the project will collaborate with the district hospitals to conduct mobile PMTCT services targeting hard to reach (nomadic) population in Ngorongoro district. Other interventions will include follow up of HIV positive mothers and their exposed infants both at the facility and community level using community health workers. The only exception to the "full service" approach will be in Njombe in Iringa. The Deloitte/FHI consortium has just started providing technical assistance to the CTC at the large Njombe District Hospital. EngenderHealth will work with Deloitte/FHI to develop a model program with strengthened referrals to the MCH and PMTCT services that can be documented and applied in other hospitals in the regions that Deloitte/FHI serve.

The EngenderHealth program will also build capacity of health care providers and community health workers in support of PMTCT and on reducing stigma and discrimination related to HIV/AIDS among health care workers using a whole site approach and quality improvement activities that have been used for PMTCT services. In addition, the project will introduce facility and community based interventions to address barriers that have hampered many PMTCT programs in the developing world. One unique aspect of the project will be building strong referral networks of health facilities and existing community structures to provide support and follow-up of HIV positive mothers and their infants, post-partum and linking them to CTC.

The project will build upon EngenderHealth's successful PMTCT project, building on key lessons and experience from integrating PMTCT into 22 sites in Arumeru, Arusha Municipality and Monduli districts in Arusha region. For this work, they have been a sub-grantee of the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). For FY2007, they will turn those 22 sites to EGPAF, and will focus on expanding the depth and breadth of their work in HIV/AIDS. EngenderHealth will identify those key success factors from their experiences in setting up successful PMTCT and reproductive/child health programs to apply to a broader spectrum of service, including care and treatment. The PMTCT interventions will be complemented by components that enhance prevention on the one side and longer-term care and treatment on the other. Through its highly successful

quality improvement tool known as Client-oriented, Provider-efficient (COPE) methodology, which has been specifically adapted for PMTCT and VCT services, EngenderHealth will determine shortcomings at the CTC and other areas of the health facility and community levels that hamper better utilization of HIV/AIDS services and develop strategies to overcome them. The program will apply the basic principles of human rights and gender equity to promote sustainable and continuous prevention, care, support and treatment adherence and referral for related services for HIV infected women, their partners and children.

In order to fully support women's access and choices, the project will actively involve male partners (through the men-as-partners (MAP) approach), families and other key members of the community, all of whom influence decision making, and will mobilize communities and health staff to reduce HIV/AIDS-related stigma. Efforts to involve men will include special education sessions for men in the community and targeting men who accompany their wives for ANC visits or those who come to visit and pick their wives from health care facilities after delivery.

The project will build on and adapt best practices and other lesson learned from EngenderHealth's previous PMTCT projects. This will include participatory planning with district-level Council Health Management Teams and Regional Health Management Teams, integration of interventions into comprehensive Council health plans for sustainability, whole-site training approach for service providers, using COPE to improve quality of clinical services, follow up of HIV positive mother-infant pairs, strengthening referral linkages to and from the CTC and integration of HIV/AIDS into family planning services and other RCH services.

Since October 2003, EngenderHealth has been receiving USAID field support to assist the MOHSW expand access to and the utilization of reproductive health services in Tanzania. Presently EngenderHealth, through the ACQUIRE Project, works in 400 sites in 10 regions, including Arusha and Manyara regions. This project will build onto systems already built in the proposed sites through the ACQUIRE project.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Adults
Community leaders
Doctors
Nurses
Discordant couples
Infants
National AIDS control program staff
People living with HIV/AIDS
Program managers
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Gender

Coverage Areas

Arusha

Iringa

Manyara

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9399
Planned Funds: $ 329,092.00
Activity Narrative: CDC Management & Staffing for ARV services
These funds will support two full time staff that will assist in coordinating activities within this program area as well as serve as technical leads for aspects of the work. The specific composition of the staffing is a senior and junior specialist, given the scope and magnitude of the treatment roll-out in Tanzania, and the evolving responsibility of the USG in the scale-up of these services given "regionalization".

In FY 2007, USG/Tanzania ART implementing partners will fully transition to the newly adopted regionalization plan designed by the Government of Tanzania (GOT). Under this regionalized plan, each USG partner will support the scale-up of ART services at all levels of treatment facilities within assigned geographic regions. In all designated treatment sites in each region, USG partners will provide some level of support, and will be integrated within the regional and district annual health budget and plans.

In support of this, both full-time staff members will work directly with implementing partners, both governmental and non-governmental, specifically providing technical assistance to the National AIDS Control Program (NACP) and USG ART partners. Field visits and attendance at regional authority meetings will be necessary. As USG/Tanzania plans to implement a more defined strategy of building linkages in FY 2007, one staff member, in addition to the focus on ARV Services, will help oversee the integration of non-ARV services such as prevention of mother to child transmission (PMTCT), TB/HIV and Care. In addition, this specialist, under the direction of the NACP, will help lead the design of a multi-dimensional strategic approach to pediatric HIV/AIDS.

Emphasis Areas	% Of Effort
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9400
Planned Funds: $ 15,000.00
Activity Narrative: CDC TA for ARV serv (Base acct)
Each year, it is important to call together all of the treatment implementing partners, the government of Tanzania and key members of the PEPFAR Treatment Technical Working Group (TWG) to share perspectives on effective service delivery, discuss challenges and possible solutions, and to map out a way forward to scale up services strategically and cost effectively. The Treatment TWG brings a fresh eye to service delivery in this resource challenged environment, bringing experiences and lessons learned from other countries in the region.

In FY2007, given the anticipated scale-up of services under regionalization this annual meeting wll be a critical component of our planning.

These funds will support the Headquarters staff who will attend the meeting and provide the in-country team and our host country counterparts technical assistance during the week of the meeting.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9462
Planned Funds: $ 0.00

Activity Narrative: Regional Health Authorities

HIV treatment services continue to expand in Tanzania. The government of Tanzania has increased the number of ART treatment sites from 96 to 200 with further expansion planned to health centers and dispensaries. The USG treatment partners are currently providing or planning to provide, by the end of FY2007, technical assistance to facilities in 19 of the country's 21 regions.

Under regionalization, where USG ART partners have been assigned specific regions within which to support the scale-up of ARV services, the USG approach in FY07 includes a much closer collaboration between the USG ART partners and regional health authorities in the planning and monitoring of treatment activities. The regionalization strategy is also an opportunity for the USG, and their partners, to help build the capacity of each Regional Medical Officer (RMO) to fulfill the responsibilities of their office, which is to coordinate and oversee all health programs within their region, including HIV/AIDS, as laid out in the 2003-2006 Tanzania Health Sector Strategy for HIV/AIDS (HSS).

The RMO leads the Regional Health Management Team (RHMT). The RHMT is composed of a Nursing and Health Officer (RNO and RHO) and a Regional Health Secretary. On behalf of the central government, the regional authorities, as described in the HSS, retain a supervisory function over the performance of the district authorities. It is well known that, at their current budget, staffing and training levels, most RHMTs lack the ability to serve as technical or managerial backstops to districts. For example, part of the RHMTs role is to organize and implement supportive supervision to the district facilities in their regions. However, most have not received basic training in the clinical management of HIV/AIDS or instruction on the use of a supportive supervision tool.

As part of USG Tanzania's focus on sustainability, our plan, through this activity, is to help strengthen the regional medical office. One vital strategy is to move away from indirect assistance provided by external US-based organizations toward direct funding of these regional health authorities. They would receive financial management support from the USG in managing this new funding relationship. With this direct funding, they would in turn fund activities to enhance their skills and to carry out basic coordination tasks.

These skill-enhancing activities would focus on institutional capacity building in HIV/AIDS Project management. This would comprise of instruction in: the planning and management of resources; the design of detailed plans to project human and financial resource requirements; monitoring and evaluation for the use of data to direct planning and managerial action at the regional level; strategies to link with the community, the use of consultative community structures and the organization of focused external technical assistance. Acquisition of these skills will help assure the quality and continuity of HIV/AIDS services.

These funds would also support short-term hiring of contract staff to support the RHMT for planning, financial management, and program management that would then be integrated into the regional budget after two years. In addition, critical stakeholder meetings and other coordination activities as required by the terms of the office will be supported.

A competitive request for proposals will be developed which will be aimed at regional health authorities nationwide. In the first year, two regions would be selected based on the strength of their application. If a selected region already has a USG ART partner, that partner would concentrate on ensuring that the RHMTs receive focused training on HIV/AIDS, such as clinical management and supportive supervision; they would involve the RHMTs within these supportive supervision visits, and consult with both the RHMTs and District Health Management Teams (DHMTs) in planning the expansion of services.

The services of other USG partners will be made available to these regional authorities. These include ITECH (OPSS, ARV) and AIHA (ARV, OPSS) in assuring quality of training and preceptorships respectively; and Pathfinder (OPSS, Care) and Deloitte and Touche (OPSS, ARV) for project planning and financial management.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Target Populations:

People living with HIV/AIDS
Policy makers
Host country government workers
Other Health Care Worker
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Health Organization
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9463
Planned Funds: $ 600,000.00

Activity Narrative: Integrated Management of Adult & Adolesecent illness
The Government of Tanzania (GOT) began providing ARVs to AIDS patients in October 2004. The national target is to provide ART to approximately 440,000 patients by the end of 2008. As of July 2006, approximately 40,000 patients had been started on ARV's in the 200 NACP-designated treatment sites. These are all at the tertiary and secondary level. Beginning in 2007, the plan is to expand ARV services to an estimated 500 primary level facilities.

Integrated Management of Adolescent and Adult Illness (IMAI), developed by the WHO, is an integrated approach to scaling up comprehensive HIV/AIDS care, treatment and prevention within the framework of existing health systems. Integrated service strengthening builds capacity for decentralized HIV services within parts of the health network, specifically district hospital and satellite health centers (HC). WHO has developed a comprehensive curriculum to train health care workers (HCW) in the delivery of IMAI. The approach is based on the principles of standardization, decentralization and integration, and ensures comprehensive management of HIV/AIDS incorporated with prevention. A unique aspect of the IMAI training approach is the use of PLHA as expert patient-trainers (EPTs). Involvement of PLHA as patients who are experts in their own illness is a valuable educational strategy to support the training of HCW. During IMAI trainings, PLHA are trained to role play specific HIV cases with the HCWs during the skill stations sessions for two hours per day in addition to joining small groups during the interactive classroom training. PLHA's trained as EPT's add much needed experience and realism. An additional feature is the use of "task shifting" to respond to human resource constraints. Here, each level of HCW may be trained to provide services outside of their standard responsibilities. For example a nurse may take on the role of adherence supporters, PLHA taking on the role of ART counselors and the community, simple patient monitoring.

The Ministry of Health and Social Welfare (MOHSW) in collaboration with WHO country office and other care and treatment partners have adapted generic WHO IMAI documents for use at primary health facilities; HC and dispensaries. The system was field tested in the regions of Arusha (November 2005) and in Mtwara (July 2006). HCW from 23 HC's around the country attended the trainings. A number of these HC's, including all participating HCs in Mtwara, Lindi and Dar es Salaam, are now initiating ART services.

For this system to be truly operational, a number of activities must be implemented. In FY 2007, the WHO country office seeks financial support from PEPFAR to continue supporting the MOHSW in the final adaptation and printing of materials, training and coordination.

Support for materials adaptation:
1)Recognizing the scarcity of HCWs at the primary health facilities, compounded by lack of professional specialization at this level, MOHSW decided that the integration of the IMAI guidelines modules on Chronic HIV care with TB/HIV co-management will be necessary. WHO Generic TB/HIV training materials are only now available in country and this funding will support the merging of these curricula.

2)Recently distributed generic Integrated Management of Childhood Illnesses (IMCI) training materials for HIV management in children and adolescents will also be adapted to the country context and will then be integrated into the IMAI chapters on Paediatric management of HIV/AIDS.

3)All IMAI documents will be translated into Swahili.

Support for training and coordination:
1)HIV Care and Treatment teams will undergo 2 week IMAI training. These teams will consist of clinical officers, nurses, adherence counselors, and pharmacy technicians (3-4 HCWs from each primary facility). The team will be led by a doctor or assistant medical officer from the district hospital who will then supervise all health centres in their district, and will be designated an IMAI District Supervisor. With the inclusion of TB/HIV co-management and IMCI package the IMAI training duration will be extended for three to five days more.

2)The WHO country office will support the training of multidisciplinary teams of

zonal/regional facilitators. In order to organize and conduct these IMAI trainings at regional and zonal levels, each training site will need zonal/regional IMAI course coordinators (a health worker and an expert patient trainer), about 15 multidisciplinary IMAI training facilitators for HCWs and 20 Expert Patients trainers.

3)Each HIV Care and Treatment Team will receive on-going clinical mentoring. The WHO Generic Tools on clinical mentoring will be adapted and monthly post training supportive supervision of trained care and treatment teams from health centres and dispensaries will be done by the district and regional levels every month during the first six months and thereafter every three months.

4)Quarterly meetings of IMAI district supervisors and IMAI course coordinators will be held in each region to allow them to exchange experiences and lessons learned. The coordinating team will also share IMAI experiences and best practices with at the regional level during quarterly meetings and annually at the national level. When required, a few coordinators will participate in international conferences/workshops.

Support for equipment procurement for training sites and the country coordinating office will also be needed. This equipment may include a desktop computer, a laptop computer, one heavy duty printer, one heavy duty photocopier, five Flipchart stands, an LCD Projector and a digital camera.

WHO, in collaboration with MOHSW will initially concentrate in regions not supported by treatment partners. Thereafter, as partner efforts reach the level of health centers and dispensaries, they will collaborate with the ART partner and the NACP to train HCW in those regions. This adapted WHO IMAI approach will be considered the national standard for training HCW below the level of the district hospitals.

Emphasis Areas	**% Of Effort**
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	600	☐

Target Populations:

Doctors
Nurses
Pharmacists
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Department of Defense
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9690
Planned Funds:	$ 15,000.00
Activity Narrative:	DoD TA for ARV Services

Each year, it is important to call together all of the treatment implementing partners, the government of Tanzania and key members of the PEPFAR Treatment Technical Working Group (TWG) to share perspectives on effective service delivery, discuss challenges and possible solutions, and to map out a way forward to scale up services strategically and cost effectively. The Treatment TWG brings a fresh eye to service delivery in this resource challenged environment, bringing experiences and lessons learned from other countries in the region.

In FY2007, given the anticipated scale-up of services under regionalization this annual meeting wll be a critical component of our planning.

These funds will support the Headquarters staff who will attend the meeting and provide the in-country team and our host country counterparts technical assistance during the week of the meeting.

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: African Medical and Research Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9691
Planned Funds: $ 50,000.00

Activity Narrative: Infant Diagnosis
This activity links to NIMR, CLSI, APHL, ASCP, RPSO, BMC, ZACP ART-TRACK 1 PARTNERS, DoD, CT, HBC,TB/HIV, PMI, AMREF, SCMS,FHI

This activity works to assist the MOHSW with the development of a National Infant Diagnosis Program as part of a Comprehensive Paediatric HIV Care and Treatment Initiative. HIV disease progression during infancy is extremely rapid where over a third of children succumb to HIV by 12 months of age and one-half die by 24 months. Early diagnosis of HIV is therefore critical and is now possible in limited resource settings through use of dried blood spot (DBS) sampling and DNA PCR testing. Timely diagnosis of HIV infection in young infants and children enables timely initiation of treatment and fosters better treatment outcomes, reduces morbidity and mortality and promotes optimal growth and development. The appropriate use of HIV rapid tests and ELISA tests and the RNA PCR can also be used to facilitate the identification and subsequent management of HIV exposed and infected infants and children. The primary focus of identifcation of the exposed infant is the initiation of life saving prophylaxis and institution of preventive measures where the infant is not infected.

In Africa, children constitute up to 15% of the population that needs ART but in the majority of countries in the region only 5% or less are currently on treatment. (WHO). Tanzania is beginning to address this challenge. The Tanzanian Ministry of Health and Social Welfare (MOHSW) has committed itself to ensuring that 20% of those on antiretroviral treatment will be infants and children. This target has not yet been achieved, although significant progress has been made. The MOHSW through the Global Fund has already started the procurement process for DNA PCR equipment to be placed at the Referral Laboratories of Muhimbili National Hospital, Mbeya Referral Hospital and Kilimanjaro Christian Medical Centre Laboratory. Columbia University has already placed equipment at the Bugando Medical Centre Laboratory. Zanzibar which has an HIV prevalence rate of 1% and a catchment population of less than two million will utilize the referral laboratory at Muhimbili National Hospital.

The identification of HIV-exposed and infected children relies on the children identified as part of PMCT activities and followed in postnatal child health. Steps to do this are being taken, for example, by identifying HIV exposure on a child's health card. However, much more needs to be done for effective linkages to be established between the testing sites, the laboratories that perform DNA PCR, the PMTCT programs and the Paediatric Care and Treatment Programs. This Infant Diagnosis Program will work to establish these linkages between the partners involved in diagnosis, care and treatment of infants exposed and infected with HIV.

This activity will assist the MOHSW in developing national implementation guidelines in consultation with all stakeholders. The guidelines will cover all the programmatic areas associated with the identification and recruitment of infants and children into Paediatric HIV Care and Treatment Programs. These areas are the PMTCT service area, Counselling and Testing, Laboratory Testing and Quality Assurance, Reproductive and Child Health Services, Care and Treatment service provision, the home-based care activities, monitoring and evaluation activities, data collection for starategic information and reagent and equipment procurement.

The core activities for this funding include the coordination of partner initiatives, development and adoption of national guidelines, development of training curriculum, training of trainers, development of appropriate data capture tools and monitoring and evaluation of the implementation of program. The following tasks will be undertaken to accomplish the objectives: a) Work with the MOHSW, CDC, USAID, DOD, NACP and other partners/stakeholders in infant HIV diagnosis, care and treatment to plan the review of existing policies, strategies and guidelines in view of lessons learnt and gaps b) Support the process for the development of appropriate data capture tools and tools for monitoring and evaluation c) Strengthen the nascent technical working group on infant HIV diagnosis to review policies, strategies and guidelines d) Establish a stakeholders/partners forum for infant HIV diagnosis linked to the care and treatment program for continued experiential exchange, collaboration of efforts and networking e) Organize technical stakeholders like heads of schools of Medical Laboratory Training institutions, MOHSW (Training Directorate and Diagnostic Services), CDC, USAID, DOD,

NIMR, EGPAF, and others to develop/adapt existing HIV/AIDS laboratory-training curricula to include infant HIV diagnosis f)In collaboration with MOHSW, USG and partners develop a plan for the structured deployment of training sessions to provide maximal geographical coverage through the zonal approach g) Conduct and evaluate training programs for laboratory staff in HIV/AIDS infant diagnosis and review training program based on evaluation findings h) Maintain and share with stakeholders a database of institutions and persons skilled in laboratory diagnosis of infant HIV infection i) Train TOTs and support the MOHSW and partners to implement the strategy for improving quality of laboratory services through supportive supervision j) Ensure collaboration with schools of Medical Laboratory Sciences (SMLS) that offer pre-service certificate and diploma training of laboratory personnel in Tanzania to improve the quality of the training programs for new laboratory technologists and microbiologists k) Support the procurement and maintenance of the necessary laboratory equipment, test kits and supplies, as required, to support the proposed laboratory-training program in HIV infant diagnosis l) Develop and institutionalize a national quality assurance program.

The key stakeholders in this program are identified as the PMTCT , Counselling and testing , Care and Treatment, Laboratory Infrastructure, Strategic Information, Health Management Information Systems programs, the Clinton Foundation, SCMS, RPSO and others. This activity will coordinate stakeholders and provide a forum for policy and guideline formulation where all will work to: improve linkages and systematize referrals between programs that service mothers and children; educate and mobilize communities about pediatric HIV; link community and facility services for referrals, follow up, and adherence support to families; and maximize opportunities to identify exposed and infected infants and children at multiple entry points (MCH/RCH, PMTCT, CTCs, HBC and OVC programs) in order to provide or refer for necessary care and treatment. An active monitoring system will be developed to follow-up HIV exposed children with an HIV positive rapid test or EIA performed before 18 months of age.

Columbia University, International Center for AIDS Care and Treatment Program (ICAP) has begun a pilot program in the Lake Zone. This program will serve as a learning ground for the National Infant Diagnosis Implementation Strategy .

The CDC Atlanta-based Laboratory support team will support the field staff to develop systems including implementation of the Laboratory Quality System for infant diagnosis , HIV/AIDS testing and laboratory monitoring of care and treatment to ensure that all ART sites access high quality laboratory services.

Emphasis Areas	**% Of Effort**
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Doctors
Nurses
Pharmacists
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Program managers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Central Budget
Prime Partner:	Harvard University School of Public Health
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	Central (GHAI)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10179
Planned Funds:	$ 1,357,214.00

Activity Narrative: This activity is linked to 7722 in treatment.

The overview of activities described here reflects the entire Harvard School of Public Health ART program in Tanzania. The central funds from headquarters will be used to complement in-country funds for the roll-out of this whole program. The targets, legislative issues, sub-partners etc., for the program are therefore reflected in the narrative associated with the in-country funds.

Between the start of the program in November 2004 and July 2005, 16,102 patients have been enrolled in care and treatment, including 1,684 children, 373 pregnant women and 384 TB patients currently on ARV's. Of these, 8,500 were initiated on ART. The MDH (Muhumbili University College of Health Sciences, Dar es Salaam City Council and Harvard) program has expanded to 23 sites which includes the 3 main district hospitals (DH), health centers (HC), and semi-private and private facilities in Dar-es-Salaam (DSM), thereby leading to massive and rapid increase in the number of patients on care and treatment. Activities conducted at these sites include provider initiated counseling and testing, evaluation of patient eligibility for ART, adult and pediatric care and treatment, prevention and treatment of opportunistic infections, laboratory services, strengthening of Home Based Care (HBC), training, Quality Assurance (QA), screening for TB, and Monitoring and Evaluation (M&E) components. The comprehensive training program has provided HIV/AIDS care and treatment to all levels of health care practitioners from different parts of the country.

Many novel programs have resulted in a locally sustainable, high-quality, cost-effective, rapidly expanding care and treatment program. These include the implementation of double shifts, strategic site renovations for optimal space utilization, time block patient appointment systems to streamline patient flow in clinics, successfully piloting initiation of HIV/AIDS care and treatment at the HC level, piloting integration of TB/HIV activities, piloting new referral systems, piloting new pharmacy software for the National AIDS Control Program (NACP), integrating a locally managed Quality Improvement (QI) and M&E system, and incorporating a locally assembled and operated human resources and payroll system.

During the proposed funding period the focus will continue to be on scaling up HIV/AIDS care and treatment services to the larger DSM region, with more emphasis on children and pregnant women. To achieve this objective, in addition to the current 7 sites, 3 DH (Mwananyamala, Amana and Temeke), IDC and 3 HC (Mbagala Rangitatu, Bugurunni and Sinza), MDH will be scaling up operations to one tertiary care hospital (Muhimbili National Hospital) and an additional 14 health facilities namely, UDSM, TMJ, Mikocheni, IMTU, Oysterbay, Tanzania Heart Institute, Mzena Memorial Hospital, St. Bernard, TMS (Kapessa), MSH(Mbezi), Regency, Tumaini, Hindu Mandal, Aga Khan, and Khan Hospital. The key areas for FY 2007 include the institution of the Preventive package, provision of effective TB interventions, strengthening pediatric AIDS care and treatment, integration of TB/ HIV care and treatment, referral systems, prevention with positives and quality of care.

The lessons learnt from the many initiatives piloted have enabled the coverage of more patients than before using the same resources. MDH is incorporating different levels of involvement at each of the proposed sites to maximally stretch available resources and reach many more people who need services. Other areas of focus include integrating services both among facilities at the primary, secondary and tertiary levels, and between different program areas within the HIV program such as PMTCT, TB/HIV and HBC in DSM. Sustainability of the MDH program has always been, and will continue to be, a key component of activities, along with maintaining high quality of service.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	International Rescue Committee
USG Agency:	Department of State / Population, Refugees, and Migration
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	12471
Planned Funds:	$ 20,000.00

Activity Narrative: Tanzania hosts thousands of refugees who fled ethnic violence and other conflicts in the Great Lakes Region of Central Africa. The International Rescue Committee (IRC) has been serving this refugee population in western Tanzania since December 1993. IRC has provided comprehensive health and nutrition services in Mtendeli and Nduta camps since 1996 and in Kanembwa camp since 2004. At the end of March 2007, total camp population in the Kibondo District camps was 55,560.

In FY 06 and FY 07 IRC received PEPFAR funds to provide a full complement of preventive HIV/AIDS services under the PMTCT and VCT programs. The PMTCT program includes community sensitization, laboratory services, PMTCT for women and HIV testing for their partners, labor and delivery and provision of nevirapine to HIV positive mothers and their newborns. In 2006 IRC tested 2,835 refugee women through the PMTCT program, and 2,099 refugee partners. In the first six months of FY 07 in the four refugee camps IRC tested 2109 women and gave out nevirapine to 31 HIV positive mothers and their newborns. IRC also provides VCT services to the general population in the camps through 4 VCT centers and 4 youth centers. For the six months of FY 07 IRC provided VCT services to a total of 3709 people (2294 males and 1415 females). In addition, IRC supports and facilitates PLHWA peer support groups in each camp. These peer groups have been meeting but none of the members are currently able to received care and treatment services.

IRC Tanzania have long realized that a major gap in our health care services provision is the failure to provide life-prolonging antiretroviral (ARV) medicines to the HIV positive refugees in the camps of Kibondo District. This gap has become more pronounced recently as the Kibondo District Hospital (KDH) has begun an ARV program for Tanzanian nationals. Since 2003, approximately 800 people (approximately 27% Tanzanian national, 73% refugee) have tested positive for HIV in the camps of Kibondo District through the IRC VCT/PMTCT services. It is estimated that 20% of the HIV positive refugees in the camps of Kibondo District would be eligible for ARVs. Because some of the people that have tested positive since 2003 may have repatriated or died, IRC estimates that there are between 100-200 patients in Mtendeli, Nduta, and Kanembwa camps that are eligible for therapy but are not being treated for their advanced HIV disease through our services. IRC also believes that with the knowledge of the availability of treatment more clients will come forward in VCT settings to learn their HIV status.

Therefore IRC, in collaboration KDH and Columbia University (the ART treatment partner in Kigoma) aims to spearhead the initiation of ARV provision to the refugees of Kibondo District. KDH would be the primary service provider for ARV therapy through a referral system, but IRC staff would conduct staging and follow-up visits in conjunction with KDH staff. Due to the long distances between the camps and the Kibondo District Hospital between 30 – 70 km, and the fact that refugees are not permitted to leave the camps nor have the funds to access public transport this proposal would provide the care in the camps through collaboration with KDH.

IRC will work with the district, regional, national health authorities to conduct trainings of staff and coordinate referral of patients to KDH. IRC will need to conduct an initial training of IRC health care staff on HIV/AIDS staging and basic HIV clinical management including opportunistic infection management and ARV medication side effects. This training will be conducted by the NACP district, regional and national HIV training facilitators. The District HIV Coordinator will then conduct screening consultations for the purpose of staging the HIV positive patients, which will be done in collaboration with refugee clinical staff. Those patients who stage in for therapy will then need adherence counseling and education conducted by district, regional or national HIV training facilitators. After this is complete, IRC staff will need to be trained in home based care principles for HIV patients on ARV therapy. Finally, ARV therapy can then be initiated by the District HIV Coordinator.

There are currently about 10 ARV treatment sites in Burundi that are all run by the government. They provide a full complement of first and second line ARV medicines, including the same regimens that are offered through the Tanzanian national program, as well as opportunistic infections medications. IRC will direct repatriating refugees that are HIV positive to areas in Burundi that have a full complement of HIV services and this would be particularly vital for patients on ARVs. Through KDH, IRC will work to provide these patients with three months of medications upon departure for repatriation which is currently the standard for other chronic medications.

Medications will be provided by KDH, where they currently have available first and second line therapy in accordance with Tanzanian national guidelines. The District HIV Coordinator will conduct follow-up visits with patients started on ARV medications once

per month. Patients that present with urgent medical situations in the intervening period between these scheduled follow-up visits will be cared for in IRC outpatient departments and complex cases will be referred and transferred (at IRC cost) to KDH for further treatment. IRC would pilot this program with the refugees at Kanembwa camp first and then at Nduta camp in subsequent months. Refresher trainings of IRC staff should be conducted every 6 months to ensure high quality of care.
This is a time limited activity, as the Care and Treatment of refugees would only be until they are repatriated and prior to that IRC would work to connect them with existing care and treatment services in Burundi. IRC has been in communication with several partners providing health care and other services to repatriating refugees in Burundi.
IRC Tanzania is committed to providing high quality health care to the refugees of Kibondo District. The inability to provide life-saving ARV medications to HIV positive patients is currently the most important gap in their health care program. Each month several preventable deaths occur in each of the four camps due to complications with HIV AIDS. Through an ARV therapy referral program implemented with KDH , IRC can now save lives and improve the quality of lives of many others. In addition, the training and experience that IRC staff (both Tanzanian national and refugee) will gain through this program will provide them with valuable skills that will serve Tanzanian and refugee health programs in general.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy	2	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	200	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	150	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	200	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	15	☐

Target Populations:

People living with HIV/AIDS

Coverage Areas

Kigoma

Table 3.3.12: Program Planning Overview

Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12

Total Planned Funding for Program Area: $ 6,560,563.00

Program Area Context:

USG, in collaboration with the Ministry of Health and Social Welfare of Tanzania (MOHSW) and its development partners, has been implementing activities to strengthen Laboratory Infrastructure and Capacity for HIV Diagnosis, Disease Staging, and Therapeutic Monitoring since the year 2004.

USG supports US-based professional partners in the provision of technical assistance to MOHSW. Partners include: the American Society for Clinical Pathology (ASCP) with training assistance; the Clinical Laboratory Standards Institute (CLSI) with development of laboratory standards and guidelines; the Association of Public Health Laboratories (APHL) with implementation of a Laboratory Information Systems and management training; and American International Health Alliance (AIHA) partnering US-based institutions with Tanzanian institutions and professionals. In-country partners include National Institute for Medical Research (NIMR) with the overall responsibility for implementing the National Quality Assurance Program for MOHSW and African Medical Research Foundation (AMREF) which supports MOHSW training activities. State Regional Procurement Support Office (RPSO) and the Supply Chain Management Systems (SCMS) both assist with renovation, contractual services, and procurement.

MOHSW also receives support for building laboratory, technical and financial capacity from WHO, AXIOS, Japanese International Cooperation Agency, Clinton Foundation, and the German Development Cooperation. They also receive direct budget support from the World Bank and the Global Fund and bilateral donors contributing to the Sector Wide Approach (SWAP) Basket Fund.

The public health laboratory network consists of six referral hospital laboratories (including one referral military-based hospital laboratory,) 21 regional and 126 district laboratories in mainland Tanzania and Zanzibar. HIV-related laboratory services are overseen by the MOHSW mainland and the Zanzibar AIDS Control Program in Zanzibar. To date, USG has supported renovation of 35 laboratories and procured high throughput equipment for four referral laboratories. This complements Global Fund purchases of chemistry, hematology and CD4 equipment for all 21 regional laboratories and chemistry and hematology analyzers for 40 of the 121 district hospital laboratories. The Global Fund supports reagent provision for the equipment in these laboratories.

USG partners have developed training and reference materials and directly supported the training of 35 trainers. These trainers have trained more than 100 laboratory staff on operation and maintenance of the laboratory equipment. In FY 2006, a National Health Care Technical Services Coordinator, whose main responsibility is to ensure that the equipment remains well-maintained and functional, has been recruited and will coordinate the training of laboratory technologists and technicians on basic maintenance of equipment and biomedical engineers on first-line maintenance and troubleshooting.

In FY 2007, USG will continue support for expansion of laboratory capacity through: implementation of a national quality assurance program; incorporation of training on HIV- related laboratory services, management and quality assurance into pre-service curricula; implementation of a network for sample collection and testing of dried blood spot (DBS) samples for early infant diagnosis of HIV; and implementation of a laboratory information system (LIS).
Tanzania has five main institutions providing pre-service training for laboratory personnel. To date, there has been minimal incorporation of HIV-specific skills into pre-service training. Two USG partners (AIHA and ASCP) will focus on integration of HIV-related lab skills into pre-service training, purchase equipment and books for the schools and provide professional development and study tour opportunities for the academic staff of these institutions, Laboratory staff and managers through bi-directional twinning opportunities between Tanzania organizations and US-based laboratory professional organizations.

USG will provide direct funding to the MOHSW and Zanzibar AIDS Control Programme (ZACP) to support continued development of national policies and for conducting supportive supervision. Technical assistance

will be provided by several partners, but is a key responsibility of CDC. While reagents for routine testing (chemistry, hematology) and CD4 monitoring will continue to be supported by the Global Fund, USG will assist with procurement of reagents and equipment for additional functions such as HIV incidence testing, quality assurance, and some surveillance activities. In the past, reagent procurement has been supported primarily through testing and treatment partners. In FY 2007, there will be a transition toward more centralized procurement. These will be done through RPSO (equipment and contractual services) or SCMS (reagents for training and the National Quality assurance and Training Laboratory).
In order to attain the care and treatment goals, more healthcare workers require training on the use of rapid HIV tests. The MOHSW is finalizing the selection of a new rapid-test algorithm. Introduction of this algorithm will require considerable planning and coordination to assure that health workers are trained, supplies are adequate, and quality assurance is in place. The USG will play a key role in the introduction of this new algorithm through planning the training, setting training rollout targets in support of program expansion, gaining key stakeholder consensus and commitment, ensuring system readiness prior to training rollout, implementation, and monitoring/evaluation.
Training will also be provided in ELISA, PCR testing both for viral load and infant diagnosis, quality assurance, laboratory management and laboratory information systems. Training will be mainly through the training-of-trainers to ensure sustainable local capacity

Primarily, NIMR has responsibility for implementing quality assurance programs. In FY 2007, USG will support NIMR in expanding EQA coverage to include Rapid HIV Testing, Haematology, Clinical Chemistry and HIV serology, and will engage additional laboratories in these programs. CLSI will assist MOHSW to develop and adopt standard operating procedures in all laboratories and develop and implement laboratory accreditation programs.

In FY 2007, USG will also assist the MOHSW to develop policies, guidelines and strategies for the implementation of infant diagnosis, care and treatment as part of a comprehensive Pediatric HIV /AIDS program. Treatment partners (Columbia, Harvard, EGPAF and DOD) are supporting regional capacity to conduct DNA PCR testing for early infant diagnosis.

In FY 2006, USG through its partners supported a laboratory information system implimentation strategy with assessments of both software and hardware systematic requirements and staff capacity. In FY 2007, USG will support the installation of the system and training of staff for its utilisation, both in the paper-based form and the electronic version. At completion the electroninc system will cover five referral hospitals and 10 regional hospitals, while the paper based system will be nationwide. This will be achieved through consultations across program areas.

There will be a concerted effort towards monitoring and evaluation in FY 2007 with a specific emphasis on sustainability and institutional capacity building. This effort will focus on in-service and pre-service training of laboratorians and the building of long-term partnerships between international and local institutions of laboratory training and professional organizations within the country. This package of general support for laboratory capacity, with specific focus in the areas described, constitutes an essential contribution toward meeting national HIV treatment targets and Emergency Plan goals for Tanzania.

Program Area Target:

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	1,006,517
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	149
Number of individuals trained in the provision of laboratory-related activities	2,937

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	African Medical and Research Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	7672
Planned Funds:	$ 460,919.00

Activity Narrative: This activity links to activities HLAB MOHSW7758, 7779 NIMR, CDCBase7834, CLSI 7696, APHL7682, AIHA7676, ASCP7681, RPSO7792, BMC 7685, ZACP 8224, DoD 7746; Track 1 ART CU7697/7698, EGPAF7705/7706, HARVARD7719/7722, AIDSRelief7692/7694, DoD7747, Blood Safety; CT NACP7776, TB/HIV7781, PMI, SCMS8233, FHI7712; SI NACP7773, MOHSW7761

The government of Tanzania is committed to improving access to antiretroviral therapy (ART) for its citizens. It has developed a National Care and Treatment Plan (NCTP) 2003-2008 for this expansion, and is now scaling-up to provide care in 200 private, public, referral, district, regional and faith based hospitals throughout the country. The success of the program is dependent on the ability to reliably diagnose and qualify HIV-positive patients for therapy and to monitor treatment efficacy and safety.

The purpose of this funding is to progressively build an indigenous, sustainable capacity of laboratory technicians and non laboratory health care workers to perform rapid HIV testing accurately and reliably, gain knowledge on quality assurance for HIV rapid testing and provide supportive supervision to the testing sites. AMREF will work with MOHSW and partners to develop a national HIV testing training plan, collaborate with HHS/CDC Atlanta, HHS/CDC Tanzania, Muhimbili University Colleges of Health Sciences (MUCHS), NIMR and national/zonal referral hospitals in Tanzania Mainland and Zanzibar and other institutions to adapt existing HIV training package developed by WHO/CDC and tailor them to the local situation. The training package were pre-tested in Tanzania in 2005 in the training of 108 laboratory technicians and non laboratory based healthcare workers from the five zones of Tanzania. AMREF will use lessons learnt to work in collaboration with other partners and develop a national rapid HIV testing roll out strategy. AMREF will assist with logistics during trainings and meetings, collaborate with and support staff from Diagnostic Services and Training directorate of the MOHSW Tanzania Mainland and Zanzibar to conduct supervisory visits to all training venues and follow up visits/supportive supervision to trainees at the facilities to monitor and evaluate the impact of the training. AMREF will procure and maintain necessary laboratory equipment, test kits and supplies as required to support proposed TOT laboratory training program in HIV rapid testing.

The roll out of rapid HIV testing entails having a larger group of people involved in testing in order to meet national care and treatment as well as PEPFAR goals. This will necessitates HIV testing being undertaken by non-laboratory health care workers involved in voluntary counseling and testing (VCT), prevention of mother to child HIV transmission (PMTCT), Tuberculosis and HIV (TB/HIV) co-infection , Home Based Care personnel to perform rapid HIV testing in the United Republic of Tanzania. There is acceptance by the Ministry of Health and Social Welfare for non laboratory health care workers to perform rapid HIV testing upon meeting the prerequisite of training and certification by MOHSW or designated institution on using the National testing algorithm. Therefore it is necessary to train the non laboratory based healthcare workers on how to correctly perform rapid HIV testing, to ensure the quality of testing and certify them. Using the MOHSW decentralization processes AMREF will conduct five zonal Trainer training (TOT) sessions consisting of 20 participants each, who will subsequently conduct the training in their respective zones in a cascading fashion. The total number of trainers per zone will be 20, making a national total of 100. Each zone will train a total of 100 participants from PMTCT, HBC, CTC, CT and TB/HIV program areas. The overall target is 600 people trained including the trainers.

Plus up funds will cover the printing and distribution of the guidelines and job aids, the training of 300 health care workers, using the training of trainers approach, hire training facilities and accommodation, transport staff, and the pay allowances at the government rate for trainees. AMREF will procure filter papers for specimen collection, reagents, consumables and any additional small equipment needed for the training.

Continued Associated Activity Information

Activity ID: 3455
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: African Medical and Research Foundation
Mechanism: N/A

Funding Source: GHAI
Planned Funds: $ 463,366.00

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	149	☐
Number of individuals trained in the provision of laboratory-related activities	900	☐

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Doctors
Nurses
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Program managers
USG in-country staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Laboratory workers
Nurses
Other Health Care Workers
Implementing organizations (not listed above)

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: AIHA
Prime Partner: American International Health Alliance
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 7676
Planned Funds: $ 268,521.00
Activity Narrative: This activity links to activities HLAB MOHSW 7758, 7779 NIMR, CDCBase 7834, CLSI 7696, APHL7682, ASCP 7681, AMREF 7672, RPSO 7792, BMC 7685, ZACP 8224, DoD 7746; Track 1 ART CU7697/7698, EGPAF 7705/7706, HARVARD7719/7722, AIDSRelief 7692/7694, DoD7747, Blood Safety; CT NACP 7776, TB/HIV 7781, PMI, SCMS 8233, FHI 7712; SI NACP 7773, MOHSW 7761.

The Twinning Center conducted an open solicitation for a US or non-US based institution(s) to increase Tanzania's human and institutional capacity in the management, coordination, and technical expertise in laboratory services for the diagnosis and management of HIV. Boulder Community Hospital, Boulder, Colorado has been recommended as the US-based partner to CDC. The hospital is part of a larger network—Frontline Laboratories, anchored by the Mayo Clinic and will draw upon its linkages with the Beacon HIV/AIDS Clinic (Boulder). The hospital is fully accredited by the College of American Pathologists as well as the Joint Commission on Accreditation of Healthcare Organizations and is a member of the American Society of Clinical Pathologists (ASCP); the College of American College of Pathologists (CAP); and the Clinical Laboratory Standards Institute. The overall goal of the proposed twinning partnership between Boulder Community Hospital and the five zonal laboratories of Tanzania is to strengthen the pre-service training through a mentorship program. There are five zonal laboratories in Tanzania, each associated with a laboratory sciences training institution – Muhimbili Hospital in Dar es Salaam; Bugando Hospital in Mwanza; Kilimanjaro Christian Medical Center in Moshi; Ikonda Mission Hospital in Iringa; and Mnazi Mmoja Hospital in Zanzibar. These institutions suffer from a lack of trained faculty, few incentives available to retain faculty, and low numbers of graduates; currently, as few as two laboratory technicians serve as part-time faculty. With the introduction of automated laboratory equipment and rapid testing for the diagnosis and management of people living with HIV/AIDS, the laboratory must be strengthened to focus on the use of these diagnostics and implementation of quality laboratory systems. Although specific partnership objectives will not be finalized until completion of a familiarisation visit (proposed for October 2006) and workplan, proposed objectives include offering exposure and mentorship to the zonal institutes of laboratory services faculty to include the implementation of the laboratory quality systems approach, to provide continuing education for laboratory technicians serving as faculty, provision of professional development opportunities through national, regional, and international training; and to assist the Ministry of Health in implementing sound laboratory policies, guidelines, and standard operating procedures at the zonal level. The partnership is expected to collaborate with all relevant US government-funded health sector programs, particularly the American Society of Clinical Pathologists (ASCP), the Clinical and Laboratory Standards Institute (CLSI), and the Association of Public Health Laboratories (APHL).

AIHA through Boulder Community Hospital is working to strengthen the pre-service training which will result in a sustainable source of laboratorians with knowledge and skills to support the HIV/AIDS care and treatment programs. Currently AIHA offers exposure and mentorship to the school teaching staff on laboratory quality systems, continuing education for laboratory technologist from the zonal laboratories serving as faculty, professional development opportunities through training and mentorship, implementing sound laboratory policies, guidelines and standard operating procedures. It is anticipated that each of the five laboratory training institutions will require at least 5 mentors for each subject area of Chemistry, Haematology, Microbiology, Molecular Biology and Immunology related to HIV/ AIDS diagnosis inclusive of opportunistic infection identification and monitoring of care and treatment. The mentors will be expected to stay in country for variable periods of time from two to four weeks to be effective.

Continued Associated Activity Information

Activity ID: 4946
USG Agency: HHS/Health Resources Services Administration
Prime Partner: American International Health Alliance
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 400,000.00

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	149	☐
Number of individuals trained in the provision of laboratory-related activities	600	☐

Target Populations:

Policy makers
USG in-country staff
University students
Host country government workers
Public health care workers
Laboratory workers

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	American Society of Clinical Pathology
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	7681
Planned Funds:	$ 385,000.00

Activity Narrative: This activity links to activities HLAB MOHSW 7758, 7779 NIMR, CDCBase 7834, CLSI 7696, APHL7682, AIHA7676, AMREF 7672, RPSO 7792, BMC 7685, ZACP 8224, DoD 7746; Track 1 ART CU7697/7698, EGPAF 7705/7706, HARVARD7719/7722, AIDSRelief 7692/7694, DoD7747, Blood Safety; CT NACP 7776, TB/HIV7781, PMI, SCMS 8233, FHI 7712; SI NACP 7773, MOHSW 7761

The main activity for ASCP is the enhancement of laboratory capacity in support of HIV diagnosis care and treatment through training activities both in the pre-service and in service areas. With the introduction of sophisticated automated equipment into the health diagnostic services in Tanzania, there was a need to train in service technicians on the use of this equipment and address the pre service needs for sustainability. In June of FY 2005, ASCP carried out an assessment and trial training in Bagomoyo and in February of 2006 ASCP conducted a follow-up assessment and gap analysis. Using the information gathered during the February assessment, ASCP assisted with the development of the Training of Trainers plan. In collaboration with CDC-Atlanta, CDC-Tanzania, NMRI and the Tanzania Ministry of Health and Social Welfare, ASCP conducted a 2 week Training of Trainers (TOT) in CD4, Chemistry and Haematology in Arusha, Tanzania,. This was accompanied by Biomedical Engineering training on the same equipment with the support of the equipment vendors. ASCP trainers assisted in building the training capacity of the National Training Team and participated in the subsequent roll out four zones in the mainland and Zanzibar.

While ASCP and other Cooperative Agreement Partners have provided the basic tools by which laboratories can meet PEPFAR goals, standards-based strategies are needed to assure that initial training investments result in sustained and increased performance In FY 2007, ASCP will collaborate with MOHSW and partners in the development and updating of standard operating procedures (SOPs) and a quality assurance and quality control program in the areas of clinical chemistry, hematology, CD4 count in order to maintain the quality of services rendered following the initial training.

For the Pre service area, ASCP will assist in developing the infrastructure of Schools of Medical Technology. ASCP will use its educator members and consultants to develop partnerships between US Medical Technology training programs with Tanzanian Schools of Medical Technology,. As a result of ASCP assessments and training experiences in PEPFAR countries, staff and volunteer faculty have realized that the sustainability of ASCP's training efforts could be strengthened if initiatives are taken to support 'pre-service training. ASCP will assist in the curriculum review for the schools of laboratory sciences to incorporate automation, instrumentation, laboratory management and quality assurance, procure books and equipment needed to train individuals in medical technology thereby increasing the human resource capacity of Tanzania to address the monitoring of individuals receiving antiretroviral treatment.

ASCP will partner with professional associations within Tanzania to support and mentor the associations and their members to strengthen their presence in Tanzania and ensure sustainability of laboratory infrastructure and capacity building.

ASCP will assist the National Quality Assurance and Training Centre in the development of curricula to in educational design and evaluation; training course development; competency assessment development; technical assistance with training delivery; provision of equipment, reagents and supplies for training. This will achieved through assigning technical experts to provide technical assistance for two to three months working with MOHSW and CDC Tanzania. ASCP will coordinate and support the accreditation of the National Quality Assurance and Training Centre. The ASCP will develop and pilot an accreditation program that supports a sustained quality improvement and assessment infrastructure for participating laboratories. The focus for the accreditation program will be the National Quality Assurance and Training Center.

Continued Associated Activity Information

Activity ID: 4966
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: American Society of Clinical Pathology
Mechanism: N/A

Funding Source: GHAI
Planned Funds: $ 270,000.00

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	149	☐
Number of individuals trained in the provision of laboratory-related activities	25	☐

Target Populations:

Country coordinating mechanisms
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Policy makers
USG in-country staff
USG headquarters staff
University students
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Association of Public Health Laboratories
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	7682
Planned Funds:	$ 363,521.00

Activity Narrative: This activity links to activities HLAB MOHSW 7758, 7779 NIMR, CDCBase 7834, CLSI 7696, AIHA7676, ASCP 7681, AMREF 7672, RPSO 7792, BMC 7685, ZACP 8224, DoD 7746; Track 1 ART CU7697/7698, EGPAF 7705/7706, HARVARD7719/7722, AIDSRelief 7692/7694, DoD7747, Blood Safety; CT NACP 7776, TB/HIV 7781, PMI, SCMS 8233, FHI 7712; SI NACP 7773, MOHSW 7761

There is a need for robust Laboratory Information Systems (LIS) at Ministry of Health and Social Welfare (MOHSW) Tanzania administered laboratories. Demand for prompt and reliable laboratory testing services has increased as Voluntary Counseling and Testing (VCT) for HIV and Anti-retroviral (ARV) Treatment Programs expand across the country. In addition, laboratories face an increased demand for aggregate statistical data reporting from MOHSW and Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC). Currently laboratory managers collect and tally data manually from multiple handwritten laboratory ledger books which makes the data transfer long, laborious and prone to transcription errors and reduces technician time for actual testing.

APHL's proposed activity during FY 2007 is to expand technical assistance activities in Tanzania to identify and install a sustainable LIS solution in MOHSW administered laboratories based on the business needs of the laboratory personnel, MOHSW and HHS/CDC Tanzania. In FY 2007 APHL's goal is to provide Tanzania expanded technical assistance in the implimentation of the LIS. APHL proposes to provide LIS capabilities in five zonal laboratories, five regional laboratories (one in each of the four zones and Zanzibar) and at the MOHSW Diagnostic Directorate at headquaters in Dar es Salaam. This will involve the modification of infrastructure, acquisition of hardware and software and their installation and the training of laboratory personnel on basic computer skills and the LIS.

In FY 2006, APHL performed detailed laboratory assessments at Shinyanga Regional Laboratory and Bugando Medical Centre Referral Laboratory in the Lake Zone and Singida Regional Laboratory and Mbeya Referral Laboratory in the Southern Highlands. Artifacts of these laboratory assessments include documentation of current laboratory infrastructure and operations, documentation on development and implementation of recommendations to strengthen and standardize current paper based practices and procedures, and the definition of the basic business and system requirements that an LIS must have for deployment at any laboratory in Tanzania. This basic requirements information will be used to develop a Request for Proposal (RFP) to identify an appropriate LIS solution and begin deployment activities. The RFP will include the infrastructure development and installation, user training and software and hardware maintenace training.

APHL will assist MOHSW in designing basic computer training programs and vetting local schools for the provision of basic computer training which will be funded by MOHSW. APHL in consultation with MOHSW will undertake the contractual processes and procure computer hardware and contract an LIS vendor to work with APHL and MOHSW on the modification of a base LIS system to focus on the testing protocols for HIV screening, confirmation, and ART monitoring. This will include instrument interfaces between key equipment and the selected LIS. This work will be aided by the requirements and need assessment documents generated in FY 2006. APHL will purchase needed hardware such as computers, label printers, labels, printer heads, and laser printers

In order to prepare the laboratory personnel for a change in their normal business and to ease the transition from a paper based to an electronic LIS, APHL will work along side MOHSW and HHS/CDC Tanzania to introduce the paper based strengthening and standardization concept developed during FY 2006 to the 10 laboratory sites and MOHSW Diagnostic unit. This will include introduction and use of a unique specimen identifier, universal test requisition forms, standardized laboratory register headings, standardization of result terminology; and the definition and standardization of statistical needs and analysis. This paper based system will initially be piloted in the four sites before general introduction into all the laboratories and will form a basis for the electronic system. At the laboratory the reception staff will accession the tests into the registers or computers where the electronic system is installed while the laboratory technicians will enter the test results. The laboratory in – charge will be responsible for making the reports and

transmitting them to MOHSW where the electronic data base will be located. The data will be transmitted directly to MOHSW from the ten regional laboratories referral laboratories in electronic format whilst the remaining regional and district laboratory data will be transmitted in fax, electronic or paper base whichever will be applicable. APHL will train 30 technicans at referral level, 52 technicains at regional level and 114 technicans at District level on the LIS paper based system. One hundred and fifty technicians and two information technology personnel at MOHSW will be trained on Strategic Information (SI) activities by the end of the implementation exercise in 2008. The Information technology personnel in collaboration with HMIS personnel and HHS/CDC staff will monitor the quality of data produced.

APHL will provide technical assistance in the management of the project and and procurement activities. APHL will assign a LIS subject matter expert to this project to work closely with MOH Tanzania and HHS/CDC Tanzania during the course of FY 2007.

APHL will collaborate with local partners to deliver a Laboratory Management & Leadership Workshop in Dar-es-Salaam designed with the assistance of the Tanzanian public health laboratory community.The workshop will provide an introduction to basic managerial concepts and methods, which will be used in an immediate and practical way to analyze, enhance and improve current health laboratory management and to plan strategically. In addition to the laboratory management concepts, a secondary focus of the workshop will be on a specific laboratory related project as identified by the local laboratory community. Leadership, financial management, team building, communication, motivation, problem solving, organizational structure are some of the topics to be covered during the course of the training. APHL has found it instrumental to have representatives from the various in-country laboratory system tiers during the Laboratory Management Workshops. This will be incorporated into the Tanzania training plan. This workshop will target laboratory managers, supervisors and directors. Representatives from various geographical regions within Tanzania will attend this training. Follow-up assessments and support will be provided to works.

With plus up funds, the strengthened paper based system will be expanded to the whole country after the successful implementation at the pilot sites. This will be followed by an electronic LIS to 11 sites including the MOHSW headquarters to facilitate rapid collection of accurate and reliable data. APHL will undertake infrastructure development, procurement of computer hardware and software, maintenance of software and staff training. APHL will also develop, procure and distribute the necessary initial stationery for the paper based LIS and monitor its implementation.

Continued Associated Activity Information

Activity ID:	4962
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Association of Public Health Laboratories
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of laboratory-related activities	236	☐

Target Populations:

USG in-country staff
USG headquarters staff
Host country government workers
Public health care workers
Laboratory workers

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Bugando Medical Centre
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 7685
Planned Funds: $ 95,000.00
Activity Narrative: This activity links to activities HLAB MOHSW 7758, 7779 NIMR, CDCBase 7834, CLSI 7696, APHL7682, AIHA7676, ASCP 7681, AMREF 7672, RPSO 7792, ZACP 8224, DoD 7746; Track 1 ART CU7697/7698, EGPAF 7705/7706, HARVARD7719/7722, AIDSRelief 7692/7694, DoD7747, Blood Safety; CT NACP 7776, TB/HIV 7781, PMI, SCMS 8233, FHI 7712; SI NACP 7773, MOHSW 7761.

The Ministry of health and social welfare (MOHSW) has decentralized HIV/AIDS laboratory infrastructure and capacity building to the zonal referral laboratories to expand HIV/AIDS lab capacity and to embrace the network model for a continuum of HIV/AIDS prevention care and treatment services. BMC is a referral and teaching hospital for the six neighboring regions of the lake zone with a catchment population of approximately 13 million. The lake regions are Mwanza, Kagera, Shinyanga, Kigoma, Mara and Tabora. The Bugando Medical Center (BMC) zonal referral laboratory capacity is currently inadequate and an obstacle in achieving the emergency plans for care and treatment goals of the lake zone.

BMC is being funded for the first time in FY 2007 with special focus to the laboratory services at the center. BMC will apply the quality system approach to build its own capacity as a center of excellence and support a network of regional, district faith based and private laboratories supporting HIV/AIDS prevention, care and treatment in the lake zone. The BMC will train staff at the BMC lab to perform testing for HIV diagnosis, disease staging and treatment monitoring in order to optimize prevention, care and treatment services, train laboratory and non-laboratory staff from other facilities providing similar services and support and help monitor performance through supportive supervision.
BMC had started to implement activities to strengthen laboratory capacity in collaboration with various implementing partners including Columbia University , HHS/CDC Tanzania, National Institute for Medical Research (NIMR), African Medical and Research Foundation (AMREF), the Association of Public Health Laboratories (APHL) the Clinical and laboratory standards Institute (CLSI), the American society for clinical pathology (ASCP), GTZ, JICA, AXIOS, Clinton Foundation, Track 1 partners and other ART partners. The high volume chemistry, Hematology and CD4 equipment have been procured by HHS/CDC Tanzania with FY 2005 funding and installed. Training of laboratory technologist on HIV/AIDS standard of care tests, equipment maintenance and preventive maintenance for users, rapid HIV test training to laboratorians and non lab staff from other intervention areas like PMTCT, Counseling and testing (CT), TB/HIV and introduction to Quality system approach in the laboratory services were implemented in FY 2006
With FY 2007 funding BMC laboratory will, in collaboration with partners implement quality system in the BMC laboratory and establish a network from which all laboratories levels will be supported. The Quality system implementation will follow active gap analysis strategy and focus on areas of specimen management, Quality assurance,

Continued Associated Activity Information

Activity ID: 3487
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Bugando Medical Centre
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	1	☐
Number of individuals trained in the provision of laboratory-related activities	10	☐

Target Populations:

Adults
Country coordinating mechanisms
Doctors
Nurses
Pharmacists
Non-governmental organizations/private voluntary organizations
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Implementing organizations (not listed above)

Coverage Areas

Kagera

Kigoma

Mara

Mwanza

Shinyanga

Tabora

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Clinical and Laboratory Standards Institute
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	7696
Planned Funds:	$ 337,602.00

Activity Narrative: This activity links to activities HLAB MOHSW 7758, 7779 NIMR, CDCBase 7834, APHL7682, AIHA7676, ASCP 7681, AMREF 7672, RPSO 7792, BMC 7685, ZACP 8224, DoD 7746; Track 1 ART CU7697/7698, EGPAF 7705/7706, HARVARD7719/7722, AIDSRelief 7692/7694, DoD7747, Blood Safety; CT NACP 7776, TB/HIV 7781, PMI, SCMS 8233, FHI 7712; SI NACP 7773, MOHSW 7761

The Clinical and Laboratory Standards Institute (CLSI), will participate and provide technical assistance to the Laboratory Infrastructure and Capacity Building program to impliment an effective laboratoryquality management system in Tanzania.
In FY 2006 CLSI made an introuctory visit to Tanzania in order to familiarize itself with laboratory services in Tanzania and to conduct a series of meetings with key stakeholders and healthcare laboratory site visits over an approximately two week time period. The visit included a working session with CDC Tanzania and other key stakeholders to begin the plan for lab infrastructure and quality systems implementation to support & enhance current efforts. The plan was supported by the Ministry of Health and Social Welfare. The plan outlined recommendations which included a need to implement a coordinated national laboratory quality management system, to ensure that the staff were given the necessary training to implement and sustain a quality management system, the necessity for a pre - service curriculum review to in cooperate Quality Systems training and to implement a set of minimum national lab standards based on existing internationally recognized quality standards appropriately adapted to Tanzania's needs and readiness.

In FY 2006, CLSI started planning in collaboration with MOHSW and CDC Tanzania on a suitable quality systems approach to meet Tanzania's Laboratory Quality Systems requirements . This has included support in the development of the National Quality Assurance Framework, the review of country developed Standard Opeartional Procedures and the development of Job Aids. In addition CLSI has introduced the Ministry of Health National Quality Assurance Coordinator to CLSI as an organization and facilitated networking with other stakeholders in the United States. This visit exposed the National Coordinator to National Public Health Laboratories with strong laboratory Quality Mangement SSystems in place.

In FY 2007 CLSI will complete process maps, standard operating procedures, guides, and job aides to provide a framework that will ensure consistency in testing performance and provide training opportunities as appropriate. In close coordination with the Ministry of Health and Social Welfare of both Mainland Tanzania and Zanzibar, and USG, CLSI will provide assistance in establishing a program for developing, implementing, and maintaining a National External Quality Assurance Program (NEQAS). The program will include instruction on performing quality control, retesting of patient specimens, monitoring of in-laboratory error and proficiency testing. Additionally, the program will address competency checks and competency evaluations, and establish ongoing means to determine if work processes and procedures are functioning as needed to achieve quality goals and objectives. CLSI, in cooperation with Clinical Microbiology Proficiency Testing (CMPT; Vancouver, British Columbia, Canada), will design a program to foster twinning relationships that will link nationally designated laboratory quality assurance officers Tanzania to quality assurance experts in North America and throughout the world and ensure development of in-country leaders. This twinning will focus on the development and implementation of an updated quality assurance program for HIV testing and related testing for Tanzania. Measurable outcomes of the program will be in alignment with performance goals for National Laboratory Plan in support of the National HIV/ AIDS Care and Treatmentthe Progran of Tanzania. This will include establishment of nationally accepted laboratory guidelines and standards for laboratory testing and quality systems approach to providing services and building the capacity of in-country laboratory leaders with the requisite skill sets to implement the internationally accepted standards that are developed. Outcomes will be assessed to determine the number of Tanzanians trained versus success of implementation of EQA programs. In FY 2007, CLSI will also implement a monitoring and evaluation program for the quality management systems implementation.
These activities are critical to building capacity and the sustainability of laboratory efforts in Tanzania to increase the proportion of HIV-infected people who are linked to appropriate prevention, care and treatment services through quality diagnostic services and to strengthen the laboratory capacity in Tanzania to accurately and reliably monitor the care and treatment services and assist in the development and implementation of an

effective HIV prevention interventions, surveillance and evaluation programs.

The additional funding requested will be used for mentoring and follow up on activities evolving from the gap analysis, competency checks and competency assessments commencing with the zonal referral hospital laboratories and working through the tiers of the national laboratory services network.

Continued Associated Activity Information

Activity ID: 4974
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Clinical and Laboratory Standards Institute
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 200,000.00

Emphasis Areas	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	149	☐
Number of individuals trained in the provision of laboratory-related activities	149	☐

Target Populations:

Country coordinating mechanisms
International counterpart organizations
National AIDS control program staff
Policy makers
Program managers
USG in-country staff
USG headquarters staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Implementing organizations (not listed above)

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Mbeya Referral Hospital
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 7746
Planned Funds: $ 142,500.00

Activity Narrative: This activity links to activities HLAB MOHSW 7758, 7779 NIMR, CDCBase 7834, CLSI 7696, APHL7682, AIHA7676, ASCP 7681, AMREF 7672, RPSO 7792, BMC 7685, ZACP 8224; Track 1 ART CU7697/7698, EGPAF 7705/7706, HARVARD7719/7722, AIDSRelief 7692/7694, Blood Safety; CT NACP 7776, TB/HIV 7781, PMI, SCMS 8233, FHI 7712; SI NACP 7773, MOHSW 7761

The Ministry of health and social welfare (MOHSW) has decentralized HIV/AIDS laboratory infrastructure and capacity building to the zonal referral laboratories to expand HIV/AIDS laboratory capacity and to embrace the network model for a continuum of HIV/AIDS prevention care and treatment services. The Mbeya Referral Hospital (MRH) has one of the five zonal hospital referral laboratories which functions in the Southern Highlands to coordinate and oversee the quality of laboratory services, to provide training, and establish health laboratory service network systems among three regions, Mbeya, Rukwa and Ruvuma, which serve a catchment population of over six million people.

Emergency Plan support through the DoD is assisting this facility in realizing it role as a zonal center of excellence in clinical prevention, care and treatment. In late 2004, under Emergency Plan funding and multiple donor support, an extensive infectious disease medicine clinic, in-patient services and training facility with a referral level laboratory was initiated and is close to completion. MRH received funding in FY 2006 which was utilized for minor renovations of the current hospital laboratory and purchase of basic equipment for the laboratory. Once completed the clinical laboratory will be housed within the larger and more spacious facility.

In FY 2007 MRH will apply the quality system approach to build its own capacity as a center of excellence and support a network of regional, district faith based and private laboratories supporting HIV/AIDS prevention, care and treatment in the Southern Highlands Zone. MRH will train staff at its laboratory to perform testing for HIV diagnosis, disease staging and treatment monitoring in order to optimize prevention, care and treatment services, train laboratory and non-laboratory staff from other facilities providing similar services and support and help monitor performance through supportive supervision.

Currently, the MRH laboratory provides technical supervision to six additional hospital laboratories in the Mbeya Region supporting a total patient population of 3,000 on ART and another 6,000 with care. The number of facilities under its supervision will expand to an additional six by September 2007 and another five by September 2008. Through a USG coordinated effort high volume chemistry, hematology and CD4 equipment were supplied to MRH. This equipment will not only allow MRH to increase its direct service support capacity to the region but also develop its role as a zonal laboratory training and monitoring facility for quality assurance.

Using FY 2007 funds DoD, with its executing partner MRH, proposes to continue assisting laboratory infrastructure development and capacity building activities in the Southern Highlands. Funding in FY 2007 will enable MRH to provide ongoing technical assistance through supportive supervision to the laboratories in support of ART diagnosis care and treatment in the four regions of Iringa, Mbeya, Rukwa, and Ruvuma. MRH will organize four training workshops of 70 participants from its regions for rapid HIV and ELISA testing, CD4, and basic hematology and chemistry testing and provide training on records and specimen management. Supportive supervision team from MRH will work with district and regional laboratory staff on a quarterly basis on quality assurance documents and records to ensure that Good Laboratory Practices are implemented.

Under this submission, DoD/MRH in collaboration with CDC, will implement a zonal external laboratory quality assurance scheme (ZELQAS). Both these activities will develop the MRH capacity in maintaining and implementing standard operating procedures and Quality Assurance/Quality Control programs and assure that all regional laboratories successfully participate in the NELQAS.

Continued Associated Activity Information

Activity ID: 3491
USG Agency: Department of Defense
Prime Partner: Mbeya Referral Hospital
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 100,000.00

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	6	☐
Number of individuals trained in the provision of laboratory-related activities	100	☐

Target Populations:

Community-based organizations
Doctors
Nurses
Program managers
USG in-country staff
Host country government workers
Public health care workers
Laboratory workers
Implementing organizations (not listed above)

Coverage Areas

Mbeya

Rukwa

Ruvuma

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Ministry of Health and Social Welfare, Tanzania
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	7758
Planned Funds:	$ 832,500.00

Activity Narrative: This activity links to activities HLAB 7779 NIMR, CDCBase 7834, CLSI 7696, APHL7682, AIHA7676, ASCP 7681, AMREF 7672, RPSO 7792, BMC 7685, ZACP 8224, DoD 7746; Track 1 ART CU7697/7698, EGPAF 7705/7706, HARVARD7719/7722, AIDSRelief 7692/7694, DoD7747, Blood Safety; CT NACP 7776, TB/HIV 7781, PMI, SCMS 8233, FHI 7712; SI NACP 7773,

The activities have a goal to strengthen laboratory capacity for HIV diagnosis, disease staging, treatment monitoring and strategic information, to collaborate with various implimenting partners including CDC, DOD, NIMR, AMREF, JICA, AXIOS, and CLINTON FOUNDATIONT. The Ministry of Health and Social Welfare (MOHSW) will coordinate the planning and execution of laboratory infrastructure activities implemented by all partners.

Through FY 2006, MOHSW has partially implimented acivities to strengthen the laboratory capacity for HIV diagnosis, disease staging, treatment monitoring and strategic information. In collaboration with parners MOHSW has coordinated the renovation of 35 laboratories and placed 48 CD4 machines in district, and regional hospitals. There are 129 pairs of haematology and chemisty equipment distributed throughout the country for the laboratory monitoring of ART. With the assistance of partners, 30 National Trainers (six per zone) have been trained for training of technical staff in CD4,Chemistry and Haematology to meet the requirements for HIV /AIDS care and treament monitoring.

MOHSW will continue to train staff in the provision of quality laboratory services in all aspects relating to HIV/AIDS diagnosis, care and treatment. There will be an increased emphasis on the identifcation of opportunistic infections and collaboration with the Presidential Malaria Initiative.

In FY 2006, MOHSW recruited a National Health Care Technical Services Coordinator, whose main responsibility is to ensure that the equipment purchased are well maintained and functional. In FY 2007 the MOHSW will develop material for the training of equipment users and facilitate the TOT training on first line equipment maintenace and trouble shooting.

MOHSW is in the process of implimenting a laboratory quality management system. In this area, there is a functioning CD4 External Quality Assessment program started in FY 2006. In FY 2007 MOHSW intends to expand the EQA coverage to include Rapid HIV Testing, Haematology, Clinical Chemistry and HIV serology. This will include Private Health Laboratories through the Private Health Laboratories Board. MOHSW will establish an efficient sample transportation system, conduct awareness on the need for laboratory auditing and laboratory accreditation. MOHSW will operationalise the National QA framework and coordinate the development of the Tanzania Laboratory Standards and Laboratory Standard Operational Procedures.

In FY 2006 MOHSW embarked on a laboratory information system implimentation strategy with assessment for both software and hardware systematic requirements and staff capacity assessment.

In FY 2007 MOHSW will coordinate the actual installation of the system and training of staff for its utilisation both in the paper based form and the electronic version. MOHSW will coordinate the development of data capturing tools. The implimentation will be phased and be completed covering five referral hospitals and 10 regional hospitals. MOHSW will formulate a technical committee to oversee the implementation of the Laboratory Information System.

In FY07, the National AIDS Control Program (NACP) of the Ministry of Health of Tanzania in collaboration with National Institute of Medical Research, CDC GAP Tanzania and CDC GAP Atlanta will use the BED-CEIA to monitor HIV-1 incidence in pregnant women attending ANC using retrospective ANC surveillance specimens. In preparation for conducting the testing, MOHSW will assist in assessing the laboratory capacity with NIMR and CDC GAP Tanzania. It will coordinate the implementation of the BED-CEIA and develop and review laboratory quality control and quality assurance plans.

MOHSW will continue to convene the HIV Laboratory subcommittee to review progress in implementing the national laboratory plan, advise the national laboratory operational plan

and the National HIV/AIDS task Force on HIV / AIDS laboratory issues. MOHSW will convene meetings with all collaborating partners and stakeholders who contribute to laboratory infrastructure and capacity building for HIV/AIDS programs in Tanzania.

Due to the limited capacity of MOHSW core staff, MOHSW will recruit 3 additional program officers for Laboratory Information, Training and Quality Systems.
MOHSW through partners will procure equipment for Infant HIV diagnosis,and coordinate program formulation and implementation. MOHSW will undertake capacity building assessment at the end of FY2007.

Additional funds are requested for the implementation of the organogram at a national level and thereby operationalizing this Framework. The Framework describes the national, zonal and regional tiered QA organizational structures as well as their composition, roles and responsibilities in line with the national laboratory services network. The NLQA Framework is essential to the implementation of the broader NLQA program which will translate into quality diagnostic and monitoring laboratory services for the prevention, care and treatment programs. MOHSW will coordinate the program, develop NLQA policy guidelines, provide supportive supervision, develop training materials, train 632 technicians and technologists monitor, and evaluate the QA programs.

Continued Associated Activity Information

Activity ID:	3499
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health and Social Welfare, Tanzania
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 250,000.00

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	160	☐
Number of individuals trained in the provision of laboratory-related activities	632	☐

Target Populations:

Country coordinating mechanisms
Doctors
Nurses
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
USG in-country staff
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Private health care workers
Laboratory workers
Other Health Care Workers
Implementing organizations (not listed above)

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National Institute for Medical Research
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	7779
Planned Funds:	$ 394,178.00

Activity Narrative: This activity links to activities HLAB MOHSW 7758, CDCBase 7834, CLSI 7696, APHL7682, AIHA7676, ASCP 7681, AMREF 7672, RPSO 7792, BMC 7685, ZACP 8224, DoD 7746; Track 1 ART CU7697/7698, EGPAF 7705/7706, HARVARD7719/7722, AIDSRelief 7692/7694, DoD7747, Blood Safety; CT NACP 7776, TB/HIV 7781, PMI, SCMS 8233, FHI 7712; SI NACP 7773, MOHSW 7761.

In Tanzania, significant groundwork has been made in laying the foundation for a stronger national laboratory infrastructure capacity building for HIV/AIDS program. In 2004, with USG support, National Institute for Medical Research (NIMR) Collaborated with MOHSW in its effort to adopt the Laboratory Quality Systems principles published by the International Organization for Standardization (ISO) and Clinical and Laboratory Standards Institute (CLSI)] as a framework for Tanzania. MOHSW designated NIMR as the organization that would serve to implement and execute quality assurance activities for all HIV related testing and technology assessment and transfer on its behalf.

In FY 2005, with USG support NIMR assisted in the planning for the renovation of the National Laboratory Quality Assurance and Training Centre (NLQA&TC) at NIMR headquarter at Ocean Road to be completed by December 2007. The Centre will provide capacity in assessing and improving the quality of testing nationally and serve as a training institute. In the interim, NIMR renovated the lab at the African Medical and Research foundation (AMREF) and provided equipment as a temporary measure to house the national EQA program. To operationalize the program with FY 2006 funding NIMR hired one laboratory manager and one senior laboratory technologist who are working at the AMREF laboratory to implement the national EQA program and form the nucleus of the NQA&TC staff.

In FY 2007 NIMR will conduct quality assessment of HIV/AIDS testing at district, regional and zonal laboratories, develop training materials in collaboration with CLSI, ASCP and APHL. NIMR will participate in the Training of Trainers in HIV related testing and will work with these partners in developing, distance based learning programs, provide technical assistance for proficiency testing and other quality assurance activities including development of standard operating procedures (SOPs) for HIV Enzyme Immuno Assay (ELISA), HIV rapid testing, CD4 counting, automated hematology and chemistry quality assurance.

In FY 2007, NIMR, in collaboration with MOHSW and partners, will work to develop Quality Control and Proficiency testing panels for HIV rapid Testing, HIV ELISA, Chemistry, Hematology and CD4 count and will continue to provide technical assistance for the finalization of NQA&TC and equipping it to function as a reference public health laboratory for HIV/AIDS and related testing and as a training and national External Quality Assessment (EQA) and resource center.
The goal of the national external quality assessment scheme (NEQAS) is to provide HIV EQA materials to four zonal labs and Zanzibar, regional and district laboratories, and all HIV testing sites; support enrollment of zonal and regional laboratories in International EQA schemes as per the National EQA framework.

In FY 2007, NIMR will continue to assist MOHSW implement national quality assurance program and carry out monitoring and evaluation of the implementation process in order to identify gaps and recommend corrective actions.

In FY 2007, NIMR will provide technical support to the infant diagnosis strategies adopted by MOHSW and participate in activities related to Incidence Surveillance. The National AIDS Control Program (NACP) of the Ministry of Health of Tanzania in collaboration with National Institute of Medical Research, CDC GAP Tanzania and CDC GAP Atlanta will use the BED-CEIA to monitor HIV-1 incidence in pregnant women attending ANC by district, age-group, and urban/rural residence using retrospective ANC surveillance specimens. The BED capture enzyme immunoassay (BED-CEIA) is a laboratory method that measures the increasing proportion of HIV-1 IgG to total IgG after seroconversion to estimate HIV-1 incidence in a population. These data will be used to identify epidemic patterns for new HIV infection in the general population. In addition, HIV incidence estimates from the BED-CEIA will be compared to HIV incidence estimates modeled from EPP and Spectrum software (UNAIDS) to evaluate plausibility of HIV incidence from the BED-CEIA. The BED-CEIA can be used to estimate and monitor trends in HIV-1 incidence in

cross-sectional sero-surveys, including sentinel surveillance surveys among antenatal clinic (ANC) attendees or other populations, and population-based surveys, such as the Tanzania HIV Indicator Survey (THIS). NIMR will assist MOHSW and CDC GAP Tanzania assess laboratory capacity in preparation for these activities. NIMR will assist in the training of laboratory technicians from the central laboratory and surveillance staff at NACP on the technology to implement and analyze data from the BED-CEIA using generic training material created by CDC GAP Atlanta. The training will be conducted at the African Medical Research Foundation (AMREF) laboratory in Dar es Salaam for 6 laboratory technicians and three staff from the Epidemiology Unit at the NACP, with the assistance from CDC GAP Tanzania. CDC Atlanta will provide two laboratory trainers and one epidemiologist trainer. Following the training, the NACP team will implement the BED-CEIA on retrospective ANC surveillance specimens from 24 sites in 10 regions in 2004, 2005, and 2006 rounds. The estimated number of HIV positive specimens to be tested is 4,000 from ANC surveillance in the three rounds.

Continued Associated Activity Information

Activity ID:	3408
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National Institute for Medical Research
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 646,535.00

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of laboratory-related activities	9	☐

Target Populations:

Country coordinating mechanisms
Doctors
International counterpart organizations
National AIDS control program staff
USG in-country staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Regional Procurement Support Office/Frankfurt
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 7792
Planned Funds: $ 1,485,746.00
Activity Narrative: This activity links to activities HLAB MOHSW 7758, 7779 NIMR, CDCBase 7834, CLSI 7696, APHL7682, AIHA7676, ASCP 7681, AMREF 7672, BMC 7685, ZACP 8224, DoD 7746; Track 1 ART CU7697/7698, EGPAF 7705/7706, HARVARD7719/7722, AIDSRelief 7692/7694, DoD7747, Blood Safety; CT NACP 7776, TB/HIV 7781, PMI, SCMS 8233, FHI 7712; SI NACP 7773, MOHSW 7761.

Quantities and specifications of equipment and reagents required to support the National Care and Treatment plan for treating patients are detailed in the National Laboratory Operational Plan for HIV/AIDS. In this plan, a number of facility renovation, equipment and reagent procurement principles are recommended.
In FY 2004, the Regional Support and Procurement Office (RPSO) assisted USG with the contractual process for the preparations for renovation of the National Quality Assurance and Training Centre. In FY 2005, RPSO recruited the contractor who started the actual renovation process which will be completed in 2007 December. RPSO has also assisted USG with the contractual process for the purchase of high volume CD4, Chemistry and Haematology equipment for the Zonal Hospitals. In FY 2007, RPSO will assist in the procurement process for the equipment for the National Quality assurance and Training Center. The contractual processes include service contracts, delivery and training of users and maintenace staff prior to commissioning of the equipment.

When completed, equipped, and staffed, the Center support MOHSW in the development and implimentation of HIV/AIDS laboratory quality systems in Tanzania. IT will function to conduct quality assessment of HIV/AIDS testing at Referral, Regional and District laboratories, develop HIV laboratory training materials, train trainers in HIV/AIDS related testing and testing specific quality assurance, establish a central area for receiving and delivering distance-based training, and provide technical assistance for external quality assessment (proficiency testing) programs. In FY 2007, RPSO will continue to render procurement and renovation contractual services to the USG in support of MOHSW in its efforts to combat HIV/AIDS and to attain the PEPFAR goals.

Continued Associated Activity Information

Activity ID: 3478
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Regional Procurement Support Office/Frankfurt
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 1,004,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Infrastructure	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of laboratory-related activities		☑

Target Populations:

USG in-country staff

USG headquarters staff

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	7834
Planned Funds:	$ 319,581.00

Activity Narrative: This activity links to activities HLAB MOHSW 7758, 7779 NIMR, CLSI 7696, APHL7682, AIHA7676, ASCP 7681, AMREF 7672, RPSO 7792, BMC 7685, ZACP 8224, DoD 7746; Track 1 ART CU7697/7698, EGPAF 7705/7706, HARVARD7719/7722, AIDSRelief 7692/7694, DoD7747, Blood Safety; CT NACP 7776, TB/HIV7781, PMI, SCMS 8233, FHI 7712; SI NACP 7773, MOHSW 7761

Recognizing that well-equipped laboratories staffed by qualified personnel are essential in the fight against HIV/AIDS, the Ministry of Health and Social Welfare (MOHSW), with support from USG, in FY 2004, developed a plan to strengthen HIV/AIDS laboratory capacity. This included building laboratory infrastructure, developing skill capacity and laboratory quality systems to effectively support HIV/AIDS interventions, including VCT, PMTCT, ART, and HIV surveillance. In FY 2004, Emergency Plan funds were allocated to support the establishment of a network of zonal, regional, and district laboratories and provide capacity to diagnose HIV infection, disease staging of HIV/AIDS, and treatment monitoring. Also, with support of the USG, the MOHSW initiated efforts to establish a national HIV laboratory quality assurance system to meet international standards of Good Laboratory Practices (GLP). This resulted in the National Laboratory Plan in support of HIV/AIDS Care and Treatment Plan. The Laboratory Infrastructure Program works in collaboration with MOHSW and partners to impliment this plan. USG supported the renovation of 35 laboratories and started preparations for renovation of a National HIV Laboratory Training and Quality Assurance Centre. The four Track 1.0 ART awardees (Columbia University, Harvard University, EGPAF, and AIDSRelief) strengthened HIV/AIDS laboratory capacity in 3 of the 4 zonal referral hospitals with the fourth directly supported through Track 2.0 activities. In FY 2005, USG continued to support the development of the Quality Assurance and Training Centre. In order to fulfil PEPFAR goals the USG/HHS/CDC hired a senior technologist to provide technical assistance to MOHSW and ART partners and to assist in the introduction of the quality systems approach in Tanzania. HHS/CDC has continued to provide technical assistance to MOHSW and its partners in building capacity of laboratory services to support HIV/AIDS care and treatment. This support is provided by in-country and Atlanta-based Laboratory support teams.

In FY 2006, in order to facilitate the achievement of Emergency Plan goals, CDC-Tanzania recruited a senior laboratory specialist in addition to the existing senior laboratory technologist. These CDC Tanzania laboratory staff have collaborated and worked closely with DoD and CDC Atlanta lab team as well as other non-USG organizations that support the national laboratory plan such as WHO, AXIOS, JICA, AMREF and the Clinton HIV/AIDS foundation.

The laboratory staff has provided and coordinated technical assistance to MOHSW from US based partners CLSI, APHL, ASCP and in country based partners NIMR and Track 1 partners. The areas of technical assistance have included laboratory infrastructure renovation, equipment specification and procurement, laboratory information systems assessment and specification, training, quality assurance framework development and implimentation, assessment for provision of services for infant diagnosis, policy formulations and guidelines in various areas of laboratory based and affiliated services.

A training program for a training of trainers in basic laboratory procedures for CD4, chemistry, and hematology was conducted in which thirty five laboratory technologists working in all five zonal and eight regional laboratories were trained and have conducted the first roll out training to the regions. A total of 100 technicians in mainland Tanzania and Zanzibar have been trained on automated CD4, Chemistry and Haematology technologies. In FY06 USG supported the MOHSW in the development of material for the training of equipment users and facilitated the TOT training on first line equipment maintenace and trouble shooting. In FY 2006 USG through its partners supported a laboratory information system implimentation strategy with assessment for both software and hardware systematic requirements and staff capacity assessment.

In FY07, CDC Tanzania will continue to offer technical assistance and coordinate the USG supported training activities to cover service provision in the country. The training support will focus on training of trainers first followed by a national training roll out implementation that will cover areas such as rapid hiv testing, quality assurance, identification and diagnosis of infants and children exposed to and infected by HIV virus and standard of care testing. This strategy will ensure sustainability of initiatives by

building capacity for training in the different areas of HIV related laboratory medicine.

In FY 2007 USG will support the actual installation of the laboratory information system and training of staff for its utilisation both in the paper based form and the electronic version. At completion the electroninc system will cover 5 referral hospitals and 10 regional hospitals while the paper based system will be nationwide

The HH S/CDC staff will continue In FY07 USG to support the expansion of the EQA coverage to include Rapid HIV Testing, Haematology, Clinical Chemistry and HIV serology. This will include Private Health Laboratories through the Private Health Laboratories Board. USG will also assist MOHSW in the establishmentn of an efficient sample transportation system, conduct awareness on the need for laboratory auditing and laboratory accreditation

Proposed activities for FY 2007 will include the provision of technical assistance from USG to the MOHSW and other partners for implementing HIV prevention, care and treatment. This includes supporting the development of the National Laboratory Quality Assurance and Training Centre, protocols, training curriculum and monitoring and evaluation system for all program areas. The CDC Atlanta based Laboratory support team will support the field staff to develop systems including introduction of the Laboratory Quality System and expansion of HIV/AIDS testing and infant diagnosis to ensure that all ART sites access high quality laboratory services.

In FY 2007 with the continued support for the blood safety program and the initiation of infant diagnosis program as part of a comprehensive pediatric HIV/ AIDS care and treatment program, and the ongoing activities for laboratory infrastructure and capacity building, HHS/CDC Tanzania will recruit a blood safety program officer, a senior laboratory technologist and an infant diagnosis / pediatric care and treatment program officer. These HHS/CDC staff will contribute the overall human and institutional capacity building to combat the epidemic in line with the USG 5 year strategy and attaining the PEPFAR goals.

Continued Associated Activity Information

Activity ID:	3520
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	Country staffing and TA
Funding Source:	GHAI
Planned Funds:	$ 376,000.00

Emphasis Areas	**% Of Effort**
Human Resources	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of laboratory-related activities		☑

Target Populations:

Country coordinating mechanisms
Policy makers
Program managers
USG in-country staff
USG headquarters staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	ZACP
Prime Partner:	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Progra
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	8224
Planned Funds:	$ 95,000.00

Activity Narrative: This activity links to activities HLAB MOHSW 7758, 7779 NIMR, CDCBase 7834, CLSI 7696, APHL7682, AIHA7676, ASCP 7681, AMREF 7672, RPSO 7792, BMC 7685, DoD 7746; Track 1 ART CU 7697/7698, EGPAF 7705/7706, HARVARD7719/7722, AIDSRelief 7692/7694, DoD7747, Blood Safety; CT NACP 7776, TB/HIV 7781, PMI, SCMS 8233, FHI 7712; SI NACP 7773, MOHSW 7761

In Zanzibar, the Ministry of Health and Social Welfare (MOHSW) has decentralized laboratory infrastructure and capacity building activities to ZACP. ZACP will apply the quality systems approach to support a network of regional, district, faith-based and private laboratories supporting HIV/AIDS prevention, care and treatment in their catchments areas. In order to perform this task, ZACP will equip staff in laboratories with skills and knowledge in Zanzibar to perform laboratory testing for HIV diagnosis, disease staging and treatment monitoring in order to optimize HIV/AIDS prevention, care and treatment services. ZACP will also coordinate the training of laboratory and non-laboratory staff in health facilities to support and help monitor performance of HIV/AIDS related laboratory testing services through supportive supervision.
The inadequate capacity of laboratories in Mnazi Mmoja and Pemba island has been identified as a major obstacle in achieving the Emergency Plan's care and treatment goals for Zanzibar.

Since ZACP has limited capacity to perform all the roles effectively, it will constitute a national HIV/AIDS laboratory subcommittee that will be responsible for providing leadership and oversight in developing plans and reviewing progress in implementing laboratory infrastructure and capacity development strategies and advising the MOHSW on HIV/AIDS laboratory issues. The laboratory HIV/AIDS subcommittee will coordinate the planning and execution of laboratory infrastructure activities implemented by all partners and will oversee specific program activities and report quarterly to ZACP. It's task will also include coordination of laboratory data management, strengthening the national external quality assurance scheme (NEQAS), establishing planned preventive maintenance for laboratory equipment, development of standard operating procedures, and manuals as may be needed and oversee the renovation of Mnazi Mmoja and Chake Chake hospital laboratories in Unguja and Pemba islands respectively.

ZACP had started to implement activities to strengthen laboratory capacity for HIV diagnosis, disease staging, treatment monitoring. and strategic information. Within these activities, the ZACP collaborates with various implementing partners including MOHSW mainland, HHS/CDC Tanzania, National institute for medical research (NIMR) African Medical Research foundation (AMREF), the Association of Public Health Laboratories (APHL), the Clinical and Laboratory Standards Institute (CLSI), the American Association for Clinical Pathology (ASCP), JICA, GTZ, JICA, Clinton HIV/AIDS Initiative (CHAI) World Health Organization (WHO) and Track 1 Partners

In FY 2007, ZACP will implement Quality system at Mnazi Mmoja hospital by performing active gap analysis; renovation of the laboratories in Mnazi Mmoja and Pemba; Procure required equipment for the two laboratories and build Mnazi Mmoja laboratory as center of excellence for Zanzibar laboratories.

Finally, in order to assure program coordination and for sharing lessons and best practices, the laboratory subcommittee will convene a meeting of laboratory collaborating partners and stakeholders biannually. ZACP will also support study visits and participation in national and international meetings and training for six members of staff from ZACP, MOHSW, NBTC, and the laboratory facilities. Travel will be planned carefully to ensure that staff are not kept away from work places longer than necessary in order not to affect laboratory work at sites. Priority will be given to programs geared towards developing human resources and capacity to manage the laboratories. ZACP will organize a laboratory management training for laboratory technologists, lab managers and directors of laboratories.

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	2	☐
Number of individuals trained in the provision of laboratory-related activities	30	☐

Target Populations:

Doctors
Nurses
International counterpart organizations
National AIDS control program staff
Policy makers
USG in-country staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Private health care workers
Doctors
Laboratory workers
Nurses
Implementing organizations (not listed above)

Key Legislative Issues

Twinning

Coverage Areas

Kaskazini Pemba (Pemba North)

Kusini Pemba (Pemba South)

Kaskazini Unguja (Unguja North)

Kaskazini A (North A)

Kusini Unguja (Unguja South)

Unguja Magharibi (Unguja West)

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8233
Planned Funds: $ 190,000.00
Activity Narrative: This activity links to activities HLAB MOHSW 7758, 7779 NIMR, CDCBase 7834, CLSI 7696, APHL7682, AIHA7676, ASCP 7681, AMREF 7672, RPSO 7792, BMC 7685, ZACP 8224, DoD 7746; Track 1 ART CU7697/7698, EGPAF 7705/7706, HARVARD7719/7722, AIDSRelief 7692/7694, DoD7747, Blood Safety; CT NACP 7776, TB/HIV 7781, PMI, FHI 7712; SI NACP 7773, MOHSW 7761

With the FY 2007 funding USG/HHS/CDC will place $ 200,000.00 for negotiation of reagent procurement for the National Quality Assurance and Training Center (NQA&TC) currently under renovation and expected to be completed by December 2007. Through this mechanism various laboratory supplies and reagents and kits for HIV rapid testing and ELISA kits, PCR, CD4 count, Chemistry, Hematology Hepatitis, syphilis and Opportunistic infections tests kits will be procured.

When completed, equipped, and staffed, the laboratory will support MOHSW to introduce, develop and implement HIV/AIDS laboratory quality systems in Tanzania. Also the laboratory would conduct quality assessment of HIV/AIDS testing at Zonal, Regional and district laboratories, develop HIV laboratory training materials, train trainers in HIV/AIDS related testing and testing specific quality assurance, support and conduct HIV surveillance for prevalence, drug resistance threshold and Incidence testing, establish a central area for receiving and delivering distance-based training, and provide technical assistance for external quality assessment (proficiency testing) programs.

The reagents and laboratory supplies purchased will be used for these activities by the National Quality assurance and Training Center.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Target Populations:

USG in-country staff

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8680
Planned Funds: $ 47,994.00
Activity Narrative: This activity links to activities HLAB MOHSW 7758, 7779 NIMR, CDCBase 7834, CLSI 7696, APHL7682, AIHA7676, ASCP 7681, AMREF 7672, RPSO 7792, BMC 7685, ZACP 8224; Track 1 ART CU7697/7698, EGPAF 7705/7706, HARVARD7719/7722, AIDSRelief 7692/7694, Blood Safety; CT NACP 7776, TB/HIV 7781, PMI, SCMS 8233, FHI 7712; SI NACP 7773, MOHSW 7761

This activity links to activities under lab: Ministry of Health and Social Welfare (MOHSW), the African Medical Research Foundation (AMREF), the American Society of Clinical Pathology (ASCP), the Clinical Laboratories Standards Institute (CLSI), the American Public Health Laboratories (APHL), and the Regional Procurement Support Office (RPSO). This activity also links to activities under treatment: Mbeya Referral Hospital, Mbeya, Rukwa and Ruvuma Regional Medical Offices, and Family Health International (FHI). This activity also links to counseling and testing (Mbeya Referral Hospital, Mbeya, Rukwa and Ruvuma Regional Medical Offices).

The Department of Defense's (DOD's) management and staffing costs for laboratory will support three laboratory technicians. These laboratory officers will provide technical assistance to Referral, Regional, District hospitals in the Southern Highlands of Tanzania. This support is centrally housed at the Mbeya Referral Hospital (MRH) and covers the Mbeya, Rukwa and Ruvuma regions.

MRH provides technical supervision to six additional hospitals in the Mbeya Region, supporting a total patient population of 3,000 on ART and another 6,000 with care. The number of facilities under its supervision will expand to an additional six by September 2007 and another five by September 2008. Through a USG coordinated effort, FY 2005 funding under Centers for Disease Control (CDC) and RPSO was used to purchase high volume chemistry, hematology and CD4 equipment.

Currently three laboratory personnel provide lab services to support to DOD's treatment efforts in achieving Country Operational Plan (COP) targets. FY 2007 funding will continue to support lab technicians at MRH and also support and monitor performance of HIV/AIDS related laboratory testing services through the development of supportive supervision teams from the MRH.

To date DoD has been able to establish a well functioning laboratory team that provides technical assistance to all three regions (Mbeya, Rukwa and Ruvuma) in maintaining and implementing standard operating procedures and Quality Assurance/Quality Control programs and assuring that all district and regional laboratories contribute to the DoD treatment goals in the Southern Highlands of Tanzania.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Target Populations:

Doctors
Nurses
National AIDS control program staff
Program managers
USG in-country staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Implementing organizations (not listed above)

Key Legislative Issues

Twinning

Coverage Areas

Mbeya

Rukwa

Ruvuma

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9474
Planned Funds: $ 650,000.00

Activity Narrative: This activity links to activities HLAB MOHSW 7758, 7779 NIMR, CLSI 7696, APHL7682, AIHA7676, ASCP 7681, AMREF 7672, RPSO 7792, BMC 7685, ZACP 8224, DoD 7746; Track 1 ART CU7697/7698, EGPAF 7705/7706, HARVARD7719/7722, AIDSRelief 7692/7694, DoD7747, Blood Safety; CT NACP 7776, TB/HIV 7781, PMI, SCMS 8233, FHI 7712; SI NACP 7773, MOHSW 7761

In FY 2006, in order to facilitate the achievement of Emergency Plan goals, CDC-Tanzania recruited a senior laboratory specialist in addition to the existing senior laboratory technologist. These CDC Tanzania laboratory staff have collaborated and worked closely with DoD and CDC Atlanta lab team as well as other non-USG organizations that support the national laboratory plan such as WHO, AXIOS, JICA, AMREF and the Clinton HIV/AIDS foundation.

The laboratory staff has provided and coordinated technical assistance to MOHSW from US based partners CLSI, APHL, ASCP and in country based partners NIMR, , Track 1 partners and the CDC Atlanta based laboratory Support team. The areas of technical assistance have included laboratory infrastructure renovation, equipment specification and procurement, laboratory information systems assessment and specification, training, quality assurance framework development and implimentation, assessment for provision of services for infant diagnosis, policy formulations and guidelines in various areas of laboratory based and affiliated services.

The CDC Atlanta based Laboratory support team will support the field staff to develop systems including implimentation of the Laboratory Quality System and expansion of HIV/AIDS testing, laboratory monitoring of care and treatment and infant diagnosis to ensure that all ART sites access high quality laboratory services.

Assistance will be provided to MOHSW in the development of a National Training Plan which will include the training on rapid HIV testing. The Technical assistance will focus on the customization of training materials and development of strategy for rolling out of HIV rapid testing in Tanzania to meet the recruitment goals for care and treatment. The training package has been developed but it needs to be customized to the Tanzanian context, trainers trained and the training rolled out to meet the scale up targets for recruitment into care and treatment while ensuring the quality and accessability of rapid HIV testing. The rapid HIV test will be performed by both lab workers and non lab health workers. The technical assistance will involve the initial development of a strategy and then follow up with additional training for supervisors and qualtiy assurance.

The technical assistance will be used to develop a concept paper to be presented to Ministry of Health and Social Welfare and the Multisectorial Team for the creation of the National Quality Assurance and Training Centre as an executive agency of the Ministry of Health and Social Welfare with specific HIV Reference Public Health Laboratory functions. Currently there is no functional public health laboratory in the country and the quality assurance and training centre will fill in this gap The quality assurance and training centre is being renovated and will be completed by December 2007.

Tanzania is providing anti retroviral therapy (ART) to adults but lags behind on provision of art to infants due to lack of diagnostic strategy and program for infant diagnosis. There is need to coordinate the different programmatic areas into one Comprehensive Pediatric Care and Treatment National Program. CDC Atlanta Laboratory support team will provide Technical Assistance in the establishment of the laboratory component of the infant diagnosis program.

Technical assistance is requested to assist with evaluation and validation of HIV tests for use in USG supported programs and build capacity for the MOHSW to continue conducting evaluation of rapid tests and ELISA tests. The laboratory support team will utilize the forum to facilitate discussion on sample panel selection, test kits evaluation, data analysis, selection of HIV tests and diagnostic algorithm.

Technical assistance is also required for the training on technology to implement and analyze data from BED-CEIA using generic training materials created by the Atlanta Laboratory Support Team.

These HHS/CDC staff will contribute to the overall human and institutional capacity building to combat the epidemic in line with the USG 5 year strategy and attaining the PEPFAR goals

The National Quality Assurance Laboratory is scheduled for completion in the summer 2007. Additional funds are needed to complete the project and address contract modifications.

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	Base
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	9475
Planned Funds:	$ 167,501.00

Activity Narrative: This activity links to activities HLAB MOHSW 7758, 7779 NIMR, CLSI 7696, APHL7682, AIHA7676, ASCP 7681, AMREF 7672, RPSO 7792, BMC 7685, ZACP 8224, DoD 7746; Track 1 ART CU7697/7698, EGPAF 7705/7706, HARVARD7719/7722, AIDSRelief 7692/7694, DoD7747, Blood Safety; CT NACP 7776, TB/HIV7781, PMI, SCMS 8233, FHI 7712; SI NACP 7773, MOHSW 7761

Recognizing that well-equipped laboratories staffed by qualified personnel are essential in the fight against HIV/AIDS, the Ministry of Health and Social Welfare (MOHSW), with support from USG, in FY 2004, developed a plan to strengthen HIV/AIDS laboratory capacity. This included building laboratory infrastructure, developing skill capacity and laboratory quality systems to effectively support HIV/AIDS interventions, including VCT, PMTCT, ART, and HIV surveillance. In FY 2004, Emergency Plan funds were allocated to support the establishment of a network of zonal, regional, and district laboratories and provide capacity to diagnose HIV infection, disease staging of HIV/AIDS, and treatment monitoring. Also, with support of the USG, the MOHSW initiated efforts to establish a national HIV laboratory quality assurance system to meet international standards of Good Laboratory Practices (GLP). This resulted in the National Laboratory Plan in support of HIV/AIDS Care and Treatment Plan. The Laboratory Infrastructure Program works in collaboration with MOHSW and partners to impliment this plan. USG supported the renovation of 35 laboratories and started preparations for renovation of a National HIV Laboratory Training and Quality Assurance Centre. The four Track 1.0 ART awardees (Columbia University, Harvard University, EGPAF, and AIDSRelief) strengthened HIV/AIDS laboratory capacity in 3 of the 4 zonal referral hospitals with the fourth directly supported through Track 2.0 activities. In FY 2005, USG continued to support the development of the Quality Assurance and Training Centre. In order to fulfil PEPFAR goals the USG/HHS/CDC hired a senior technologist to provide technical assistance to MOHSW and ART partners and to assist in the introduction of the quality systems approach in Tanzania. HHS/CDC has continued to provide technical assistance to MOHSW and its partners in building capacity of laboratory services to support HIV/AIDS care and treatment. This support is provided by in-country and Atlanta-based Laboratory support teams.

In FY 2006, in order to facilitate the achievement of Emergency Plan goals, CDC-Tanzania recruited a senior laboratory specialist in addition to the existing senior laboratory technologist. These CDC Tanzania laboratory staff have collaborated and worked closely with DoD and CDC Atlanta lab team as well as other non-USG organizations that support the national laboratory plan such as WHO, AXIOS, JICA, AMREF and the Clinton HIV/AIDS foundation.

The laboratory staff has provided and coordinated technical assistance to MOHSW from US based partners CLSI, APHL, ASCP and in country based partners NIMR and Track 1 partners. The areas of technical assistance have included laboratory infrastructure renovation, equipment specification and procurement, laboratory information systems assessment and specification, training, quality assurance framework development and implimentation, assessment for provision of services for infant diagnosis, policy formulations and guidelines in various areas of laboratory based and affiliated services.

A training program for a training of trainers in basic laboratory procedures for CD4, chemistry, and hematology was conducted in which thirty five laboratory technologists working in all five zonal and eight regional laboratories were trained and have conducted the first roll out training to the regions. A total of 100 technicians in mainland Tanzania and Zanzibar have been trained on automated CD4, Chemistry and Haematology technologies. In FY06 USG supported the MOHSW in the development of material for the training of equipment users and facilitated the TOT training on first line equipment maintenace and trouble shooting. In FY 2006 USG through its partners supported a laboratory information system implimentation strategy with assessment for both software and hardware systematic requirements and staff capacity assessment.

In FY07, CDC Tanzania will continue to offer technical assistance and coordinate the USG supported training activities to cover service provision in the country. The training support will focus on training of trainers first followed by a national training roll out implementation that will cover areas such as rapid hiv testing, quality assurance, identification and diagnosis of infants and children exposed to and infected by HIV virus and standard of care testing. This strategy will ensure sustainability of initiatives by

building capacity for training in the different areas of HIV related laboratory medicine.

In FY 2007 USG will support the actual installation of the laboratory information system and training of staff for its utilisation both in the paper based form and the electronic version. At completion the electroninc system will cover 5 referral hospitals and 10 regional hospitals while the paper based system will be nationwide

The HH S/CDC staff will continue In FY07 USG to support the expansion of the EQA coverage to include Rapid HIV Testing, Haematology, Clinical Chemistry and HIV serology. This will include Private Health Laboratories through the Private Health Laboratories Board. USG will also assist MOHSW in the establishmentn of an efficient sample transportation system, conduct awareness on the need for laboratory auditing and laboratory accreditation

Proposed activities for FY 2007 will include the provision of technical assistance from USG to the MOHSW and other partners for implementing HIV prevention, care and treatment. This includes supporting the development of the National Laboratory Quality Assurance and Training Centre, protocols, training curriculum and monitoring and evaluation system for all program areas. The CDC Atlanta based Laboratory support team will support the field staff to develop systems including introduction of the Laboratory Quality System and expansion of HIV/AIDS testing and infant diagnosis to ensure that all ART sites access high quality laboratory services.

In FY 2007 with the continued support for the blood safety program and the initiation of infant diagnosis program as part of a comprehensive pediatric HIV/ AIDS care and treatment program, and the ongoing activities for laboratory infrastructure and capacity building, HHS/CDC Tanzania will recruit a blood safety program officer, a senior laboratory technologist and an infant diagnosis / pediatric care and treatment program officer. These HHS/CDC staff will contribute the overall human and institutional capacity building to combat the epidemic in line with the USG 5 year strategy and attaining the PEPFAR goals.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	Base
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	9476
Planned Funds:	$ 75,000.00

Activity Narrative: This activity links to activities HLAB MOHSW 7758, 7779 NIMR, CLSI 7696, APHL7682, AIHA7676, ASCP 7681, AMREF 7672, RPSO 7792, BMC 7685, ZACP 8224, DoD 7746; Track 1 ART CU7697/7698, EGPAF 7705/7706, HARVARD7719/7722, AIDSRelief 7692/7694, DoD7747, Blood Safety; CT NACP 7776, TB/HIV 7781, PMI, SCMS 8233, FHI 7712; SI NACP 7773, MOHSW 7761

In FY 2006, in order to facilitate the achievement of Emergency Plan goals, CDC-Tanzania recruited a senior laboratory specialist in addition to the existing senior laboratory technologist. These CDC Tanzania laboratory staff have collaborated and worked closely with DoD and CDC Atlanta lab team as well as other non-USG organizations that support the national laboratory plan such as WHO, AXIOS, JICA, AMREF and the Clinton HIV/AIDS foundation.

The laboratory staff has provided and coordinated technical assistance to MOHSW from US based partners CLSI, APHL, ASCP and in country based partners NIMR, , Track 1 partners and the CDC Atlanta based laboratory Support team. The areas of technical assistance have included laboratory infrastructure renovation, equipment specification and procurement, laboratory information systems assessment and specification, training, quality assurance framework development and implimentation, assessment for provision of services for infant diagnosis, policy formulations and guidelines in various areas of laboratory based and affiliated services.

The CDC Atlanta based Laboratory support team will support the field staff to develop systems including implimentation of the Laboratory Quality System and expansion of HIV/AIDS testing, laboratory monitoring of care and treatment and infant diagnosis to ensure that all ART sites access high quality laboratory services.

Assistance will be provided to MOHSW in the development of a National Training Plan which will include the training on rapid HIV testing. The Technical assistance will focus on the customization of training materials and development of strategy for rolling out of HIV rapid testing in Tanzania to meet the recruitment goals for care and treatment. The training package has been developed but it needs to be customized to the Tanzanian context, trainers trained and the training rolled out to meet the scale up targets for recruitment into care and treatment while ensuring the quality and accessability of rapid HIV testing. The rapid HIV test will be performed by both lab workers and non lab health workers. The technical assistance will involve the initial development of a strategy and then follow up with additional training for supervisors and qualtiy assurance.

The technical assistance will be used to develop a concept paper to be presented to Ministry of Health and Social Welfare and the Multisectorial Team for the creation of the National Quality Assurance and Training Centre as an executive agency of the Ministry of Health and Social Welfare with specific HIV Reference Public Health Laboratory functions. Currently there is no functional public health laboratory in the country and the quality assurance and training centre will fill in this gap The quality assurance and training centre is being renovated and will be completed by December 2007.

Tanzania is providing anti retroviral therapy (ART) to adults but lags behind on provision of art to infants due to lack of diagnostic strategy and program for infant diagnosis. There is need to coordinate the different programmatic areas into one Comprehensive Pediatric Care and Treatment National Program. CDC Atlanta Laboratory support team will provide Technical Assistance in the establishment of the laboratory component of the infant diagnosis program.

Technical assistance is requested to assist with evaluation and validation of HIV tests for use in USG supported programs and build capacity for the MOHSW to continue conducting evaluation of rapid tests and ELISA tests. The laboratory support team will utilize the forum to facilitate discussion on sample panel selection, test kits evaluation, data analysis, selection of HIV tests and diagnostic algorithm.

Technical assistance is also required for the training on technology to implement and analyze data from BED-CEIA using generic training materials created by the Atlanta Laboratory Support Team.

These HHS/CDC staff will contribute to the overall human and institutional capacity building to combat the epidemic in line with the USG 5 year strategy and attaining the PEPFAR goals

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Mbeya Referral Hospital
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9704
Planned Funds: $ 0.00
Activity Narrative: This activity links to activities HLAB MOHSW 7758, 7779 NIMR, CDCBase 7834, CLSI 7696, APHL7682, AIHA7676, ASCP 7681, AMREF 7672, RPSO 7792, BMC 7685, ZACP 8224; Track 1 ART CU7697/7698, EGPAF 7705/7706, HARVARD7719/7722, AIDSRelief 7692/7694, Blood Safety; CT NACP 7776, TB/HIV 7781, PMI, SCMS 8233, FHI 7712; SI NACP 7773, MOHSW 7761

This activity links to activities under lab: Ministry of Health and Social Welfare (MOHSW), the African Medical Research Foundation (AMREF), the American Society of Clinical Pathology (ASCP), the Clinical Laboratories Standards Institute (CLSI), the American Public Health Laboratories (APHL), and the Regional Procurement Support Office (RPSO). This activity also links to activities under treatment: Mbeya Referral Hospital, Mbeya, Rukwa and Ruvuma Regional Medical Offices, and Family Health International (FHI). This activity also links to counseling and testing (Mbeya Referral Hospital, Mbeya, Rukwa and Ruvuma Regional Medical Offices).

The laboratory officers will provide technical assistance to Referral, Regional, District hospitals in the Southern Highlands of Tanzania. This support is centrally housed at the MRH. The laboratory team provides technical assistance to all three regions (Mbeya, Rukwa and Ruvuma) in maintaining and implementing standard operating procedures and Quality Assurance/Quality Control programs. This assures that all district and regional laboratories contribute to our treatment goals in the Southern Highlands of Tanzania.

MRH provides technical supervision to six additional hospitals in the Mbeya Region supporting a total patient population of 3,000 on antiretroviral therapy (ART) and another 6,000 with care. The number of facilities under its supervision will expand to an additional six by September 2007 and by at least another five by September 2008.

Currently three laboratory personnel provide lab services to support to the Department of Defense's DOD's treatment efforts in achieving COP targets. FY 2007 funding will continue to support lab technicians at MRH and also support and monitor performance of HIV/AIDS related laboratory testing services through the development of supportive supervision teams from the MRH.

Any technical assistance to Mbeya Referral Hospital will be provided through the National Technical Assistance through the Department of Human Health Services Centers for Disease Control (HHS/CDC) as part of USG collaboration for technical assistance.

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Columbia University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	12483
Planned Funds:	$ 250,000.00

Activity Narrative: Tanzania mainland has a generalized HIV epidemic with a prevalence of 7% in the general population and 8.7% in the antenatal clinics (ANC) surveys. Approximately 1.4 million women give birth annually, 122,000 of them infected with HIV. In the absence of any intervention 40% (48,800) of these children are at risk of getting infected.More than half of these children are likely to die if not identified and provided with care and treatment by the age of 12 months. The rapid disease progression and the high fatality rate demand a focused effort to identify and diagnose HIV exposed infants as early as possible. However, the high morbidity and mortality rates in untreated children justify the efforts needed to develop an early infant diagnosis program (HEID) which the Tanzania Ministry of Health and Social Welfare (MOHSW) has taken positive steps to implement.

Although widespread accessibility to HIV testing is being scaled up through innovative approaches such as provider-initiated testing, a definitive diagnosis of HIV infection in infants through serological testing is complicated by maternal antibodies circulating in the infant for as long as 18 months. Serological tests on the mother or infant only define exposure whereas a definitive diagnosis hinges on detection of virus nucleic acid by polymerase chain reaction (PCR). This molecular-based technology is costly and requires dedicated laboratory space and appropriately trained staff. A negative serological test in a non-breastfeeding infant is considered as an indication of no infection. A public health approach is therefore required to enable widespread availability in a resource constrained country such as Tanzania. Tanzania's strategy is to establish centralized diagnostic DNA PCR capacity at the four zonal hospitals on the mainland and sample transportation mechanisms utilizing Dried Blood Spot (DBS) filter papers thereby facilitating widespread access to early infant diagnosis, and therefore, care and treatment. Currently only the Bugando Medical Center in Mwanza funded by Columbia University (CU), a USG partner, has established DNA PCR.

In order to rapidly scale up HEID, the MOHSW formed an Infant Diagnosis Steering Committee. A task force was also established by the committee comprising stakeholders from both clinical and laboratory programs. The task force has conducted a situational analysis for HEID implementation in the four zones, drafted a National HEID strategic action plan and laboratory standard operating procedures (SOP) for HEID in Tanzania. The situational analysis revealed several gaps in infrastructure, equipment, personnel and laboratory organization. The draft National HEID addresses these gaps with partners and stakeholders playing crucial roles such as The Clinton Foundation, AMREF, CU and CDC. In addition, other USG funded treatment partners, Family Health International, Harvard, Elizabeth Glaser Pediatrics AIDS Foundation (EGPAF), Department of Defense (DOD) have zonal infant diagnosis responsibilities in the Eastern, Dar es Salaam, Northern and Southern Highland zones respectively. Columbia, in addition to their national efforts, also has responsibility for the Lake Zone.

USG in collaboration with the MOHSW and other stakeholders, would like to fund Columbia (CU) to take the technical lead in assisting the MOHSW to roll out HEID in Tanzania. These activities will build on CU experience in Mwanza, and will complement the logistic support from AMREF. The activities to be funded will establish and strengthen national systems for service implementation, and increase service availability in the four geographical EID zones. CU will participate in the design of national guidelines and tools by June 2007, the modification of pilot program tools in order to develop national laboratory specimen logs and sample tracking tools, patient registers and patient tracking forms. This funding is requested to enable CU in the development of /enhancing technical capacity within national health authorities by July 2007: CU will train with MOHSW and CDC, 15 MOHSW officials to serve as master trainers in early infant HIV diagnostics and 10 zonal trainers in each of the four early infant diagnosis (EID) geographical zones. Each zone will have an EID Start-up Team, consisting of zonal trainers and CU Tanzania staff. CU will phase-out direct involvement in the start-up teams after the ninth month. CU will be directly responsible for facilitating initiation of EID services in 4 EID zones by end of August 2007. CU will provide technical assistance on service initiation in the zonal hospital and two peripheral facilities in each of the four zones, totaling 12 facilities. They will conduct site pre-assessment two weeks prior to training as part of the EID Start-up Team. At each site they will: sensitize facility health workers; determine site-level patient flow patterns; identify multiple entry points such as pediatric wards; reproductive and child health clinics; implement a HEI register; establish a HEI follow-up clinic; sensitize staff on routine monitoring of HEI (i.e. growth and developmental milestones monitoring and

cotrimoxazole prophylaxis administration); establish linkages between home based care groups and HEI follow-up clinic for lost-to-follow-up tracing; and identify two focal persons for the program and identify training participants. In addition, CU will establish systems for seven program elements: These are identification system for HIV-exposed infants, collection, storage, transport, and tracking of dried blood spot (DBS) samples, follow-up care including co-trimoxazole prophylaxis, infant feeding practices, lost-to-follow-up tracing, care and treatment for infected infants and quality assurance of laboratory procedures. CU will partner with AMREF to establish transport and tracking of DBS samples and train AMREF in the design and implementation of these services. CU will train 240 health workers from the 12 facilities on DBS sample management and program implementation; the EID Start-up Teams will conduct two-day didactic trainings. CU in collaboration with AMREF will support the training costs. Training will consist of : Introduction to Infant Diagnosis, Diagnosis of HIV infection in children, Collection, Storage and Transportation of DBS samples, Cotrimoxazole prophylaxis, Growth Monitoring, Infant feeding, Infant Diagnosis monitoring and evaluation and case studies. Didactic sessions will be followed by a five-day session of onsite mentoring on the seven program elements (listed above), as well as assistance with completion of program tools and with testing algorithm interpretation. CU will lead the implementation of the supportive supervision schedule by the EID start-up team; conduct joint supportive supervision visits one morning per week for months 1-3 and one morning per month for months 4-9 and facilitate zonal meeting between implementing sites to share experiences and lessons learned. With a view to increasing service availability in the four EID zones, CU will establish technical capacity among USG ART implementing partners by training five staff from each of the five USG ART implementing partner organizations on DBS sample management and program implementation. These participants will be trained by the zonal trainers and the implementing partners will scale-up services in their respective regions in accordance with national planning.

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	3	☐
Number of individuals trained in the provision of laboratory-related activities	246	☐

Table 3.3.13: Program Planning Overview

Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13

Total Planned Funding for Program Area: $ 5,937,026.00

Program Area Context:

USG's emphasis for Strategic Information (SI) in Tanzania is two-fold: 1) ensuring that quality data are collected and used for planning and implementing HIV interventions; and 2) building local SI infrastructure and capacity to ensure sustainability of HIV programs.

The USG Five-Year strategy and a recently-updated three-year strategy for SI (in supporting documents) guide FY 2007 COP activities. A data platform in support of integrated health management information systems (HMIS) is the primary new activity in SI.

Successes in FY06 include: a) strengthening of the USG SI Team, b) conducting HIV surveillance and surveys that provide information about the HIV epidemic in Tanzania for resource planning, and c) strengthening HMIS in selected activity areas.

Challenges specific to SI within PEPFAR are a) insufficient human resources in Tanzania to manage and analyze data at sub-national levels, b) SI activities conducted in other program areas are not consistently reported by partners, and c) the SI indicators do not adequately capture the scope of SI work.

Planning and Reporting:

The USG SI team includes an SI Liaison and staff in M&E, surveillance and HMIS. MEASURE/Evaluation provides a Resident Advisor and technical assistance (TA) and USG agency headquarters also provide TA. SI staff coordinates reporting on indicators for the semi-annual and annual reports. For the COP, SI staff prepares the SI section; participates in USG program area thematic groups to ensure linkages on target-setting and HMIS; and oversees COP data entry. SI staff monitors partner SI activities across PEPFAR program areas and works with the Government of Tanzania (GOT) on SI related activities. In FY 07, the USG will implement an information system based on a relational database design for tracking progress toward meeting targets.

Technical Work/Services:

In FY07, USG will support GOT through direct funding and TA to carry out surveys, surveillance, HMIS, and M&E activities described below. The USG SI focus is on decentralized data management: strengthen paper-based tools to ensure that reliable data across HIV service areas are collected at provider level, and facilitate data transfer from sub-national to national level with use of data for program monitoring and planning. Feedback to program staff is important to improve the quality of data and to support data use for decision making. Provision of information on a set of standardized indicators for the GOT, PEPFAR partners, and for other donors (e.g., Global Fund and bi-laterals) will also be strengthened.

Surveys: USG will support the Ministry of Health and Social Welfare (MOHSW) and the National Bureau of Statistics (NBS) to disseminate results from the 2004 Demographic Health Survey (TDHS) and the 2003-2004 Tanzania HIV Indicator Survey (THIS) and to implement a repeat THIS in 2007. USG will support NBS to disseminate results from two facility-based surveys conducted in 2006, the Service Provision Assessment (SPA), conducted in 600 facilities, and Services Availability Mapping (SAM).

Surveillance: USG will support the National AIDS Control Programme (NACP) to conduct surveillance among antenatal clinic (ANC) attendees in 128 sites in 21 regions. With TA from USG and UNAIDS, the NACP conducted trend analysis using three years of ANC data. NACP will conduct a repeat HIV Drug Resistance Threshold survey, with greater geographical coverage, nested in ANC surveillance. In addition, SI and PMI have discussed the possibility of adding a malaria prevalence component to the ANC survey. Tanzania will use the BED-CEIA (capture enzyme immunoassay) to estimate HIV-1 incidence in 2006 ANC attendees and possibly the 2007 THIS (both sentinel and population-based serosurveys). To provide

information to inform prevention activities for most at-risk populations (MARPs), and potential bridging populations, behavioral surveillance surveys with biological markers will be conducted in mainland and Zanzibar. This is particularly important to Zanzibar which has a concentrated epidemic.

HMIS for service delivery: The SI team will work closely with the GOT in mainland and Zanzibar to improve data collection for monitoring of ART, PMTCT, TB/HIV, CT, HBC, OVC, and Laboratory programs while ensuring confidentiality of patient-level data. The GOT's policies and strategies are followed to harmonize paper and electronic data collection tools, which differ by program area. For ART, USG and its partners are supporting GOT's use of Care and Treatment Clinic (CTC) 2 and 3 forms, with flexibility for partners to use their own HMIS. DOD has an electronic medical record system which will be scaled up to other sites in DOD's three regions (7747 in HTXS). A national assessment of the impact of ART services in Tanzania will be conducted with the GOT and treatment partners (in HTXS). To support the development and strengthening of information systems and use of data within the NACP, USG has put funding directly in programmatic areas.

A WHO Resident Advisor (supported by FY06 funds) will support the NACP in program monitoring. Use of personal data assistants (PDAs) will be piloted during supportive supervision to improve quality of data collection and data use. Several treatment partners will fund M&E Officers at sub-national levels to build capacity and increase demand for data.

Data platform for integration of separate activity-area HMIS: The USG will identify a partner (TBD) to work with MOHSW to develop a data warehouse platform, an electronic system upon which all of the databases can sit. The District Health Management Team will be able to enter data for multiple program areas using a single portal (e.g., NACP, Diagnostic Services). This partner will work with the University of Dar es Salaam Computing Center on system development to ensure local ownership and build sustainability. A wide area network (WAN), built in 8 regions using FY 05 and FY 06 funds, will be strengthened to support the platform and data transfer needs in FY07.

Public Health Evaluations: A previously approved evaluation of MARPs in Dar es Salaam and Zanzibar (7818) will address service needs of injection drug users (IDUs) and inform the design of interventions. An evaluation funded in FY 05-06 of a stigma reduction campaign will be completed in FY 07. Two additional evaluations (in HTXS), will address costing of ART service delivery through regionalization (8840) and drivers and barriers to treatment-seeking behaviors in HIV-positive men (8841).

Policy, Three Ones, and Linkages: In FY07, the USG will help build GOT M&E capacity by hiring staff for and collaborating closely with both the NACP and the ZACP. TACAIDS (mainland), the GOT entity responsible for the multi-sector approach to HIV and AIDS activities, has recently received support from World Bank to develop a National M&E Roadmap, an integrated costed work plan, to which USG contributed. USG SI staff serves on the TACAIDS M&E technical working group. The USG communicates regularly with WHO, UNAIDS, the World Bank, and participates in the Development Partners M&E Group. The SI Team is exploring collaborations with GOT and donors, including the GFATM, to address mechanisms for expanding the skills of staff responsible for data management and M&E at the sub-national level.

Sustainability: USG supports staff in the Epidemiology Unit of NACP and ZACP and provides training and TA for data systems to ensure overall coordination and program monitoring and evaluation. The data warehouse and capacity-building activities will provide critical inputs to ensure that quality data are collected and data are used for decision making.

The SI section contains 19 narratives: 4 in USG M&S and HQ TA, 8 for GOT (ZACP, ZAC, MOH, and 5 for NACP), WHO in support of NACP, 2 for MEASURE, SCMS for procurement, a TBD TE for IDUs, FHI for a FY 05-06 TE, and a TBD for the data platform.

Program Area Target:

Number of local organizations provided with technical assistance for strategic information activities	752
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	2,042

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Macro International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	7741
Planned Funds:	$ 884,000.00

Activity Narrative: National Survey Research and Data Dissemination and Use

ORC Macro, which implements the MEASURE Demographic Health Survey project, has a long history in Tanzania. Most recently, Macro has provided technical assistance to the Ministry of Health and the National Bureau of Statistics (NBS) to carry out the Tanzania HIV/AIDS Indicator Survey (THIS), the Tanzania Demographic and Health Survey (TDHS) and now the Tanzania Service Provision Assessment (TSPA) survey. In addition, Macro has collaborated with local organizations to produce several well-received dissemination products and activities, including a curriculum on using the THIS data; print materials; geographic information systems (GIS) training, and mapping of USG HIV-related interventions nationwide. For 2007, Macro is proposing to carry out several dissemination, data utilization, and capacity building activities related to the TSPA and the TDHS surveys as well as beginning a second HIV/AIDS Indicator Survey to provide up-to-date data on the prevalence of HIV and related behavioral patterns in Tanzania.

At present, MEASURE DHS is providing technical assistance to the National Bureau of Statistics (NBS) to implement the Tanzania Service Provision Assessment (TSPA) survey. Fieldwork for the TSPA was completed in mid-August 2006; the results will be available in 2007. The TSPA includes critically important data on the availability and quality of voluntary counseling and testing of HIV, prevention of mother-to-child transmission of HIV, treatment of tuberculosis and other opportunistic infections, and antiretroviral therapy throughout the country. The results of this survey will help USG, Government of Tanzania, and other agencies supporting health care delivery to improve planning, monitoring and evaluation of health services.

To ensure that these important survey findings are used to the fullest extent for activities funded through the President's Emergency Plan in Tanzania and for other government and private activities, ORC Macro is proposing to prepare and print 5,000 copies of a simple, user-friendly Key Findings Report on the HIV findings from the TSPA and the TDHS. This Report is designed to be accessible to non-technical audiences who need to understand the status of HIV-related health care services in Tanzania, including Parliamentarians, community health workers, and community-based NGOs. The HIV Key Findings Report will be written simply with clearly designed graphics so that these important audiences can easily absorb the information. The large print run also ensures that the information will be available nationwide, including to all district health management teams and to community multisectoral AIDS committees. In addition, Macro will prepare 1,000 compact disks with PowerPoint presentations on the TSPA findings for organizations working on HIV-related activities to use with their constituents.

The second proposed dissemination and data utilization activity for TSPA findings is to convene twelve one-day seminars with major stakeholders in Dar es Salaam and in two other regions selected by the USG, to provide an intensive briefing on the HIV results. The TSPA is a new survey and thus will be more difficult for key stakeholders and audiences to understand. The objectives for these proposed one-day seminars are to increase stakeholders' understanding of the TSPA findings on access and quality of services and to increase their ability to apply these findings to program planning, budgeting, and monitoring and evaluation. Participants will break into small groups to review the text and tables of the HIV TSPA report and make sure they can correctly interpret the tables and graphics. Finally, participants will work on a series of exercises which will help them identify priorities for change and consider the most appropriate interventions to address major issues emerging from the TSPA. Audiences most likely to benefit from these seminars are project managers, health care providers, USG cooperating agencies, government agencies like the National AIDS Control Programme, and non-governmental agencies like the Christian Social Services Commission.

The third proposed activity for FY 2007 is to collaborate with the National Bureau of Statistics (NBS) to begin the second Tanzania HIV/AIDS Indicator Survey (THIS). The THIS will collect data from about 12,000 women and men age 15-49, nationwide, on knowledge, attitudes, and practices related to HIV/AIDS, using internationally accepted indicators. In addition, with informed consent from survey respondents, interviewers will take blood samples to test for HIV, allowing for analysis of national HIV prevalence and for assessment of background and behavioral characteristics associated with HIV infection. Unlike the previous THIS, the survey to be conducted in 2007 will facilitate the provision of

counseling as well as results if desired by the respondent. The second THIS will also allow for analysis of changes over the past 4 years in such important indicators as age of sexual debut; condom use outside of marriage, frequency of HIV testing and counseling, and the prevalence of orphaned and fostered children. Data will be collected in both urban and rural areas and will be representative at the national level, regional level and for wealth quintiles. For 2007, Macro is requesting funds to cover a portion of the local costs and technical assistance including: adapting and pretesting the questionnaire; drawing the sample and doing the household listing, and training interviewers, data processors, and laboratory technicians.

Continued Associated Activity Information

Activity ID:	3453
USG Agency:	U.S. Agency for International Development
Prime Partner:	Macro International
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 300,000.00

Emphasis Areas	**% Of Effort**
AIS, DHS, BSS or other population survey	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for strategic information activities	1	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	324	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Most at risk populations
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Program managers
USG in-country staff
USG headquarters staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Laboratory workers
Nurses

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	ZACP
Prime Partner:	Ministry of Health and Social Welfare, Tanzania - Zanzibar AIDS Control Progra
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	7755
Planned Funds:	$ 120,000.00

Activity Narrative: Strengthening ZACP Strategic Information Capacity, Surveillance, HMIS, and M&E Activities

This activity relates to activity ID #7814 – World Health Organization (WHO) support to Strategic Information (SI); activity # 7809 – Behavioral Sentinel Surveillance (BSS)+ among most at-risk populations (MARPs) in Zanzibar; # 7756 – PMTCT, # 8690 - counseling & testing, # 8695 – Home-based Care HBC activities in Zanzibar.

This activity has four main components; surveillance including at antenatal clinics (ANC) and of MARPs, biological and behavioral surveillance, strengthening strategic information (SI) capacity at Zanzibar AIDS Control Program (ZACP), and monitoring and evaluation.

Surveillance
Surveillance activities will be carried out using FY 2006 funds. ANC-based HIV surveillance will be conducted in early 2007 with the eight sites in the 2005 round participating. The current protocol will be modified prior to implementation and will include consent for anonymous linked HIV testing, storage of specimens with possible future additional testing, and collection of additional demographic and behavioral data that are not routinely collected at the clinic. To minimize errors in the field and the ANC laboratory, procedures for dried blood spots (DBS) for HIV testing will be implemented. Prior to implementation, the modified protocol will be submitted for local institutional review board (IRB) approval at the Zanzibar Health Research Council of the Ministry of Health and Social Welfare. The protocol will be submitted for scientific review by the Associate Director of Science of the Global AIDS Program in Atlanta. In the likely event that HIV prevalence continues to be below 1% after the next ANC round, with no indication of a significant increase, biennial ANC surveillance will be adopted. Therefore, no additional FY 2007 funds will be required for ANC surveillance. Data analyses will be performed on the 2007 round. Additionally, trend analyses will be performed on three data points (2002, 2005 & 2007) specifically on the sites that participated in all 3 rounds. ANC surveillance data will be compared to PMTCT counseling & testing data in order to assess the feasibility of replacing ANC surveillance with PMTCT as the main method of tracking the epidemic in the general population in Zanzibar.

The ZACP staff will also participate in the USG-funded behavioral surveillance survey with biological markers (BSS+) on commercial sex works (CSW) and men who have sex with men (MSM). This will include being trainers (ToTs); laboratory support, as well as protocol design, data management and analyses, report preparation, and dissemination. With FY 2007 funds, the staff will also participate in the repeat of the BSS+ among IDUs.

The ZACP SI section is in charge of HIV and STI surveillance, monitoring and evaluation of programs, and information systems activities. In its current capacity, this team consists of one surveillance coordinator and three data entry clerks. To adequately address all strategic information needs, the team should be expanded to include a Strategic Information Coordinator (Epidemiologist), a Surveillance Coordinator, a Monitoring and Evaluation (M&E) Officer, a Data Manager and 4 Data Entry Clerks. The SI Coordinator (Epidemiologist) will be the overall in charge of SI section; Duties will include; - 1) assisting the ZACP Program Manager in donor coordination, communication and submission of proposals/applications for funding, 2) design of surveys/targeted evaluations including submission for IRB approval, 3) oversight in the design of monitoring systems, reports & evaluations 4) oversight in data management, analyses, report writing and dissemination, 5)facilitating/promoting human capacity development for ZACP SI staff and other program areas, and 6) integration of HIV/AIDS intervention data with other program data e.g. EPI, OCGS, HMIS etc. The Surveillance Officer will coordinate all surveillance activities including implementation of survey protocols, provision of supportive supervision during data collection, and guiding data management, analyses & report preparation & dissemination. The M&E officer will provide leadership in the development/definition of indicators. They will also provide the M&E framework for the health sector, tracking progress against set goals/targets, reporting of indicators to ZAC and other National & International partners, in the development & implementation of program evaluations. The M&E officer will also provide oversight in SI capacity building efforts for all ZACP staff and other MoHSW staff involved in HIV/AIDS programs. The Data Manager will provide oversight in database development and will be the custodian of all SI data. They will also supervise data entry and provide leadership in data management, analyses and report

generation from program-specific monitoring systems. They will also provide leadership in the development of data quality assurance protocols including development of data cleaning protocols and supportive supervision schedules & protocols. Data Entry Clerks will enter all data for surveillance & program monitoring data. Additionally, the ZACP will train and maintain 1 district-level HMIS data entry staff at all 10 districts of Zanzibar.

To improve technical capacity of the SI team, on-site training will be provided by external consultants and USG Tanzania and Atlanta staff on a regular and ad-hoc basis. Training will include: basic epidemiology, basic computer skills, database management using Epi Info for Windows, data entry, analysis using improved statistical methodologies, data presentation, and report writing. Resources needed for the SI team include expansion of space, travel and transport budgets, and equipment (including computers, phones, office supplies, etc.).

M&E framework
The FY 2006 funds that were allocated to ZAC will be rolled over to ZACP in FY 2007 to support the Zanzibar's AIDS Commission's (ZAC's) work in developing the health sector M&E framework. Initially, the ZAC was responsible for developing the framework and package, however, since the ZACP has the mandate for the health sector, it would be better suited to develop this M&E framework and tools/package.

In FY 2007, the USG will provide technical support to ZACP in the development of a health sector M&E framework which will include a comprehensive set of national and international indicators to track progress against set targets. It will also include guidelines for activity planning, monitoring and reporting; capacity building for data use; a more standardized/formalized way of reporting health information up to ZAC; and development/strengthening of existing linkages between the different program activities. The M&E Officer, identified above as part of ZACP SI capacity, will provide oversight for the development of the M&E framework including developing Terms of Reference (TOR) for the consultant. The M&E officer will then work with the consultant to collect relevant data and information for the framework; develop the framework with stakeholder input; as well as finalize and disseminate the framework. The two will also develop tools/packages and training materials for the M&E framework.

Continued Associated Activity Information

Activity ID:	3502
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health - Zanzibar, Tanzania
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 100,000.00

Emphasis Areas	**% Of Effort**
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Proposed staff for SI	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	106	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	205	☐

Target Populations:

Commercial sex workers
Nurses
Pharmacists
Most at risk populations
Injecting drug users
Men who have sex with men
National AIDS control program staff
Pregnant women
Partners/clients of CSW
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Private health care workers
Laboratory workers
Nurses

Coverage Areas

Kusini Pemba (Pemba South)

Kaskazini Unguja (Unguja North)

Kusini Unguja (Unguja South)

Unguja Magharibi (Unguja West)

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National Institute for Medical Research
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 7761
Planned Funds: $ 340,000.00
Activity Narrative: Maintenance of Wide Area Network at Regional and National Level for Strategic Information

This activity relates to 7760, 7776, 7771, 8692, and 8221.

In FY 2005, the National Institute for Medical Research (NIMR) conducted a needs assessment for establishing a Wide Area Network (WAN) to connect itself, the Ministry of Health and Social Welfare and the National AIDS Control Program (NACP) to regional and referral hospitals. The assessment looked at the capacity of the hospitals to use computers, the Internet and email as part of an overall management of HIV/AIDS interventions. In FY 2006, the WAN was installed centrally at the Ministry of Health and Social Welfare (MOHSW), including NACP and the NIMR. It connected the central level to seven regions, mainly the large regional and referral hospitals in Iringa, Mwanza, Mbeya, Dodoma, Arusha, Lindi, and Mtwara. The assessment revealed that there was a need for additional computers and a need for training on how to use computers. Staff at the central and the regional levels where the WAN now exist were trained on basic computer use, Internet and email use, and the applications to assist in data collection and reporting.

Now that the WAN implementation is complete, the focus in FY 2007 will be on the use of the technology to support the decentralized approach for HIV/AIDS interventions, an approach supported by the MOHSW. Decentralization of data management and data use means that data entry will occur as close to the points of service as possible, allowing for data analysis, use, and feedback at the implementation level. In addition, possible errors will be identified earlier. Decentralization of data management will also allow staff at the national level to perform their roles of program monitoring more efficiently and allow for sub-national level staff to perform routine data quality audits and program monitoring more efficiently through remote data access, reducing the need for and number of costly site visits. Having the WAN system in place with data transmission services readily available will facilitate timely flow of data from the regional level to the national level. Data and reporting requirements will be received in minutes by email, instead of days or weeks by more traditional means of transporting data - courier, mail, or site visits to collect data.

Although there are no plans for further expansion in infrastructure development beyond the seven regions, the plans in FY 2007 will be to maintain and strengthen the existing network capability, including hardware monitoring, software updates, monitoring system security requirements and technical support for continued use of email and Internet access. These funds will provide for the hiring of two Network Managers to perform these responsibilities and to build the capacity for system support in Tanzania. These staff will be stationed regionally, dividing their work among the seven regions for continued support of the WAN. They will conduct quarterly supportive supervisory visits to the seven regions to ensure systems are operating and address any issues. They will be centrally supported by an existing Network Manager, who will be the contact person for all issues related to connectivity. The regionally-located Network Managers will actively monitor the internet and email connections to ensure the system is operational for transfer of data at the regional and national levels, and conduct trainings on email and internet use at the sub-national levels to ensure proper use of the technologies for timely data transfer.

Continued Associated Activity Information

Activity ID: 4910
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health and Social Welfare, Tanzania
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 250,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	10	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	☐

Target Populations:

Doctors
Nurses
Pharmacists
National AIDS control program staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers

Coverage Areas

Arusha

Dar es Salaam

Dodoma

Dodoma Urban (prior to 2008)

Iringa

Lindi

Mbeya

Mtwara

Mwanza

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National AIDS Control Program Tanzania
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 7772
Planned Funds: $ 0.00
Activity Narrative: Strengthening the National Care & Treatment (ART) Monitoring System

This activity is related to Activity ID # 8062 - Support to National electronic systems; ID # 7814 - WHO support to program monitoring; ID # 7771 - National coordination of care & treatment services; ID # 7761 - Maintenance and use of Regional Wide Area Network (WAN); ID # 8822 - Data warehouse platforms and ID # 8840 - Monitoring the impact of ART in Tanzania

This activity builds on activities started using FY 2005 and FY 2006 funds and continues to strengthen the care and treatment monitoring system.

Using existing funds from USG as well as funds from the Royal Netherland Embassy (RNE) through PharmAccess International (PAI), the NACP has started to review and modify the Care and Treatment Centre (CTC) monitoring system to include a facility-based monitoring & reporting component. This included adapting the World Health Organization (WHO) facility-based chronic HIV/AIDS care registers to the Tanzania situation. The use of these registers will be limited to care and treatment facilities that do not have capacity to use onsite electronic systems to synthesize information collected on the nationally standardized patient encounter forms. These facilities make up 50% of the existing 204 sites located at Zonal, Regional and District hospitals. A further 400 sites located at Health Centers and Dispensaries will become functional in 2007 and will use chronic care registers. The system is being piloted in 6 regions using USG and RNE/PAI funds. The NACP plans to scale up the use of these registers to 100 of the initial 204 and to another 100 of the additional 400 sites.

In FY 2007, The NACP using USG and RNE/PAI funds will coordinate and implement Care & Treatment activities including; a) revision of registers and reporting forms based on lessons learned in the pilot; b) training of trainers; c) training of regional, district and facility staff to use the system; d) printing and dissemination of the tools, and e) development and implementation of supportive supervision protocols.

Coordination of the assessment of the impact of ART in Tanzania: Treatment programs need to develop longitudinal databases to enable them to analyze information on individuals enrolled on ARV therapy in order to monitor quality and impact of ART. This includes getting information on outcomes such as program retention and reasons for loss, mortality, regimen change, adherence to treatment and HIV drug resistance, changes in weight and CD4 counts, and change in health status. The USG has been supporting the development of longitudinal databases (electronic medical records) at USG treatment sites. In FY 2007, USG will support piloting analyses of information in these databases at a sample of these facilities. Laboratory indicators will also be collected at these facilities for a more comprehensive impact analysis. In order to ensure ownership and sustainability, NACP will provide leadership and coordination for this activity.

Continued Associated Activity Information

Activity ID: 3379
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National AIDS Control Program Tanzania
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 170,148.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	150	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	150	☐

Target Populations:

Doctors
Nurses
Pharmacists
National AIDS control program staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Nurses
Pharmacists

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National AIDS Control Program Tanzania
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 7773
Planned Funds: $ 350,000.00

Activity Narrative: Surveillance: ANC, Drug Resistance, HIV Case Definition, Data Analysis

This activity is related to activity ID number 8060 – strengthening Strategic Information (SI) capacity at Epidemiology and Monitoring & Evaluation (M&E) Unit of the National AIDS Control Programme (NACP) and activity ID 9593- procurement supplies for surveillance activities at NACP

This activity narrative has four components; a) Antenatal Clinic (ANC) surveillance, b) HIV drug resistance threshold survey, c) sensitivity of HIV case definition, and d) analysis of data for planning and advocacy.

ANC Sentinel Surveillance
In the four years of collaboration between the NACP and the USG, there has been substantial progress in the implementation of HIV & STI surveillance activities at ANCs. Coverage has grown from 24 sites in six regions (2001/2002) to 128 sites in all 21 regions (2006/2007) of mainland Tanzania. The methodology of ANC surveillance has also substantially improved. For instance, the use of Dried Blood Spots (DBS), which are easily transportable, has enabled coverage to remote sites with no lab capacity. Training site and lab staff as well as supportive supervision visits to sites have improved the quality of data in these surveys. Lastly, the decentralization of testing to zonal laboratories will go a long way to build capacity as well as improve the timeliness of the surveys.

For the 2007-2008 round of ANC surveillance, we will maintain full coverage of all 21 regions in Mainland Tanzania, with at least six sites per region. A total of 126 ANCs will collect data for a period of three consecutive months according to the standard protocol. ANC surveillance activities will include maintenance of the surveillance workgroup; training of ANC and lab staff; procurement and distribution of supplies; data collection; supportive supervisory visits; HIV testing of collected DBS samples; data management, analyses, report preparation and dissemination.

The surveillance workgroup will be expanded to include more members in accordance with the increasing number of participating regions. The main function of the workgroup is to ensure standards in data collection techniques as stipulated in the surveillance protocol. During this fiscal year, the workgroup will be expanded to cater for coverage of 21 regions. Salaries for work group members and other project collaborators will not be paid from project funds.

Before the three-month data collection period begins, the NACP will purchase and distribute supplies and print and distribute data collection forms.

Staff from all participating ANC sites, together with the laboratory technologists and Regional AIDS Control Coordinators (RACCs), will be trained on the surveillance protocol. This will ensure adherence to the survey protocols and assure quality of data.

During the three months of specimen and data collection activities, members of surveillance working group will carry out supportive supervision at least once every month to all participating ANCs to ensure that surveillance activities are carried out according to the protocol.

During supervisory visits, ANC sites will be provided with funds for regular shipping of DBS and data forms to the testing laboratory. Surveillance staff will be given a token during the three months of data and specimen collection.

HIV testing of the collected ANC samples will be decentralized to four referral hospital labs, Muhimbili University College of Health Sciences-HIV Reference laboratory, Bugando Referral Hospital, Mbeya Referral Hospital and Kilimanjaro Christian Medical Center (KCMC).

As a quality assurance mechanism, 10% of all specimens will be retested at the AMREF laboratory in Dar es Salaam. The surveillance advisory group will analyze data, and prepare and disseminate reports.

HIV drug resistance (HIVDR) surveillance

The HIVDR surveillance intends to examine whether standard first-line antiretroviral drugs regimens will continue to be effective in settings where they are widely available. Because of the high mutation rate of HIV-1 and the necessity for lifelong treatment, it is expected that HIVDR will emerge in treated populations where antiretroviral treatment (ART) is being rapidly scaled up.

USG Tanzania supported HIVDR threshold surveys in Dar es Salaam region alongside the 2005/06 and 2006/07 rounds of ANC surveillance. In FY 2007, the survey will be in six urban sites; two sites each in Mwanza, Kilimanjaro and Mbeya regions where the zonal laboratories are located. Samples will be leftover blood obtained through the ANC survey using unlinked anonymous strategy. For each site, 60-70 consecutive HIV positive blood specimens from persons meeting eligibility criteria will be identified to ensure that amplification and genotyping are successful in 47 specimens (the survey sample size). The number of specimens with mutation consistent with HIVDR will be used to determine the prevalence of transmitted HIVDR for each drug and drug category in the standard initial ART regimen(s). Using the binomial sequential sampling and classification plan, HIVDR prevalence will be categorized as: low prevalence (<5%), moderate prevalence (5-15%), or high prevalence (>15%). The first component of this strategy is to obtain baseline estimate of the prevalence of HIVDR, followed by repeat surveys to assess the frequency of transmission of HIV drug resistant strains within a geographic area.

HIV Case Definition
In order to facilitate the scale-up of access to ART, and keeping with a public health approach, WHO has introduced revised case definitions for surveillance of HIV and the clinical and immunological classification of HIV related disease. HIV case definitions are defined and harmonized with the clinical staging and immunological classifications to facilitate improved HIV related surveillance, better tracking of incidence, prevalence and treatment burden of HIV infection, and plan appropriate public health responses. In light of these revisions, a sensitivity analysis to compare the current case definition to the revised definition will be conducted to ascertain the effect of the revisions on number of cases and potential impact on persons eligible for ART. This analysis will be conducted with the technical assistance of the CDC to build capacity. Results will be used for program planning and advocacy.

Analysis for advocacy
HIV/AIDS related data are not always analyzed systematically to improve program planning or translated into evidence-based policies. The NACP with CDC Tanzania and headquarters will use a synthesized approach to analyze and model data from ANC surveillance, surveys (e.g., Tanzania HIV Indicator Survey, Service Availability Mapping, and other surveys), and data from other sources, such as from reproductive health services and tuberculosis. The results from these analyses will be used for advocacy and evidence-based decision making within the specific program areas, such as prevention, and to strengthen commitment and potential resource allocation.

Continued Associated Activity Information

Activity ID:	3380
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National AIDS Control Program Tanzania
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 421,685.00

Emphasis Areas	% Of Effort
HIV Surveillance Systems	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	132	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	383	☐

Target Populations:

Nurses
National AIDS control program staff
People living with HIV/AIDS
Pregnant women
ANC attendees
HIV positive pregnant women
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Health Organization
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 7814
Planned Funds: $ 0.00

Activity Narrative: WHO Support for SI – National Monitoring Systems

This activity relates to activity IDs 7772- Support to national antiretroviral therapy ART monitoring; #-8060 - strengthening strategic information (SI) capacity; #7771 -National coordination of antiretroviral therapies ART services; #7776 – National AIDS Control Programme (NACP) counseling and testing activities; #7760 - NACP prevention of mother to child transmission (PMTCT) activities; # 8692 - NACP palliative care activities.

This activity will use funds allocated in the FY 2006 for a 24-month period beginning in October 2006. The activity has been expanded from supporting ART monitoring to supporting information systems and M&E activities for all HIV/AIDS interventions under NACP.

Specific tasks include: 1) recruiting a resident advisor, 2) providing technical support for training and supportive supervision for national monitoring systems for various HIV/AIDS interventions, and 3) coordinating all partner efforts in implementing national monitoring systems.

In FY 2006, there has been a deliberate attempt to coordinate various efforts to support the NACP/Ministry of Health and Social Welfare MOHSW in program monitoring activities. This activity builds upon those recent and ongoing efforts to identify the needs and deficiencies of the current ART monitoring systems in Tanzania. Under guidance from World Health Organization (WHO) experts, the MOHSW/NACP will strengthen the National Care & Treatment monitoring system to include a facility-based component. WHO chronic care registers will be adapted to the Tanzania situation and indicators will be defined at facility, district/regional and national levels. Data synthesis protocols and summary reports will be developed or adapted. The MOHSW/NACP will also depend on WHO experts to train trainers on the systems, who will in turn train the regional, district, and facility staff on the use of the system.

Other HIV/AIDS interventions such as Counseling & Testing (C&T), PMTCT and Home-based care (HBC) also require monitoring systems. These systems are primarily focused at facility level (point of service) where data can be collected, synthesized and used for program planning & management and to improve service delivery. National systems are currently under development. Tanzania requires technical assistance in maintaining these systems, ensuring all cadres of staff using the systems are adequately trained, and that supportive supervision is conducted to ensure data quality and to maintain data and report flow.

The overall goal is to fund the WHO to provide technical assistance and support to the MOHSW/NACP in Tanzania in the coordination of all national HIV/AIDS program monitoring efforts. This will include provision of a resident advisor to assist in coordinating development; maintenance and use of national monitoring systems; liaising with representatives from the USG, the World Bank, the Global Fund, and other donors which have direct or indirect interests in HIV/AIDS monitoring efforts in Tanzania. The scope of work will be to furnish all necessary personnel, facilities, and equipment, as appropriate to provide MOHSW/NACP with technical assistance and support services for program monitoring of all HIV/AIDS interventions under the NACP Surveillance, M&E Unit. The consultant will work closely with CDC SI team, NACP Surveillance, M&E Unit, in-country partners, and other agencies to: 1) to implement all program monitoring systems (specifically systems for Care & Treatment C&T, PMTCT, home-based care HBC), 2) train national training of trainers (ToT) and assist coordinating sub-national trainings, 3) ensure data quality at all levels of the system including coordinating the development and implementation of supportive supervision protocols, and 4) ensuring data and report flow from sub-national to national levels including facility feedback as necessary. At a central level, the consultant will ensure adequate utilization of electronic information to generate & disseminate reports for program improvement. The consultant will also provide support to the NACP in other M&E activities such as: 1) capacity building to enable the NACP to track progress against set goals/targets, 2) development of health sector M&E framework, and 3) development and implementation of a strategy to increase demand for use of program data.

Continued Associated Activity Information

Activity ID: 5258
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: World Health Organization
Mechanism: ART MIS
Funding Source: GHAI
Planned Funds: $ 500,000.00

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Doctors
Nurses
Pharmacists
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Nurses
Other Health Care Workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	University of North Carolina, Carolina Population Center
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	7826
Planned Funds:	$ 1,323,736.00

Activity Narrative: The activities in this narrative are linked to the monitoring of all service delivery supported by the USG.

MEASURE/Evaluation's strategy to support the USG SI team in Tanzania during FY2007 has three main components: (1) Assist the USG with coordination of SI activities among PEPFAR partners; (2) strengthen capacity to monitor, evaluate, and report PEPFAR results; and (3) support use of HIV/AIDS data for PEPFAR planning. These objectives will build on the aims of activities funded through the FY 2006 COP. This will be accomplished by maintaining a Resident Technical Advisor (RTA) to support the USG SI team; targeted capacity building exercises; technical assistance for the establishment of a USG database; and continuing semi-annual mapping of PEPFAR activities and results. In addition to supporting the USG team and its partners, it will strengthen the capacity of local institutions to use HIV/AIDS data for decision-making and to monitor and evaluate HIV/AIDS programs in Tanzania. Beneficiaries will include the GoT, international NGOs where necessary to ensure proper management of USG resources, and most particularly local, indigenous organizations. This will be accomplished through national level M&E trainings with staff from key GoT agencies, and workshops focusing on data use for HIV/AIDS program planning at the regional and district levels. Mapping of HIV/AIDS activities will be expanded to include non-PEPFAR activities and results, which will be of use to both USG and GoT. Unlike previous years, MEASURE/Evaluation activities in FY2007 will also include Zanzibar. The following are the specific details:

I. RTA: Through an RTA, MEASURE/Evaluation will continue to provide technical assistance to the USG and its partners, as well as to the GoT to effectively monitor and evaluate the progress of the national response to HIV/AIDS. Specific activities include: 1) Strengthening M&E systems and capacity for USG partners and sub-grantees through technical assistance on data collection, data quality, analysis, and use to meet PEPFAR reporting requirements and their own data use for decision-making; 2) facilitating M&E training for USG and GoT as needed, and 3) coordinating technical and capacity building assistance from MEASURE/Evaluation HQ including support for the establishment of a USG database. Deliverables: 1) Revised SOW document for RTA signed off by Mission and MEASURE Evaluation; 2) RTA in post for FY2007.

II. Capacity building of USG partners: In FY2007, MEASURE/Evaluation will provide assistance to USG implementing partners (including relevant GoT agencies) to strengthen their capacity to monitor and evaluate their programs. This assistance will be informed by a capacity assessment and planning activity that will be carried out in FY 2006. Specific support will be provided to USG partners on areas of need as identified but may include: periodic partner meetings; targeted mini-trainings and one-on-one mentoring. Deliverables: 1) Reports on a set of priority activities to be supported by MEASURE/Evaluation; 2) a USG approved technical assistance plan that is effectively implemented.

III. Strengthen the M&E skills of national HIV/AIDS program professionals: In collaboration with, and in response to a specific request from GAMET (World Bank, UNAIDS and TMAP), MEASURE/Evaluation will strengthen the M&E skills of national HIV/AIDS program professionals by offering a two-week training course in M&E of HIV/AIDS programs. The workshop will be based on a standard curriculum developed by MEASURE/Evaluation that covers fundamental concepts and tools for M&E HIV/AIDS programs. It will target national level M&E professionals and their counterparts, assistants and advisors who are involved in the implementation of HIV/AIDS program. They will primarily be drawn from ZAC, TACAIDS, METTHAZ, and academic institutions in Zanzibar. Deliverables: 1) 30 people trained in a two-week M&E workshop; 2) Training report and participant evaluations.

IV. Mapping of USG/PEPFAR and selected non-USG supported Programs: Building on the GIS activities during FY 2006, MEASURE/Evaluation proposes to continue the semiannual mapping that was initiated in 2005, using the existing GIS database of HIV information (DHS, PEPFAR reporting, Census, Sentinel Surveillance, etc.) and to expand the analysis of PEPFAR program data. Expanded analysis will include mapping of additional select indicators for the benefit of USG planning. MEASURE/Evaluation will also work closely with TACAIDS, ZAC and NACP to update the mapping of selected non-PEPFAR HIV activities in Tanzania. MEASURE/Evaluation will also produce semiannual GIS data viewers on CDs and

train USG partners on their use. Additionally, MEASURE/Evaluation will continue to integrate new sources of HIV related information into the GIS database, such as the Service Provision Assessment and poverty estimates. Deliverables: 1) Updated maps of USG PEPFAR programs (two times, at six month intervals); 2) Updated maps of selected programs not receiving USG/PEPFAR support (one annual update); 3) GIS data viewers on CD-ROM (one version); 4) 60 trained users of the CDs in USG partner organizations; 5) Updated GIS database with a selected set of new sources as they become available, and as approved by USG.

V. Data use workshops for regional and district GoT and NGO staff: To help the GoT and NGOs make better use of data to inform HIV/AIDS programs, MEASURE/Evaluation, in collaboration with MEASURE DHS has been working with TACAIDS, the National Bureau of Statistics (NBS), the National AIDS Control Program (NACP) and the GAMET team to develop a comprehensive curriculum which covers the use of data (including maps) for HIV/AIDS program planning, focused on District-level decision makers. Funds from the FY 2006 COP are being used for curriculum development and for 2 workshops for Regional and District Health Management Teams. With FY2007 funding, the curriculum will be revised based on the lessons learned from the first round of workshops and 4 additional workshops will be conducted. These workshops will serve as a follow-up to the TACAIDS training conducted for District-level officials on how to collect and report HIV/AIDS M&E data. Deliverables: 1) Revised and updated data use curriculum based on lessons learned from FY 2006 workshops and newly available data sources; 2) Four completed data use workshops (as documented by training reports and participant evaluations); 3) 120 people trained from Regional and District Health Management Teams (as documented by training reports and participant evaluations); 4)A GoT authored strategy document produced with MEASURE Evaluation support outlining how GoT intends to sustain and fund future data use workshops.

To avoid a break in technical assistance currently provided through Measure/Evaluation it is proposed that $150,000 in plus up funding be issued under Task 3 to fund the maintenance of Measure's current RTA through September, 2008. Specific activities for RTA will include: 1) Strengthening M&E systems and capacity for USG partners and sub grantees through technical assistance on data collection, data quality, analysis, and use to meet Emergency Plan Reporting Requirements, 2) Facilitating monitoring and evaluation training for USG and GoT as needed, and 3) maintain linkages between USAID and the USG SI Liaison. This funding strategy will ensure on-going TA and a smooth transition to the new Measure/Evaluation activity to be awarded by September 2008.
The remaining funds will be used to support the TaPRS development and modifications. The system will be used in Tanzania for the present to enable accurate reporting of PEPFAR results, mapping, and use of PEPFAR data. It is expected that Tanzania will migrate to a monitoring and reporting system as a component of the data platform but TaPRS will be developed and used until an M&R system is developed and operational.

Continued Associated Activity Information

Activity ID:	3512
USG Agency:	U.S. Agency for International Development
Prime Partner:	University of North Carolina, Carolina Population Center
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 800,000.00

Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	624	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1,865	☐

Target Populations:

Community-based organizations
Faith-based organizations
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
USG in-country staff
USG headquarters staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 7833
Planned Funds: $ 634,085.00

Activity Narrative: CDC SI Management and Staffing

CDC Management and Staffing in strategic information (SI) will be used to support CDC agency specific staffing needs in Tanzania as they relate to ensuring that the goals and objectives of the Emergency Plan are met.

The FY07 funds will support seven full-time equivalent staff that will coordinate activities in strategic information. The composition of the staffing includes the following: 1) SI and Capacity Development Program Director, a direct hire, who will oversee all CDC specific SI and Human Capacity Development activities. She will work closely on USG SI-related activities; 2) SI/HMIS (Health Management Information Systems) Senior Advisor, a contractor, who will coordinate all CDC specific activities related to surveillance, and information systems, including program monitoring; 3) HMIS Advisor, a contractor, who will provide support and technical expertise in developing, implementing, and maintaining information systems for the Government of Tanzania, and within CDC and USG ; 4) Monitoring and Evaluation Senior Advisor, a local hire, who will coordinate all CDC specific activities related to internal and external M&E and oversee target setting for OGAC indicators for CDC partners. This advisor will work closely with the Ministry of Health and Social Welfare (MOHSW), Zanzibar AIDS Control Program (ZACP), and other CDC partners to standardize and strengthen M&E capacity to ensure sustainability; 5) Surveillance Advisor, a contractor, to replace the exiting Surveillance ASPH (Association of Schools of Public Health) fellow, who will provide technical assistance for the development and implementation of HIV surveillance activities related to PEPFAR, including antenatal clinic surveillance, drug resistance threshold surveys, and behavioral and biological surveys among most at risk populations. S/he will also provide trainings and participate in technical working groups to build capacity within the ministries of health; 6) M&E Advisor, a local hire, to replace the exiting M&E ASPH (Association of Schools of Public Health) fellow. The M&E Advisor will support the senior advisor in performing M&E activities for CDC and its partners. S/he will work closely with CDC program officers to build their capacity in program monitoring; 7) USG SI liaison, a contractor, who will coordinate the SI activities across all USG agencies in Tanzania and liaise with OGAC on SI related matters. Funds will support a short-term consultancy that will be required to support two public health evaluations related to monitoring the national impact of ART services in Tanzania and treatment-seeking behaviors of men in Zanzibar. All SI personnel will be members of the USG Strategic Information Thematic Group.

All of the CDC SI staff described will work directly with the MOHSW on the Mainland and the ZACP to provide ongoing technical assistance and building capacity among the respective Epidemiology Units. They will work with CDC's partners to establish and maintain health information systems, and monitor CDC's partners and their activities. This includes the development and implementation of national and USG databases for HIV/AIDS, specifically ART monitoring, counseling and testing, home-based care, PMTCT, and TB/HIV linkages where feasible and appropriate. It also includes building capacity in monitoring and evaluation and managing and analyzing surveillance data. Trainings for Epi Info, data use and activity planning and monitoring will be conducted for both CDC program officers and CDC's partners.

The FY07 funds will also support international (trainings, meetings, and conferences), and domestic travel (USG strategic planning meetings, partner meetings, workshops, and partner site visits).

This activity will contribute to developing the human and institutional capacity building within CDC-Tanzania and its partners, USG agencies, and the Ministries of Health in the United Republic of Tanzania.

Continued Associated Activity Information

Activity ID: 3519
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: Country staffing and TA
Funding Source: GHAI

Planned Funds: $ 728,000.00

Emphasis Areas	% Of Effort
Proposed staff for SI	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	11	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	114	☐

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National AIDS Control Program Tanzania
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	8060
Planned Funds:	$ 150,000.00

Activity Narrative: Strengthening SI Capacity at NACP

This narrative relates to SI activities ID numbers 7772, 7773, 7761, 8062 and National Counseling and Testing - # 7776, ART Services - # 7771 and Home Based Care (HBC) - # 8692

This activity has 3 components: a) human and infrastructural capacity strengthening at the NACP Epidemiology, M&E Unit, b) revision of the Health Sector M&E framework and coordination of reporting to TACAIDS and c) use of Personal Digital Assistants (PDAs) for supportive supervision

The Epidemiology and M&E Unit has primary responsibility of all strategic information activities of NACP. Among the unit's responsibilities are:
1) Surveillance and surveys including Ante-Natal Clinic (ANC) based sentinel surveillance for HIV and other STIs, HIV drug resistance threshold surveys, behavioral surveillance surveys (BSS) among Most At Risk Populations (MARPS), and AIDS case surveillance. The unit also participates in national population-based surveys such as the Tanzania HIV Indicator Survey (THIS) and plays a major role in national HIV/AIDS data analyses, report preparation and dissemination.
2) Monitoring HIV/AIDS interventions, such as counseling and testing, care and treatment, home-based care, prevention of mother-to-child transmission, TB/HIV, blood transfusion and laboratory services. Activities include the development/adaptation of data collection tools and electronic systems; training on paper-based tools and synthesis to move from data collection to reports. Other activities include: supportive supervision to ensure data quality and timeliness of reports, data & report flow, maintenance of the tools (review/evaluation to modify as necessary), maintenance of electronic systems, and integration of all HIV/AIDS monitoring systems.
3) Compiling health sector response data for HIV/AIDS and reporting these to the Tanzania Commission for AIDS (TACAIDS). These activities, which fall under M&E, include: a) development of an M&E framework to plan the health sector response, as well as to track the progress against set targets to the HIV/AIDS epidemic; b) capacity building and technical assistance to NACP and national project officers in the planning, monitoring, and reporting of activities within the various HIV/AIDS interventions; c) capacity building for data use for program improvement at national and sub-national levels.
4) Capacity-building on M&E to other units within NACP.
5) Public health evaluations and program evaluations.

In FY 2007, the USG will provide funding and technical assistance to strengthen the infrastructural and human capacity required to enable the Epidemiology and M&E Unit to meet the above responsibilities. These will include maintaining and/or recruiting new staff, providing funds for logistical support to enable personnel to perform their duties such as training, supportive supervision, and procuring equipment and supplies as required. In rationalizing the human capacity requirements of the unit, six cadres of staff have been identified as follows: 1) an epidemiologist in charge of the unit; 2) an M&E officer to oversee activity planning, monitoring and reporting, as well as capacity building, data use and program evaluation activities; 3) a surveillance officer to coordinate all surveillance activities; 4) three program monitoring officers in charge of all sub-national level program monitoring activities including data quality assurance, training and supportive supervision; 5) two data managers to maintain all central level databases; 6) three data clerks to enter data as required. The Unit currently has staff who are full-time MoHSW employees as well as contract staff supported by donors including the USG. FY 2007 funding will be used to maintain the existing USG-supported personnel, as well as to fill vacant positions (officers in charge of M&E, surveillance, and counseling and testing).

M&E
The USG will support NACP in revising the health sector M&E framework to monitor and evaluate the health sector's response to the HIV/AIDS epidemic. This framework should include plans to develop and/or strengthen existing linkages between the different interventions, provide a comprehensive set of national and international indicators to track progress against set targets, create a more standardized way of reporting health information up to TACAIDS, and provide guidelines for developing work-plans, monitoring programs, and reporting all HIV/AIDS intervention activities. The M&E Officer, recruited above, will provide oversight for the development of the M&E framework including

recruitment of a consultant to assist, plan, develop and implement the framework. The two shall coordinate packaging, dissemination and training on the framework.

The M&E officer will also: a) coordinate the health sector information reporting to TACAIDS; b) work with NACP program officers to plan, monitor and report all NACP activities; c) coordinate technical assistance from NACP partners to build National M&E capacity including data synthesis and use for program improvement.

To address data collection and transfer related issues for program monitoring data, the Epidemiology and M&E Unit will hold a focus group with a few selected Regional and District Health Management Teams to gain a better understanding of the challenges in data collection and transmission, including human resources at the sub-national level. Information gained from this exercise will be used to strengthen data transmission and address existing barriers.

Use of PDAs for supportive supervision:

Supervision is one of the keys to the success of a quality program. Supportive supervision at the regional and district levels to health facilities is one of the integral components of program monitoring within NACP. Currently, most regional supervision programs keep paper management records. They report back their findings to the national level. The introduction of new data collection methodologies will assist in ensuring quality data are collected and used in real time. Supervisors will be able to record the standardized information from their visits on PDAs, synchronize these data on their computers, analyze and share the data using a variety of methods, allowing for both feedback and feed-forward. The questionnaires and supervisory checklists would be made using EpiSurveyor (free software) on a computer and transferred to EpiSurveyor on the PDA. The regional officers would download the PDA data to their desktop computers after each supervisory trip and then combine the data on a quarterly basis. They would analyze the downloaded data in a statistical package and transfer the results to the national level via e-mail or other method. The use of PDAs will be piloted in Dar es Salaam where there are computers and capacity to analyze the results. Implementation trainings on using the PDA and the supervisory checklist will be conducted as part of regular meetings held with the region.

Emphasis Areas	**% Of Effort**
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50
Proposed staff for SI	10 - 50
Targeted evaluation	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for strategic information activities	30	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	86	☐

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Laboratory workers
Nurses
Pharmacists
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National AIDS Control Program Tanzania
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8061
Planned Funds: $ 50,000.00
Activity Narrative: Behavioral and Biological Surveillance Surveys Among Most At Risk Populations (MARPs) in Mainland Tanzania

This activity relates to the activity ID number 8061 which strengthens SI capacity for NACP Epidemiology, M&E Unit.

The CDC/HHS in Tanzania has been collaborating with the World Health Organization (WHO) in providing technical assistance to Tanzania Ministry of Health, AIDS Control Program (NACP) to conduct surveillance activities. Tanzania is confronting a generalized HIV epidemic; the prevalence among pregnant women presenting for antenatal care at sentinel surveillance sites is 8.7% (Ministry of Health and Social Welfare, 2005). Recent surveys carried out by the University of Texas Health Sciences Center and the Muhimbili University, College of Health Sciences, University of Dar es Salaam uncovered newly introduced high risk behaviors among sex workers and injection drug users (IDUs), which are overlapping populations. In 2000, HIV prevalence among presumed sex workers in Moshi Town in Northern Tanzania was reported as 26.3% (Kapiga, et al. 2002). In 2005, McCurdy, et al reported that sex workers in Dar es Salaam described a new practice they called "flashblood." This practice involves a heroin injector drawing back blood into the syringe after injecting heroin. The blood is then injected by another user to mitigate the effects of withdrawal. At the time, the practice was only reported by women. More recently, men are reporting it, too. In a recent study more than half (57%) of used syringes collected from a sample of 500 sexually-active IDUs in Dar es Salaam and tested for HIV in residue blood were positive (McCurdy, 2006). Further, the increase in heroin use among sex workers has led to an increased HIV prevalence in this population. As female heroin users' addiction increases, they are more likely to turn to sex work to meet the financial needs of their habit. Anecdotal reports suggest that heroin use has spread throughout Tanzania. This core group of potential HIV transmitters could lead to a wave of new infections in the broader population through non substance using sex partners, clients of sex workers, and regular sex partners (spouses) of these clients. These developments warrant the consideration of increased attention to sentinel surveillance of these most at risk populations (MARPs).

In an effort to provide a cohesive and coordinated approach to behavioral and HIV surveillance among MARPs, the NACP with the assistance of USG and WHO, will convene a consultation meeting of key stakeholders in FY 2007 to map a strategy for increased surveillance of MARPs in mainland Tanzania. The consultation will focus on surveillance designed to inform the rational development of prevention programs for MARPs including substance users, especially heroin users, and transactional sex workers.

Additionally, the NACP will utilize FY 2007 and existing funds from USG to pilot surveillance methods for bar workers as a proxy for sex workers in at least one site (Morogoro) in FY 2007. This will be done with a to-be-determined sub-partner. Activities will include a) training of trainers in behavioral surveillance methods including respondent driven sampling methodology (RDS), b) training field data collectors on the survey methods, c) data collection, d) data management, analyses and report preparation, e) dissemination of study results.

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
HIV Surveillance Systems	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	5	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	15	☐

Target Populations:

Most at risk populations
Injecting drug users
Men who have sex with men
Partners/clients of CSW

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National AIDS Control Program Tanzania
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	8062
Planned Funds:	$ 130,000.00

Activity Narrative: Support to National Monitoring Systems Training and Implementation through the University Computing Centre

This activity relates to 8060, 7814, 7776, 7760, 7756, 7761, 8692, 8690, 8695, 8221.

The Ministry of Health and Social Welfare (MOHSW) has supported a decentralized approach to management of HIV/AIDS intervention programs. For program monitoring, this involves data collection, synthesis and use at the point of service. Decentralization of program data management will result in early identification and correction of errors, as well as synthesis and use of this information to improve service delivery. Furthermore, data quality assurance can be strengthened within the existing structure for supportive supervision. Thus, where capacity exists, clinics, and other points of service (POS), will use the national electronic system to manage and synthesize data, as well as transmit reports to higher levels. On the other hand, POS with no electronic capacity will submit summary reports to the district level where data entry, aggregation and onward reporting will be done. Districts with no capacity to manage data electronically will submit compiled district summaries to the regional level for management, synthesis and onward reporting. Where information synthesis takes place at district or regional levels there will be feedback reports to the facility to ensure data use for program improvement. This approach strengthens the role of districts and regions in promoting the use of data to inform technical and management decisions.

The University Computing Centre Limited (UCC) is a limited company wholly owned by the University of Dar es Salaam, one of the training arms of the MOHSW. UCC has capacity not only for software design, but also for training, roll-out and ongoing support of users. UCC has zonal centres in Arusha, Mbeya, Dodoma and Mwanza as well as two centres in Dar es Salaam. Each of these centres is equipped with training rooms with a computer for each trainee and a projector. Each centre also has full time well-qualified and experienced computer trainers who not only train people in standard packages, but also in UCC-designed software. UCC also has the capability for logistical support for training with administrators who have experience in organizing and administering extensive geographically dispersed training sessions for Government of Tanzania employees. In addition, UCC has experience in ongoing contact with a large user base to resolve problems and incorporate feedback, and the capability to provide help desk services both by phone and through site visits.

Under UCC's Global Fund grant, they are able to fund the software development centrally for the MOHSW/National AIDS Control Program (NACP), regions and districts and POS provided that the software development is directly related to HIV/AIDS information management. However, the additional training roll-out and support to non-Global Fund sites will require additional resources.

In FY 2007, NACP would like to ensure a coordinated approach to national systems development and use. This includes ensuring that national guidelines, paper-based collection tools and the electronic systems for monitoring HIV/AIDS intervention programs are harmonized, properly implemented and used. NACP supports the efforts of UCC to provide the training to national and sub-national staff on the use of these systems and provide oversight and user support to ensure proper use of the systems for all the interventions.
This activity funds training of regional, district and facility level data management staff on the UCC-developed software, software that is based on the national standardized data collection tools for three of the HIV intervention areas - Care & Treatment, PMTCT, and Voluntary Counseling and Testing. The activity also funds further software development activities at UCC in each of these areas to ensure that standard reports are available at sites incorporating both the Government of Tanzania (GoT) HIV/AIDS indicators and USG indicators. Technical assistance will be provided by USG Tanzania to NACP and UCC on data quality. For facilities, as well as district and regional offices, efforts will focus on improving data quality with standard quality control processes. Within the UCC software development activity, efforts will focus on building the same quality control processes into the software. The MOHSW will continue decentralization efforts within NACP, with accountability for data quality being enforced at each level where paper and electronic systems exist.

In FY 2007, UCC will coordinate and conduct 10 training sessions on the electronic systems, including training for USG implementing partner staff. The UCC will train regional, district and facility-based staff on these systems. UCC will coordinate the setup of the systems for all users, and ongoing support on the systems, as issues arise. A single source for assistance on use and support of its systems will improve the decentralized approach, which NACP wholly supports, and the quality and use of the data at all levels.

Emphasis Areas	**% Of Effort**
Health Management Information Systems (HMIS)	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for strategic information activities	200	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	240	☐

Target Populations:

Doctors
Nurses
Pharmacists
International counterpart organizations
National AIDS control program staff
USG in-country staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Pharmacists
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8683
Planned Funds: $ 61,720.00
Activity Narrative: DoD SI Management and Staffing

This activity also relates to activities in treatment (Mbeya Referral Hospital and Mbeya, Rukwa and Ruvuma Regional Medical Office)

FY07 funds will be used to support four SI personnel in DoD. The DoD management and staffing costs for Strategic Information will support three Data Management officers and one Monitoring and Evaluation officer. These SI officers will provide technical assistance to Referral, Regional, District hospitals in the Southern Highlands of Tanzania. This support is centrally housed at the Mbeya Referral Hospital and covers Mbeya, Rukwa and Ruvuma regions.

The Mbeya Referral Hospital (MRH) is one of five zonal hospitals in Tanzania and serves not only as a referral and training center but also as a primary care facility. With assistance from the MOH and direct Emergency Plan FY04-7 funding, the Referral Hospital has been able to initiate and sustain a large scale ART program. Though it was only able to begin full recruitment of patients in January 2005, it now boasts a patient-load of over 1700 on ART and 4,500 on care. Though it experienced a slow start, it will exceed its September 2008 ART targets of 5,000, enrolling over 200 new patients a month. Through September 2008, it will continue to expand direct ARV treatment to reach at least an additional 1,000 individuals, bringing the total under ART at this facility to 6,000 and under care to 8,500 by September 2008.

The FY 2007 funding will continue to support ongoing technical assistance to DoD's partners in establishing and maintaining health information systems, performing and monitoring program activities. Currently, three data management personnel provide data management support assistance to treatment, palliative care, OVC support and laboratory services. In FY 2006, a Monitoring and Evaluation officer will be hired to further strengthen our capacity to monitor and evaluate the progress of our programs in meeting our COP targets.

SI staff will continue to strengthen the necessary infrastructure of the zone, with the emphasis being put in Mbeya, Ruvuma, and Rukwa, then down to districts facilities. Each site will receive the necessary hardware which will be programmed in MS Access. Hospital personnel from the three regions will be trained in use of the database including data entry, analysis and production of reports.

To date we have been able to establish a well functioning SI team that provides technical assistance to all three regions (Mbeya, Rukwa and Ruvuma) in the areas of training, supportive supervision, electronic data upload, and generating NACP reports. This activity will contribute to developing the human and institutional capacity building within the Southern Highlands of Tanzania.

Emphasis Areas	% Of Effort
Proposed staff for SI	51 - 100

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8685
Planned Funds: $ 225,059.00
Activity Narrative: USAID SI Management and Staffing

FY07 funds will support 1.5 full time equivalent staff that will assist in coordinating activities within SI as well as serve as technical leads for aspects of the work. The specific composition of the staffing is one full-time Monitoring and Evaluation (M&E) specialist supported by a second part-time equivalent senior advisor.

The full-time M&E specialist will work directly with implementing partners, both governmental and non-governmental, to improve the quality, timeliness and utilization of monitoring and evaluation data. Activities will include site visits, data quality assessments, capacity assessments, mentoring and skills-building, as well as monitoring of progress. The M&E specialist will work closely with MEASURE/Evaluation, leveraging their specific technical expertise to fill capacity gaps specifically identified for each partner through the implementation of a capacity building plan. The M&E specialist, who has a particular knowledge of the GoT's ART M&S system, will also participate in technical assistance activities to the GoT in this area.

The senior advisor will assist in the identification of portfolio-wide, as well as national M&E needs. S/he will assist in the development of a USG strategy to address these needs, ensuring that USAID SI related activities complement those provided by other USG agencies and fill gaps as needed. The senior advisor will also work with all USAID portfolio managers to ensure effective M&E support and provide direct, strategic, technical assistance as needed.

Both the program specialist and senior advisor will be active members of the USG Strategic Information Thematic Group.

Emphasis Areas	% Of Effort
Proposed staff for SI	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	15	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	☐

Target Populations:

USG in-country staff

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	Base
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	9576
Planned Funds:	$ 572,376.00

Activity Narrative: CDC SI Management and Staffing

CDC Management and Staffing in strategic information (SI) will be used to support CDC agency specific staffing needs in Tanzania as they relate to ensuring that the goals and objectives of the Emergency Plan are met.

The FY 2007 funds will support seven full-time equivalent staff that will coordinate activities in strategic information. The composition of the staffing includes the following: 1) SI and Capacity Development Program Director, a direct hire, who will oversee all CDC specific SI and Human Capacity Development activities. She will work closely on USG SI-related activities; 2) SI/HMIS (Health Management Information Systems) Senior Advisor, a contractor, who will coordinate all CDC specific activities related to surveillance, and information systems, including program monitoring; 3) HMIS Advisor, a contractor, who will provide support and technical expertise in developing, implementing, and maintaining information systems for the Government of Tanzania, and within CDC and USG ; 4) Monitoring and Evaluation Senior Advisor, a local hire, who will coordinate all CDC specific activities related to internal and external M&E and oversee target setting for OGAC indicators for CDC partners. This advisor will work closely with the Ministry of Health and Social Welfare (MOHSW), Zanzibar AIDS Control Program (ZACP), and other CDC partners to standardize and strengthen M&E capacity to ensure sustainability; 5) Surveillance Advisor, a contractor, to replace the exiting Surveillance ASPH (Association of Schools of Public Health) fellow, who will provide technical assistance for the development and implementation of HIV surveillance activities related to PEPFAR, including antenatal clinic surveillance, drug resistance threshold surveys, and behavioral and biological surveys among most at risk populations. S/he will also provide trainings and participate in technical working groups to build capacity within the ministries of health; 6) M&E Advisor, a local hire, to replace the exiting M&E ASPH (Association of Schools of Public Health) fellow. The M&E Advisor will support the senior advisor in performing M&E activities for CDC and its partners. S/he will work closely with CDC program officers to build their capacity in program monitoring; 7) USG SI liaison, a contractor, who will coordinate the SI activities across all USG agencies in Tanzania and liaise with OGAC on SI related matters. Funds will support a short-term consultancy that will be required to support two public health evaluations related to monitoring the national impact of ART services in Tanzania and treatment-seeking behaviors of men in Zanzibar. All SI personnel will be members of the USG Strategic Information Thematic Group.

All of the CDC SI staff described will work directly with the MOHSW on the Mainland and the ZACP to provide ongoing technical assistance and building capacity among the respective Epidemiology Units. They will work with CDC's partners to establish and maintain health information systems, and monitor CDC's partners and their activities. This includes the development and implementation of national and USG databases for HIV/AIDS, specifically ART monitoring, counseling and testing, home-based care, PMTCT, and TB/HIV linkages where feasible and appropriate. It also includes building capacity in monitoring and evaluation and managing and analyzing surveillance data. Trainings for Epi Info, data use and activity planning and monitoring will be conducted for both CDC program officers and CDC's partners.

The FY 2007 funds will also support international (trainings, meetings, and conferences), and domestic travel (USG strategic planning meetings, partner meetings, workshops, and partner site visits).

This activity will contribute to developing the human and institutional capacity building within CDC-Tanzania and its partners, USG agencies, and the Ministries of Health in the United Republic of Tanzania.

Emphasis Areas	% Of Effort
Proposed staff for SI	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	10	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	80	☐

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9578
Planned Funds: $ 30,525.00
Activity Narrative: CDC Technical Assistance

CDC technical assistance (TA) funds in SI will be used to support CDC agency specific TA requests for the USG in Tanzania as they relate to ensuring that the goals and objectives of the Emergency Plan are met. The proposed funds will support the procurement of temporary duty assistance (TDY) from CDC headquarters to provide expert technical assistance to field staff in strategic information activities. This includes the assistance in developing or implementing information systems for USG-supported Ministry of Health and Social Welfare (MOHSW) programs in the following areas: laboratory, blood safety, counseling and testing, care and treatment, and prevention of mother to child transmission. TDYs will also be sought to support surveillance activities, such as antenatal clinic (ANC) and most at risk populations (injecting drug users, men who have sex with men, and commercial sex workers). They will also be requested to ensure that quality data are collected and used in USG supported programs.

Technical assistance will be requested in the implementation of a pilot of the use of personal digital assistants (PDAs) for supportive supervision. Training on the use of PDAs will be conducted for the National AIDS Control Program, CDC Country Staff, and CDC's partners participating in the pilot. For the implementation of the HIV incidence assay: BED-CEIA, training will be conducted for NACP, the National Institute of Medical Research, and CDC Country Staff.

This activity will contribute to developing the human and institutional capacity building within the Tanzanian MOHSW, CDC-Tanzania and its partners, and in-country USG agencies.

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	7	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	39	☐

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9579
Planned Funds: $ 30,525.00
Activity Narrative: CDC Technical Assistance

CDC technical assistance (TA) funds in SI will be used to support CDC agency specific TA requests for the USG in Tanzania as they relate to ensuring that the goals and objectives of the Emergency Plan are met. The proposed funds will support the procurement of temporary duty assistance (TDY) from CDC headquarters to provide expert technical assistance to field staff in strategic information activities. This includes the assistance in developing or implementing information systems for USG-supported Ministry of Health and Social Welfare (MOHSW) programs in the following areas: laboratory, blood safety, counseling and testing, care and treatment, and prevention of mother to child transmission. TDYs will also be sought to support surveillance activities, such as antenatal clinic (ANC) and most at risk populations (injecting drug users, men who have sex with men, and commercial sex workers). They will also be requested to ensure that quality data are collected and used in USG supported programs.

Technical assistance will be requested in the implementation of a pilot of the use of personal digital assistants (PDAs) for supportive supervision. Training on the use of PDAs will be conducted for the National AIDS Control Program, CDC Country Staff, and CDC's partners participating in the pilot. For the implementation of the HIV incidence assay: BED-CEIA, training will be conducted for NACP, the National Institute of Medical Research, and CDC Country Staff.

This activity will contribute to developing the human and institutional capacity building within the Tanzanian MOHSW, CDC-Tanzania and its partners, and in-country USG agencies.

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	7	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	39	☐

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	9593
Planned Funds:	$ 550,000.00

Activity Narrative: Procurement of Supplies to Support Surveillance Activities

This activity is linked to activities #7773 and #8060.

The USG has provided support to the National AIDS Control Program (NACP) for HIV surveillance activities, including the provision of funds for the procurement of specimen collection, transport and laboratory testing supplies needed for the surveys. The USG has funded the Antenatal Clinic (ANC) HIV sentinel annual survey and the HIV Drug Resistance (HIVDR) threshold survey. In FY 2005, USG provided support for the national ANC surveillance, which covered 90 sites in 15 of the 21 regions. Additionally, USG provided technical assistance for the pilot HIVDR threshold survey in Dar es Salaam region, with six participating sites. This included guidance on supplies needed for the survey as well as technical assistance with specimen collection and transport for six participating sites and National Health Reference Lab, Muhumbili University College of Health Sciences (MUCHS), where HIV testing was carried out. FY 2006 USG funds were used to support the scale-up of the national ANC surveillance from 15 regions to all 21 regions, with a total 128 participating sites. Funds were also used to conduct another round of the HIVDR survey in Dar es Salaam region.

The FY 2005 and FY 2006 funds were used by NACP for the procurement of supplies such as Enzyme-linked immunoassays (EIA) test kits, filter paper, pipettes, dried blood spot (DBS) cards (for collecting specimens) and gloves. However, as a result of existing procurement procedures, NACP has faced challenges in obtaining the necessary supplies in a timely manner to conduct the surveys. This has led to delays in carrying out required activities.

USG plans to support the NACP in FY 2007 to maintain 128 sites participating in the national ANC surveillance, and to provide funding for NACP to conduct HIVDR threshold surveys in six urban sites in three regions (Mwanza, Kilimanjaro and Mbeya). Based on the previous experience and to ensure continuity of these important activities, USG will provide FY 2007 funding for procurement to the Supply Chain Management System (SCMS). This will ensure specimen collection, transport and testing supplies are received in time and will prevent shortages of supplies which could lead to delays in surveillance activities. ANC surveillance supplies will cost $400,000. This includes EIA test kits, storage bags (for storage and transport of specimens), desiccants, humidity indicator cards, filter paper, pipettes, DBS cards, data collection forms. Since the HIVDR threshold surveys are nested within the ANC surveys, the overall cost for supplies is much less, at approximately $140,000. This includes storage bags, desiccants, humidity indicator cards, filter paper, pipettes, DBS cards. As a part of the validation of the sample results, quality assurance is conducted, specifically re-testing 10% of the all tested samples. Technical assistance will be provided for this activity, which is described in activity #7773 in the SI program area. Additional test kits to conduct quality assurance for collected specimens will be purchased using FY 2007 funds.

Use of Personal Data Assistants (PDAs) will be initiated beginning in FY 2007, as tool for data collection for supportive supervision activities. These are commonly used in many other countries in the region, to reduce data entry errors and time needed for data entry. Data are available in a timely manner for analysis and to be used for decision making at the district levels. In Tanzania, these tools will standardize data collection during supportive supervisory visits as well as to ensure a more timely flow of data from field to NACP headquarters. Moreover, the units are PC-compatible making transfer for data from the data collection tool to database, relatively seamless. As a pilot, 200 PDAs will be purchased at $50 per unit. Regional and district level health personnel participating in the pilot will be identified and trained on using the units in a one-day training, which is part of overall SI capacity building, described in activity #8060. In addition to the PDAs, car chargers will be procured to ensure that the battery is charged at all times. This method of data collection will ease the work load on district health staff and motivate them to use the data for informing their programs. SCMS will procure the PDAs and additional supplies.

Emphasis Areas	% Of Effort
Other SI Activities	51 - 100

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9613
Planned Funds: $ 0.00

Activity Narrative: Public health evaluation of community anti-stigma intervention

This activity is a follow-up on the 2-year stigma-reduction activity that was approved in the FY 2005 COP. Funds allocated in FY 2005 were to cover activities for the first year. FY 2006 funds were for the final phase of the study which will be completed in FY 2007.

Stigma and discrimination is a barrier to effective HIV programs, including uptake of VCT, PMTCT, ARV and opportunistic infection treatment, adherence to treatment, care and support for PLWHA and OVC, as well as behavior change. Reducing stigma and discrimination is essential to meeting the goals of the President's Emergency Plan. It will help create an environment that will support people to increase the uptake of services, such as seeking HIV testing, disclose HIV sero status, access treatment, adhere to drug regimens, and ensure care and support for PLWHA and OVC. The need to address HIV-stigma and discrimination has now been clearly recognized in Tanzania and by the President's Emergency Plan, and is a key cross-cutting issue that runs through all HIV/AIDS programming. For the past four years the International Center for Research on Women (ICRW) and Muhimbili University College of the Health Sciences (MUCHS) have been working together to collect data to inform the design of stigma-reduction programs, develop practical tools, adapt and translate these tools into Swahili and begin to develop a standard set of HIV stigma and discrimination indicators for measuring program success. In addition, they have worked closely with Kimara Peer Educators and Health Promoters Training Trust (Kimara Peers) during the data collection phase, in developing intervention tools and also in developing a community stigma reduction program. Building on the foundational work done by ICRW and MUCHS in Tanzania, Kimara Peers has just completed implementing a pilot model community-based stigma reduction program, through a grant from the REACH project. Intervention activities ended in April 2006. It is critical that this first-of-its-kind model program be systematically evaluated to examine whether it has had the intended impact in both the short-term (immediate effect) and longer-term (sustained effect), as well as to capture and document lessons learned to allow for feasible replication and scale-up of stigma-reduction.

The evaluation incorporates both quantitative and qualitative methods. With FY 2005 funding, ICRW, MUCHS and Kimara Peers through FHI, conducted the first phase of a targeted program evaluation of the ongoing Kimara Peers community stigma reduction program to assess short-term, immediate impact. In FY 2006, a second phase of evaluation was initiated to examine the longer-term impact and whether the intervention has had lasting, sustainable effects. The second phase of the evaluation will continue in FY 2007. The evaluation examined whether there was a change in stigma and resulting discrimination at the population level within the communities that receive Kimara's enhanced stigma reduction programs. A pre/post survey was designed and triangulated with qualitative data collection. This design measured the change in stigma and discrimination at the community level over 20 months of implementation of the enhanced Kimara project (i.e., with the integration of stigma-reduction components into ongoing HIV and AIDS activities). A baseline survey on stigma (n=978) was conducted in Kinondoni as part of a project to develop and test indicators for stigma and discrimination. The qualitative data focus on documenting, from the perspective of PLWHA, their families, project staff and key community leaders, whether, and how, stigma may be changing over the course of the intervention and the role of the intervention (as opposed to other confounding factors) in any change that might be occurring. Specific methods used to answer the four main research questions were: 1) Analysis of baseline survey data (data collected as part of stigma indicators development project). 2) Qualitative data collection: In-depth interviews with PLWHA, affected family members, program staff and community leaders to collect information on their experience with stigma in the community, and perspectives going back to before the start of the intervention. 3) End-line survey: The analysis will be to test and validate indicators for stigma and discrimination (through HORIZONS), and to evaluate the impact of the stigma-reduction program. Process indicators being collected by Kimara Peer Educators will also be included in the analysis.

Initial anecdotal evidence from the program indicates that it is having significant impact. Kimara Peers have seen a significant increase in people using VCT since the activities began, an increase in PLWHA joining group counseling sessions, and community demand for expansion of the stigma-reduction programming. However, without targeted program evaluation, it will be difficult to distinguish whether these increases are all, or partly, due

to the stigma activities, rather than to other possible confounding factors, like the expectation of ARV availability or media campaigns. In addition to assessing whether these immediate impacts are due fully or in part to the intervention, it is also important to examine whether there are lasting impacts and whether behavior change is sustained once the intervention ends. Kimara's program is the first of its kind in Tanzania, and is already being looked to as a model stigma reduction program. This is a unique and important opportunity to thoroughly evaluate what impact this program is having, both in the short and longer-term, and to learn vital lessons for successful scaling up of stigma-reduction programs. Kimara Peers is also the recipient of funding from the Foundation for Civil Society to support AIDS affected children through psychosocial interventions and IEC materials.

Continued Associated Activity Information

Activity ID:	3457
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 200,000.00

Emphasis Areas	**% Of Effort**
Targeted evaluation	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

Target Populations:

Adults
Community leaders
Community-based organizations
Most at risk populations
HIV/AIDS-affected families
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
Program managers
USG in-country staff
USG headquarters staff
Volunteers
Caregivers (of OVC and PLWHAs)
Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Dar es Salaam

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Ministry of Health and Social Welfare, Tanzania
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	19291
Planned Funds:	$ 60,000.00
Activity Narrative:	The Government of Tanzania (GoT) is committed to strengthening its response to the HIV epidemic by improving information systems that inform management staff about HIV services, including prevention of mother-to-child transmission (PMTCT), antiretroviral treatment (ART), counseling and testing (CT), palliative care, and care for orphans and vulnerable children (OVC). One of the biggest challenges is having reliable, timely information about the numbers and locations of people served, including those tested, treated, and lost to follow-up. Each HIV service area has its own vertical systems to move the data from facilities to the national level. These systems, that assist the GoT in making vital decisions that affect programs, require strengthening. The Ministry of Health and Social Welfare (MOHSW) fully supports a decentralized approach to monitor HIV/AIDS interventions, with facility management using their own data for oversight, district oversight of facilities, regional oversight of districts and national oversight of regions - an approach that ensures that at each level, data quality and timeliness is a responsibility, and data should be used for technical and managerial decisions and action-oriented feedback on service delivery. USG will work with GOT and a developer (TBD) to assess, design, build and implement a web-based platform The platform will include the use of electronic data systems -- systems already in existence or being designed and developed using national guidelines and data collection tools, that rely on the Health Management Information System (HMIS) method of data flow and the Wide Area Network (WAN) that exists in seven regions and centrally in Dar es Salaam at MOHSW. The new information system will link the systems with a single interface, and allow for entry of data across all interventions at district and some points of service, including: PMTCT, voluntary and provider-initiated CT, care and treatment centers - including home-based care providers, as well as links to monitoring test kit inventories and the dispensing of antiretroviral drugs and regimens, and laboratory systems throughout the country. The continued support and management for the system will be done by national level system administrator, who will be trained by the implementer of the new platform. They will work closely with the staff who support the WAN technologies and others in the country who are providing services in support for the overall system.

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	3	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	☐

Table 3.3.14: Program Planning Overview

Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14

Total Planned Funding for Program Area: $ 8,700,000.00

Program Area Context:

In a recent meeting with the U. S. Global AIDS Coordinator, President Kikwete highlighted that the two major barriers to scale-up of treatment are human resources and stigma, and one could argue that the right policy and legal environment constitutes the third leg of the stool. The OPSS portfolio reflects these critical priorities.

In FY 2006 the USG worked with the Government of Tanzania (GOT), civil society organizations, Faith Based Organizations (FBOs), People Living with HIV/AIDS (PLHA) groups, parliamentarians, private sector, media houses, and other institutions to strengthen advocacy for policy change for improved implementation and scale-up of services. Technical assistance was provided to the Ministry of Justice and Constitutional Affairs to support legal and regulatory reforms, including the development of the draft AIDS Bill, and to the Christian Council of Tanzania to complete a Gender and HIV/AIDS Policy.

In FY 2007, the Health Policy Initiative (HPI) will continue to strengthen the policy environment for HIV/AIDS and to empower communities to engage in policy dialogue. HPI will build the capacity of district and national leaders to advocate for improved HIV services and the passage of the AIDS bill. In addition, training and sensitization in HIV-related policies, including those addressing stigma and gender, will continue through NGOs, FBOs, and organizations of PLHAs. Gender is further addressed in PMTCT, OVC, Care, and Treatment program areas.

Continued strides in stigma and discrimination reduction will help to create a favorable environment for greater uptake of HIV services. At the recently-concluded International AIDS Conference in Toronto, Tanzania received accolades for its practical, evidence-based work in stigma. This year, in addition to focusing on national-level advocacy, the USG will conduct an assessment to identify partners' best practices in stigma reduction and develop a coordinated plan for integrating stigma into prevention, care, and treatment programs at the national and sub-national levels, across all settings. In addition, since it is well-recognized that health workers play a major role in perpetuating stigma, the USG will target health workers of all levels for stigma sensitization. A package will be developed with FY 2006 plus up funds that will not only sensitize health works to stigma but also encourage greater utilization of prevention, care, and treatment services by health workers. After a pilot in FY 2006, the package will be rolled out by the MOHSW in FY 2007. Key partners in this area include HPI, the International Education and Training Center for HIV/AIDS (I-TECH), and FHI.

With regards to Human Resources for Health (HRH), the USG's goal is to support the GOT to effectively plan for, train, recruit, and retain sufficient numbers of health care workers who: 1) know their status and feel comfortable accessing HIV services; 2) have confidence in their ability to deliver prevention, care, and treatment services safely, effectively, and compassionately; and, 3) are adequately satisfied by and remunerated for their work. This approach closely mirrors WHO's "treat, train, retain" approach.

Tanzania is still facing challenges in realizing this goal, as there are complex inter-ministerial issues that require significant engagement to address. However, in the past year the USG has assisted the GOT to lay important groundwork for several short- and long-term strategies to identify and remedy deeply-rooted systems barriers. Accomplishments include start-up of the country's first pre-service HIV training program through a nurse Twinning partnership; a major operational research study on workforce productivity and workload; an assessment of Human Resource Information Systems (HRIS) on both the mainland and Zanzibar; an analysis of the HRH recruitment process and its bottlenecks; and, finally, development of a national Five-Year Strategic Plan for HRH. The plan includes benchmarks and approaches for qualitative and quantitative improvements in the national health workforce vis-à-vis the burden of disease. The comprehensive plan is the overarching framework into which all USG HRH interventions fit. A synthesized version of the plan (attached as an addendum) will be the basis for USG support to the MOHSW's priorities by ensuring that all activities are part of the GOT plan.

FY 2007 activities in human and institutional capacity development are divided into the following areas:

1) Training. In the coming year, the USG will support the human and infrastructural development of pre-service and in-service training systems and will ensure that HIV/AIDS and stigma reduction are fully integrated into curricula, particularly for the cadres involved in the delivery of HIV services. Monitoring and evaluation of training to determine its impact at the service delivery level will also be a priority. Primary partners include the American International Health Alliance (AIHA) and I-TECH. To leverage private sector funds for training and systems strengthening, a Global Development Alliance will be developed.

2) Recruitment. The Capacity Project is working with the MOHSW and other relevant ministries to fix bottlenecks that were identified in the analysis of the hiring process. As this is a long-term process, Capacity, in the interim, will assist MOHSW to hire and deploy 300+ health workers to Care and Treatment Centres (CTCs) for a period of two years as part of a GOT Emergency HRH Plan funded through the Global Fund. At the end of the two years, the GOT will be expected to absorb the workers in the GOT system.

3) Performance and Productivity. A major component of the Emergency HRH Plan is enhancement of HRH productivity and performance. In FY 2007, the National Institute for Medical Research (NIMR) and Capacity will develop and assist in the implementation of a productivity intervention that will be designed using results from an operational study completed by NIMR in FY2006. It is anticipated that an intervention could raise CTC productivity levels by as much as 20-30%, which will considerably increase CTC capacity to deliver ART services.

4) Retention. The final component of the Emergency HRH Plan is to develop, pilot, and roll out an evidence-based, cost-effective retention scheme in CTCs. This intervention will be designed based on work carried out by NIMR and Capacity in late 2006, and may become a model for a national retention scheme.

5) Leadership, Accountability, and Performance. In FY2006, Management Sciences for Health (MSH) provided technical assistance to national coordinating bodies, including the Tanzania Commission for AIDS (TACAIDS), the Zanzibar AIDS Commission (ZAC), and the Tanzania National Coordinating Mechanism (TNCM) for the GFATM. In FY 2007, MSH will assist TACAIDS to create a rolling work plan for TA as well as a consultant database to foster greater autonomy in accessing TA. MSH will also continue work done by short-term TA for Global Fund programs to help strengthen the TNCM and its accountability for results, and will work with ZAC to create an organizational development plan. FHI will continue to provide TA to the NACP and MOHSW to further strengthen all HIV-related services, and to implement the recommendations of a management consultant who recently spent two months with NACP. In addition, FHI will help to support and coordinate the decentralization of supportive supervision, and to strengthen the formal coordination mechanisms among the 17 organizations providing care and treatment in Tanzania. Finally, Pathfinder will receive FY 2007 funds to develop the financial management and administrative capacity of GOT partners who receive direct USG funds.

The above activities will help to ensure that the USG prevention, care, and treatment program in Tanzania is successful and sustainable.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	312
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	325
Number of individuals trained in HIV-related policy development	632
Number of individuals trained in HIV-related institutional capacity building	2,366
Number of individuals trained in HIV-related stigma and discrimination reduction	3,107
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	1,210

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	AIHA
Prime Partner:	American International Health Alliance
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	7678
Planned Funds:	$ 600,000.00

Activity Narrative: This activity relates to activities in Lab (#7676), ARV Services (#7679), and OPSS (#8981).

Since 2003 the Muhimbili University College of Health Sciences (MUCHS) School of Nursing worked with the University of Michigan (UM) to expand HIV education for teachers and students in all of Tanzania's 56 pre-service nursing schools, including 23 certificate programs, 22 diploma programs, seven advanced diploma programs, and four degree programs. In FY 2005, the partnership was formalized when Rapid Expansion funds were awarded to the American International Health Alliance Twinning Center to support a twinning partnership between the two universities. Although UM needed to withdraw from the partnership, the Twinning Center has continued to provide project leadership to further define the HIV/AIDS core competencies for nurses in Tanzania and to ensure that the curriculum development activities move forward. In August 2006, the Twinning Center reached an agreement with CDC to continue this important work by partnering MUCHS with the University of California, San Francisco (UCSF) School of Nursing. The first formal visit between the two institutions will be conducted the first week of October, 2006.

The following activities will be completed by the end of FY06: HIV/AIDS modules and supportive materials developed and approved by the MOHSW and stakeholders; Master Teacher Training of Trainers (TOT) conducted, with two teachers trained from each of eight zones; and nursing tutors from each pre-service institution trained to use the new modules and materials. Each of the 56 institutions will also be supported, where possible, to address infrastructural needs such as lap tops, projectors, clinician support tools, and reference materials. Some support may come from Plus Up funds that were awarded to JHPIEGO to support nurse midwifery schools in FY 2006. Twinning volunteers from UCSF will provide technical assistance during each phase of training roll out, from co-facilitation of TOTs to clinical mentoring and short-term gap filling for tutors who are undergoing training. A Life Skills intervention for nursing students will also be piloted and implemented in FY 2006 in conjunction with the zonal TOTs.

In FY 2007, the focus of training will shift from nursing faculty to nursing students so that the ultimate goal of the program – to produce nursing graduates confident in their ability to provide HIV-related services and protect themselves from HIV – can be reached. Mentors from UCSF will be fielded to provide continued support to nursing faculty teaching the new content to students in the nursing institutions. Exchanges with other resources-constrained countries, such as Thailand, may be provided to selected Tanzanian nursing leaders faced with addressing the challenge of empowering nurses to assume more responsibility and accountability as members of a multidisciplinary health care team. Building on the volunteer model, longer-term in-country volunteer opportunities will be explored with organizations such as the UK-based Volunteer Support Organization (VSO). Monitoring and evaluation will comprise a large component of the program in FY 2007, and will focus on assessing pre- and post- training knowledge and ability of tutors to conduct effective subsequent trainings, and other institutional advances. Material support to the nurse training institutions will also be continued in FY 2007 to ensure that all tutors have the appropriate equipment to facilitate teaching of the new content.

By the end of FY 2007, approximately 6,596 nursing students will receive increased HIV/AIDS instruction each year, and 2,091 will graduate annually with a strong foundation in HIV/AIDS prevention, care, and treatment. MUCHS and UCSF will coordinate with the pre-service laboratory partnership and with I-TECH to ensure standard approaches to pre-service training. This and other pre-service programs will help to ensure sustainability of PEPFAR in Tanzania.

Of these funds, $50,000 will support a Twinning partnership with a community-based organization that works with Most At Risk Populations (MARPS), such as Injecting Drug Users (IDUs), to build this capacity in Tanzania. Deliverables for the MARPS partnership include: 1) documented goals, objectives, and activities for the partnership, as well as a work plan; 2) reports on exchanges that occur during the fiscal year; 3) quarterly and annual progress reports.

With the availability of Plus Ups, an additional $100,000 will support the MARPS partnership in its first year. Deliverables for the MARPS partnership include: 1)

documented goals, objectives, and activities for the partnership, as well as a work plan; 2) reports on exchanges that occur during the fiscal year; 3) and quarterly and annual progress reports. Note: changes in targets for training stigma and discrimination reduction are for the MUCHS/UCSF partnership.

Continued Associated Activity Information

Activity ID:	5027
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	American International Health Alliance
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 430,000.00

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for HIV-related policy development	56	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	57	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	4	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	72	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Nurses
International counterpart organizations
Teachers
University students
Caregivers (of OVC and PLWHAs)
Host country government workers
Public health care workers
Private health care workers
Nurses

Key Legislative Issues

Twinning

Volunteers

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 7714
Planned Funds: $ 400,000.00

Activity Narrative: This activity links to numbers #8981, #7677, and #8868.

The first component of this activity is to strengthen the coordination and management capacity of the NACP Care and Treatment Unit (CTU) and the Counseling and Social Service Unit (CSSU). This support stretches out to the Partners as well.

In FY 2007 FHI will support NACP to stimulate further regionalization of all HIV prevention, care, treatment and support activities for which the MOHSW is responsible to the relevant regional partners. FHI will also provide technical assistance towards the decentralization of supportive supervision by involving zonal and regional facilities. FHI will continue to strengthen the formal coordination mechanism among the about 17 organizations directly implementing care and treatment programs in the country.

As co-chair of the recently-established national subcommittee on HBC, FHI will play a key role in developing and shaping relevant policies for home based care and strengthening the coordination of all organizations providing home based care in Tanzania. The support for coordination will begin with Dar es Salaam and eventually be expanded to include all regions. Under the umbrella of the "Three Ones" approach, FHI will strengthen the mechanisms to harmonize the variety of approaches, ideas, and plans. Formal and informal methods will be used to maintain this coordination, technical information sharing, and harmonization. FHI will support planners, implementers, and partners to use the Continuum of Care approach presented by the MOHSW in Durban and Toronto. FHI will continue to support NACP to develop mechanisms to ensure quality and uniformity in the provision and reporting of HBC services through Zonal Coordination meetings, advocacy, joint partner revisions of materials, and planning to minimize HBC volunteer "burnout" and increase retention. These activities will reach all 204 current CTC sites, an increasingly number of health centres, and all USG-funded HBC programs. FHI will also implement concrete approaches to address the human resource crisis through piloting innovative approaches such as hiring retired nurses, utilizing student nurses/clinicians during their clinical practicum, and providing incentive packages.

FHI will also support I-TECH and the MOHSW to integrate HIV care and treatment training curricula and materials in pre- and in-service training programs in national, zonal, and regional health and medical training institutions. Support to the National Palliative Care Association will lead to a tool set of standards to be used in hospitals and home based care programs. In-service training will be part of this to improve the quality of palliative care service delivery. FHI will continue to support regular review and revision of training materials for the national care and treatment and palliative care courses for both public and the private medical sectors, refresher courses, and patient and provider learning materials. FHI will assist in finalization, distribution, and use of the national Standard Operating Procedures for care and treatment and the pocket guide for clinicians and nurses.

Finally, based on the recommendations of a management consultant to NACP, FHI will work with NACP to improve internal communication and decision making processes.

The second component of this activity is to build critically-needed capacity in the Department of Social Welfare (DSW) to respond to the needs of orphans and most vulnerable children (OVC/MVC). With FHI support, DSW will further guide the implementation of the National OVC/MVC Plan of Action, develops systems to decentralize its implementation, and translate the standards and policies set by the plan into practical support. The frailty of the DSW is being addressed by FHI in close collaboration with PACT to provide the coordinating and technical human resource and communication technology at the DSW central office. FHI will further support the training and refresher training at the Institute for Social Work which will be charged with the welfare of OVC/MVC at the district level together with America International Health Alliance Twinning Center. Building functional health and welfare systems will depend on good information on needs and services available. In FY 2006, the data management systems developed with support of FHI by a national data company has been approved and adapted by all partners for implementation in districts. FHI will continue to provide assistance at national, district and community level to implement and learn from this OVC/MVC mapping of needs and service provision. It will serve as an effective planning tool at the national and local level. In this way technical integrity of programs, sharing of tools, materials, best practices, and lessons

learned will be ensured

FHI technical support to the NACP and DSW of MOHSW will serve as an important overall coordination, integration, and quality control measure for all organizations involved in HIV Care and Treatment, HBC and OVC services, and will contribute to both quality and quantity of the goals set by the Government of Tanzania and USG. It will also have a positive quality impact on all hospitals, HBC, and OVC programs in the country.

Continued Associated Activity Information

Activity ID:	3458
USG Agency:	U.S. Agency for International Development
Prime Partner:	Family Health International
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 375,000.00

Emphasis Areas	**% Of Effort**
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for HIV-related policy development	72	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	72	☐
Number of individuals trained in HIV-related policy development	59	☐
Number of individuals trained in HIV-related institutional capacity building	962	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Doctors
Nurses
Pharmacists
National AIDS control program staff
Policy makers
Program managers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker
Private health care workers
Doctors
Nurses

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	CAPACITY
Prime Partner:	IntraHealth International, Inc
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	7729
Planned Funds:	$ 2,100,000.00

Activity Narrative: This activity relates to OPSS activities #7778 and #7743.

Tanzania continues to face a critical shortage of human resources for health (HRH). To address the multitude of complex issues relating to recruitment, productivity, and retention of HRH, the Capacity Project provides multi-faceted technical assistance to the Ministry of Health and Social Welfare (MOHSW) on both the mainland and Zanzibar.

In FY 2006, Capacity completed an assessment of the Human Resource Information System (HRIS) as well as a labor market analysis for the mainland. The labor market analysis has resulted in a better picture of the stock of active HRH as well as those who are not known to be working, are employed outside the health sector, or will become available as they are produced by training institutions. This analysis informed the HRH strategic planning process which was completed in September by the MOHSW with support and technical assistance from Capacity. The strategic plan charts out short and long-term directions for improving the efficiency of HRH management, enhancing training capacity, and reforming and implementing policies to improve retention.

In FY 2006, Capacity also leveraged field support funds with special GFATM TA funds to implement priority interventions recommended in the strategic plan. These included strengthening MOHSW competencies in human resource management; assistance in the design of an Emergency Hiring Plan to be supported through GFATM funds; support to the National Institute for Medical Research (NIMR) for HRH productivity and retention analyses; and an assessment and schematic of recruitment bottlenecks with which the Permanent Secretary of the MOHSW will advocate for streamlined recruitment processes at the inter-ministerial level.

In Zanzibar, in FY 2006 Capacity provided technical assistance to assess HRH productivity gaps and design strategies to improve worker productivity. Activities for strengthening the human resource information system (HRIS) reached an advanced stage. Zanzibar's Mnazi Mmoja Hospital benefited from Capacity Project technical assistance in the development of a strategic plan, resulting in the hospital nearing semi autonomous status which will allow more flexibility in addressing HRH challenges.

FY2007 funds will focus on continued support for policy and system strengthening interventions to address the worker shortage situation. Capacity will support the MOHSW to manage the parallel hiring process of the GFATM-supported Emergency Hiring Plan. The plan will support the fast-track hiring and deployment of approximately 300 HRH to the most underserved Care and Treatment Centres (CTCs) for a two year period. A HR functions Manager will lead the emergency hire management team with support by three MOHSW staff assigned to work full time on the emergency hire program. A critical function for the management team will be to establish and maintain stakeholder engagement at all levels. The management team will invest resources to improve national level stakeholder leadership by improving the capacity of the national human resource working group to oversee all HR activities, including the Emergency Hiring Plan. At other levels, the management team will periodically bring together stakeholders from all relevant sectors and institutions for consensus building, shared vision, role clarification, and for decision making to improve staffing fill rates and retention.

The same GFATM funds will also support a retention scheme and productivity interventions that will be designed by the MOHSW and Capacity in collaboration with NIMR. The mobilization of new workers must be accompanied by strategies to retain current workers, to attract departed workers, and to create a productive work environment for all health workers. Capacity will assist with the implementation of system strengthening activities in the public sector in both mainland and Zanzibar to increase capacity for long term planning and capacity to recruit, retain, and effectively utilize workers, especially in areas of greatest need.

A comprehensive human resource information system (HRIS) will be an important management tool for the Emergency Hiring Plan. Using findings of the FY 2006 HRIS assessment, in FY2007 Capacity will work with MOHSW to establish a data system to monitor the recruitment, deployment, and performance of all health sector employees, including those hired through the emergency hire program.

Other critical components of the management system for the emergency hire program will be processes and structures to confirm care and treatment centre staffing needs, manage recruitment and deployment and to support new hires for optimal performance. The management team will follow up with health professionals who have already demonstrated interest in joining the health work force to verify interest, especially to serve in CTCs located in disadvantaged areas. The management team will supervise selection, interviews, and the posting process. Prior to posting of new hires, the management team will work with appropriate partners to meet capacity building needs and provide on-site support for new hires through the existing training and supervision systems.

To address bottlenecks in the recruitment process, in FY2007 Capacity will build capacity of HR leaders in at least 80 of 121 mainland districts to address HRH hiring bottlenecks so that HRH employed through the Emergency Hiring Plan are absorbed into the system by the end of the two year parallel employment period.

Finally, in FY2007 Capacity will continue to support private sector engagement in HIV/AIDS by funding ABCT to expand advocacy and sensitization activities in the business community both in and outside of Dar es Salaam. ABCT will contribute to the mobilization of chief executives from private companies and to set up and support regional chapters to meet HIV/AIDS prevention, care, and treatment needs for private sector workers and their families.

Deliverables for FY07 include:1) a functional management team in place for an emergency hire program; 2) 300 additional health workers deployed at HIV/AIDS care and treatment centres; 3) 300 additional health workers competent to provide HIV/AIDS prevention, care and treatment centres; 4) 300 health workers hired through the emergency hire program enter the normal payroll system at the end of the 2nd year of employment; 5) existence of functional systems at central, and district levels to improve HR planning, recruitment and retention; 6) existence of a data system for tracking potential health workers; 7) at least 200 HR leaders with basic capacity to improve staffing filling rate, recruitment and retention; 8) at least 80 districts take action to remove hiring bottlenecks; 9) and at least 40 private sector companies with HIV/AIDS program at work.

With plus up funds, the Capacity Project will undertake a program to strengthen human resource management capacity for 25 EHP districts, including a grant mechanism to enable districts initiate practical interventions to improve recruitment and retention. They will also pilot additional workplace improvement programs in 5 districts to provide lessons learned for broader implementation.

Finally, due to limited capacity at the district level, a mechanism to monitor the application of the interventions and the appropriate use and management of funds will be initiated. The outputs expected from this will be the workers will have greater job satisfaction, a shared vision of the facility, improved leadership and management, improved client-provider interaction, improved facility environment and an overall improvement in worker productivity. Results will be monitored and evaluated for important lessons learned for broader implementation in Tanzania.

Continued Associated Activity Information

Activity ID:	3462
USG Agency:	U.S. Agency for International Development
Prime Partner:	IntraHealth International, Inc
Mechanism:	CAPACITY
Funding Source:	GHAI
Planned Funds:	$ 840,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	30	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	70	☐
Number of individuals trained in HIV-related policy development	60	☐
Number of individuals trained in HIV-related institutional capacity building	425	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	520	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	400	☐

Target Populations:

Business community/private sector
Doctors
Nurses
Pharmacists
National AIDS control program staff
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Private health care workers
Other Health Care Workers

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	M&L
Prime Partner:	Management Sciences for Health
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	7743
Planned Funds:	$ 900,000.00

Activity Narrative: This activity relates to OPSS activity #7729.

Management Sciences for Health (MSH) has been the lead agency providing support and technical assistance (TA) to build management and leadership capacity among key institutions involved in Tanzania's multi-sectoral response to HIV/AIDS. MSH assistance is channeled through the Leadership, Management and Sustainability Project (LMS). The main LMS partner in Tanzania is the Eastern and Southern Africa Management Institute (ESAMI) based in Arusha.

MSH has worked extensively with the two national coordination bodies for HIV/AIDS; the Tanzania Commission for AIDS (TACAIDS) and the Zanzibar AIDS Commission (ZAC). Key areas include strengthening national leadership, accountability, coordination, planning, and resource mobilization. MSH TA has been critical in helping Tanzania and Zanzibar develop, submit, and negotiate large Global Fund proposals. This has included extensive TA to the Tanzania National Coordinating Mechanism (TNCM) and the Zanzibar Country Coordinating Mechanism (CCM), Global Fund Principal Recipients, and other major players.

The significant Global Fund resources awarded to Tanzania are matched with major implementation challenges and the need for a more effective TNCM and CCM, greater accountability, and higher expectations for results. Global Fund projects should not function in isolation from activities funded by other means, such as the President's Emergency Fund for AIDS Relief (PEPFAR) or the World Bank MAP project. MSH has secured additional, non-mission funds to build capacity in Tanzania and Zanzibar to improve performance of Global Fund projects. TA teams fielded by MSH will support Global Fund structures and processes in the areas of governance, flow of funds, monitoring and evaluation, and reporting. Monitoring tools and comprehensive reporting practices will be developed to enable timely intervention when projects need attention. Governance will be improved through structured agreements on the roles and responsibilities of all partners, leading to a revised Operations Manual. MSH will support the preparation of strong and locally developed implementation plans for existing or new awards. The local MSH team in Tanzania will help define and guide the work of the external TA teams and provide follow-up to maximize the benefits of the TA. MSH will liaise with all Global Fund partners to ensure effective planning, coordination, technical consistency and appropriate geographic balance. The LMS team will also assist TACAIDS in its role of TNCM Secretariat and the Zanzibar CCM in the preparation of phase two applications as they become due.

Severe human resource constraints prevent Tanzania from providing comprehensive health and HIV/AIDS services to its rapidly growing population. Low wages, outdated policies and poor work conditions help fuel a steady exodus of health workers, and the Ministry of Health (MOH) is increasingly motivated to address this crisis. MSH collaborates with the Capacity Project to engage different divisions of the MOH (mainland and Zanzibar) in a structured assessment of needs and to formulate a comprehensive framework for intervention. This includes conducting human resource management assessments in FY 2006 that targeted the Human Resources Department of the MOH in Zanzibar and the Human Resources and Personnel Administration divisions of the MOH on the mainland. In FY 2007, MSH will continue to collaborate with Capacity to deliver technical assistance to the MOH and Department of Social Welfare on both Zanzibar and the mainland.

TACAIDS and ZAC are relatively young commissions and MSH will continue to invest in their organizational development. MSH has strong relationships with TACAIDS and ZAC based on years of effective collaboration. Over time, MSH has helped build the institutional capacity of TACAIDS and, to a lesser extent, ZAC, through the provision of TA and training in such areas as planning, budgeting, resource mobilization, advocacy, and reporting. With the growth of institutional capacity the role of MSH is evolving. MSH will help TACAIDS identify and articulate its needs for short-term TA, and work with TACAIDS managers and donors to identify sources of external TA. MSH will help TACAIDS and ZAC develop tools and approaches for sourcing, procuring and monitoring effective TA making use of all available resources. To identify and prioritize continued needs within ZAC, where organizational development lags behind TACAIDS, MSH will conduct a workshop with ZAC using the Management and Organizational Sustainability Tool (MOST). One output will be an agreed action plan for organizational strengthening to be supported by MSH and other donors.

In addition to helping TACAIDS and ZAC procure short-term TA, MSH/LMS will offer direct TA in a number of key areas. The need for line ministries to mainstream HIV/AIDS requires that MSH provide support to TACAIDS, ZAC and the ministries, including working with senior civil servants on policies/procedures to identify the impact of HIV/AIDS on their respective ministries. The MSH team will be engaged with TACAIDS and other donors to help revise the National Multi-Sectoral Strategic Framework for HIV/AIDS as well as periodic reviews of progress against work plans.

MSH will work with TACAIDS to ensure that Regional Facilitating Agencies (RFAs), set up with funding from the World Bank MAP program, operate effectively. The RFAs oversee the Community AIDS Response Fund, and serve as TACAIDS' agents to support civil society to address HIV/AIDS, especially building the capacity of local government, the Community Multi-sectoral AIDS Committees, and community-based organizations that provide HIV/AIDS services. In Zanzibar, district HIV/AIDS coordination rests with the District AIDS Coordination Committees (DACCOMS) and MSH and its partner, ESAMI, are carrying out a leadership development program (LDP) with the DACCOMS to improve performance. ZAC has expressed interest in applying the LDP to ministries to help build consensus for the national strategic framework and to improve mainstreaming of HIV/AIDS.

A proven success in addressing HIV/AIDS in Tanzania has been the Rapid Funding Envelope (RFE) governed by TACAIDS and ZAC, managed by Deloitte, with MSH TA. The USG provides funding for management support to leverage funds from nine other donors. Through FY 2006, about 88 civil society organizations (CSOs) have received RFE grants at a cumulative award value of approximately $ 9.7 million. MSH will support resource mobilization, assist CSOs to apply for RFE funding, review applications for technical content, and conduct monitoring and evaluation. MSH will help draft the technical specifications for an external review of the RFE in FY 2007 or early FY 2008. MSH takes a lead role in disseminating lessons learned and success stories via the RFE website, national and international conferences, and other means.

Outputs for FY 2007 include: revised monitoring tools and reports for GFATM TA; training materials for the above; an executive dashboard for project review; a TNCM governance manual; action plans to address HR constraints; a rolling work plan for short-term TA to TACAIDS and ZAC; a consultant database for TACAIDS; an orgainzational development plan for ZAC; DACCOm action plans for revitalization; an updated grants operation manual for the RFE; and a results conference for RFE grantees.

Continued Associated Activity Information

Activity ID:	3454
USG Agency:	U.S. Agency for International Development
Prime Partner:	Management Sciences for Health
Mechanism:	M&L
Funding Source:	GHAI
Planned Funds:	$ 925,000.00

Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	45	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	60	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	285	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	20	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	550	☐

Target Populations:

Adults
Community leaders
Community-based organizations
Country coordinating mechanisms
Disabled populations
Faith-based organizations
Nurses
HIV/AIDS-affected families
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Program managers
Children and youth (non-OVC)
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Out-of-school youth
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Mbeya Referral Hospital
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 7748
Planned Funds: $ 50,000.00
Activity Narrative: These funds will support a pilot anti-stigma project in the three densely populated wards of Sinde, Manga, and Ruanda in Mbeya region. The pilot will ensure that youth and parents have access to the facts about HIV, including: basic prevention; the physical and emotional aspects of living with the chronic disease, including the affects of stigma; confronting prejudice; and reducing discrimination, denial, and social fear related to HIV/AIDS. The PACT Stigma Toolkit will be used as a starting point for stigma-related activities.

After-school programs will be conducted at a local non-medical, non-religious center where music, sports, and other team activities are normally conducted. The HIV/AIDS curriculum from the Ministry of Education and Vocational Training will be taught and reinforced through team building and relationship building processes. Special use of medical professionals as mentors will be an additional entry point for stigma reduction. The mentors will be carefully selected from the pool of care and treatment staff working in Mbeya. It is anticipated that their involvement in the anti-stigma campaign will have the added benefit of reinforcing their own sense of awareness around the need for education and stigma reduction. Knowledgeable parents and older youth will also be encouraged to become mentors.

The in- and out-of school youth, including those undergoing vocational training, will be encouraged to develop their own unique programs once or twice per year to help affirm their commitment to spreading truthful information about HIV/AIDS, and to promote just treatment of individuals and families infected and affected. Likewise, home based care workers and orphans and vulnerable children will also be encouraged to participate.

FY 2007 funds will support this small pilot in three wards, but with the recent establishment of the Mbeya HIV Network of ten NGOs and FBOs in July 2006 there may soon be fertile ground for expansion of this program.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction	90	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Community leaders
Community-based organizations
Doctors
Nurses
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
USG in-country staff
Children and youth (non-OVC)
Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Out-of-school youth
Host country government workers
Public health care workers
Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Mbeya

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National Institute for Medical Research
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	7778
Planned Funds:	$ 400,000.00

Activity Narrative: This activity relates to OPSS activities #7729 and 8981.

The National Institute for Medical Research (NIMR) has played a critical role in supporting the Ministry of Health and Social Welfare (MOHSW) to address the human resource crisis through operational research related to Human Resources for Health (HRH). These studies include a collaboration with the Capacity Project on HRH productivity and workload, and a national retention study that will be conducted with FY 2006 funds. The body of evidence created from developing these studies will form the basis for interventions that the MOHSW will carry out in support of the Emergency Hiring Plan for Care and Treatment Centres (CTCs) and the health sector as a whole. NIMR has also supported the MOHSW through development of a national quarterly HRH newsletter which was recently inaugurated at the Tanzania Annual Joint Health Sector Review. This newsletter facilitates communication and advocacy for HRH-related issues across the public and private sectors.

In order to carry forward the above work at the local level, in FY 2007 NIMR will work with Capacity Project and the MOHSW to implement the productivity and retention interventions at CTCs. The interventions designed will be applicable locally and cost-effective, with potential for national adaptation. The expected outcome of these interventions is higher HRH productivity, more evenly distributed workload, and lower attrition rates, so that more patients will be served annually. Since NIMR is itself a decentralized institution, its satellite branches will be instrumental in monitoring the progress of the interventions. NIMR will also provide a sub-award to the Christian Michelson Institute of Norway to conduct a national workforce performance study that will complement the productivity and workload study findings.

In addition, NIMR will collaborate with I-TECH to develop the capacity of the zonal training centres to design and conduct studies and implement interventions related to HRH. Although the local and district governments are responsible for planning for HRH, these authorities are typically weak in designing effective HRH studies that will inform planning and decision making. With NIMR support, zonal training centres will train district and local government teams to build this critical capacity, thus encouraging local ownership for local problems – and local solutions. Toward that end, NIMR will also support districts in identification of HRH-strengthening activities for integration into their comprehensive health plans and budgets for the Medium Term Expenditure Framework (MTEF). Too often, important projects are not included in the MTEF budget, which precludes an ability to proceed.

NIMR will also continue to support the MOHSW in the quarterly development and publication of the national HRH newsletter. NIMR will also work with the districts to create local newsletters to recognize high-performing health care workers and disseminate up-to-date health information.

In FY 2007, NIMR will also support three Tanzanians to participate in the Kenya-based Field Epidemiology and Laboratory Training Programme (FELTP), a competency-based training programme in applied epidemiology and public health laboratory management. FELTP in Kenya is a collaboration between Kenya Ministry of Health, universities, and CDC-Kenya. With FY 2007 funds, one Tanzanian laboratorian and 2 epidemiologists will be sponsored to build capacity and provide epidemiological and laboratory services at national, regional, or district level. During their 20-month field placement, the three candidates will strengthen the national capacity to respond to public health emergencies, specifically the Emergency Plan. The candidates will learn practical field epidemiology and public health laboratory practice, including quality assurance which will be applied to PEPFAR Tanzania's goals and objectives working with the Ministry of Health and Social Welfare on the implementation and analysis of a national ART monitoring system with the National AIDS Control Program. The laboratorian will also work closely with the MOHSW on the implementation of quality assurance programs for national and reference laboratories.

Deliverables for this activity include: four quarterly HRH newsletters; productivity intervention plan and stakeholder dissemination meeting; eight zonal, regional, and/or district level workshop reports on HRH study design; reports on HRH strengthening activities planned for incorporation into the MTEF in four district health plans; and

quarterly and annual reports from FELTP fellows.

Continued Associated Activity Information

Activity ID:	3407
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	National Institute for Medical Research
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 498,450.00

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	8	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	40	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Doctors
Nurses
Pharmacists
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Health Policy Initiative (HPI)
Prime Partner:	The Futures Group International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	7806
Planned Funds:	$ 1,578,686.00

Activity Narrative: The Health Policy Initiative (HPI) project is a follow-on to the POLICY project which was implemented in Tanzania from FY 2000 to FY 2006. HPI began in FY 2006 and aims to strengthen capacity of various stakeholders in HIV/AIDS prevention, care and treatment, family planning/reproductive health, and maternal health. Broadly, HPI focuses on empowering communities; building policy champions and advocates; strengthening leadership capacity; and advocating for increased efficiency and equitable allocation of resources for health. HPI collaborates with the Ministry of Justice and Constitutional Affairs (MOJCA) to support legal and regulatory reforms and bodies, including the AIDS Bill, the Tanzania Commission for HIV/AIDS (TACAIDS), Tanzanian Parliamentarian AIDS Coalition (TAPAC), Tanzania Women Parliamentarians (TWP), and groups of people living with HIV/AIDS (PLHAs). HPI also works with Faith-Based Organizations (FBOs) and youth-based institutions to strengthening community capacity in policy dialogue and advocacy to effectively respond to HIV/AIDS.

Key achievements in FY 2006 include a draft HIV/AIDS Bill, user-friendly National HIV/AIDS Policy materials, and Gender and HIV/AIDS Policy of the Christian Council of Tanzania (CCT). A total of 80 journalists and community advocates were trained to use the AIDS Impact Model as well as discuss and write about issues in the AIDS Bill. In the remaining months FY06, HPI will conduct a rapid assessment of HIV/AIDS work place initiatives, form a national youth coalition for policy advocacy, and disseminate findings on HIV/AIDS operational policy barriers to various stakeholders for review.

In FY 2007, HPI will supporting the Association of Journalists Against AIDS in Tanzania (AJAAT) to place HIV/AIDS at the center of the Media Houses agenda and strengthen their commitment to investing resources in prevention, care and support, and treatment of their employees. HPI's work with the media will contribute to stronger media advocacy for increased public and leadership participation in resource mobilization and allocation to HIV/AIDS programs, including improving accessibility to services. AJAAT will therefore spearhead the formulation and adoption of HIV workplace policies promoting prevention, care, and treatment for media employees for up to 30 media houses. Coupled with continuous capacity building of journalists, the approach will strengthen-going efforts to eliminate fear, denial, and misconceptions about AIDS.

In Morogoro and Dodoma regions, in FY 2007 HPI will build the capacity and skills of its partners in gender, stigma and discrimination, policy dialogue, and advocacy for policy implementation, while placing great emphasis on networking and strengthening of multi-sectoral partnerships. Tanzania Gender and Networking Program (TGNP) and CCT will provide the necessary skills and capacity in these specific areas to other partners and stakeholders. The Tanzania Network of Women living with HIV/AIDS (TNW+) will be supported to advocate for care, treatment, and stigma reduction in the two regions, as well as in the general areas of strategic planning, financial management, and gender and advocacy. In addition, HPI will make a pool of $75,000 available for short-term training of PLHA who haev been identified as possessing strong leadership potential.

HPI's work in FY 2007 also involves working with a youth coalition consisting of ten strong youth organizations including youth PLHAs. Africa Alive will coordinate the coalition in building a youth knowledge base in HIV/AIDS prevention, care, and treatment while sharpening their skills in leadership, management, policy dialogue, and advocacy for gender equity and equality. The coalition will target Members of Parliament (MPs), policymakers, youth PLHA groups, and the community to ensure policies and programs are sensitive to youth needs.

A substantive number of people will be targeted with HIV/AIDS information, stigma and discrimination messages through the Faith-based organizations (FBOs), namely CCT and the Muslim Council of Tanzania (BAKWATA). The approach will be unique in that it will target teachers and children in Sunday Schools and Madrassas while also strengthening national and district religious leaders' skills to effectively impart stigma and discrimination messages to their congregations. At the national level, HPI will also determine the contribution that other Collaborating Agencies (CAs) have made in supporting stigma and discrimination initiatives and take up a coordinating role to bring about desired impact. In addition, HPI will work with the Legal and Human Rights Centre (LHRC) to produce 30 minute radio broadcasts highlighting human rights and legal issues around the AIDS bill.

Through this channel, LHRC will popularize operational regulations after the passage of the AIDS law and advocate for smooth implementation of the legal framework.

A final critical area of focus for HPI is building multi-sectoral partnerships in addressing HIV/AIDS through working with Anti-Female Genital Mutilation Network (AFNET) particularly in community mobilization and advocacy for increased resources for HIV/AIDS programs.

FY 2007 outputs for HPI include: 1) Media Houses HIV/AIDS work place policies / guidelines; 2.) Operational Policy Barriers Findings Report; 3) AIDS Law; 4) Youth Coalition for HIV/AIDS Policy Dialogue; 5) HIV/AIDS-related policies analysis report; 6) Popular versions of four policies (Gender, Health, Education, Youth) impacting on HIV/AIDS; 7) Teams of Master Trainers in Stigma and Discrimination, Gender and Advocacy in Morogoro and Dodoma regions; 8) Recorded radio programs in HIV/AIDS legal issues, stigma and discrimination; 9) AJAAT website for HIV/AIDS information dissemination; 10) AJAAT Feature Service focusing on HIV/AIDS-related issues.

District-level HIV/AIDS Support with MPs: This activity will involve coordination, networking, community mobilization and planning with national authorities and, in particular, with Members of the Tanzanian Parliament. The goal of the working with the MPs will be to ensure they are positioned to advocate for the meaningful involvement of PLHA and affected communities in all aspects of the HIV/AIDS response. Additional outcomes expected to result from this activity include the fostering of meaningful involvement of PLHA and affected communities in the work, including the protection and promotion of human rights in the workplace. Activities will be structured to promote transparent governance and accountability in the MPs' communities and among their constituencies.
MPs take an active role in advocating for the accountability of governments, private and public sector agencies and others. This imperative is further highlighted as more resources become available. The rights-based approach also presumes a gender perspective, recognizing that both biological and socio-cultural factors play a significant role in influencing the differential vulnerability to HIV infection and the impact of HIV/AIDS on men and women, boys and girls.

HPI will use plus up funds to strengthen the role of parliamentarians in the fight against HIV/AIDS. HPI will particularly focus in two key areas: 1) Empowering MPs to be engaged in the multi-sectoral efforts to combat HIV/AIDS. Specifically, HPI will a) strengthen MPs, the Mayors' Alliance and local councils to understand, advocate for, and support important legislation and programs related to HIV and AIDS; and b) train MPs in budget analysis and resource allocation to ensure proper allocation and utilization of HIV/AIDS funds particularly at the grassroots level. 2) Sensitize MPs on the HIV/AIDS Bill to facilitate its passage. HPI will also ensure that there is increased interaction between leadership and NGOs/CSOs/FBOs at grassroots level to ensure better use of HIV/AIDS resources.

Continued Associated Activity Information

Activity ID:	5087
USG Agency:	U.S. Agency for International Development
Prime Partner:	The Futures Group International
Mechanism:	Policy Project
Funding Source:	GHAI
Planned Funds:	$ 925,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	105	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	11	☐
Number of individuals trained in HIV-related policy development	513	☐
Number of individuals trained in HIV-related institutional capacity building	500	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	250	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	260	☐

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Program managers
Children and youth (non-OVC)
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 7831
Planned Funds: $ 188,007.00
Activity Narrative: FY 2007 funds will support one full time equivalent contract staff who assists in coordinating activities for this program area as well as serves as technical lead for aspects of the work, including provision of direct TA in systems strengthening to the Ministry of Health and Social Welfare, National AIDS Control Programme, and CDC partners. Primary implementing counterparts include the National Institute for Medical Research (NIMR), the International Training and Education Center for HIV/AIDS (I-TECH), the American International Health Alliance Twinning Center (AIHA), and Pathfinder International. The contractor oversees AIHA and I-TECH activities across program areas, as well as human capacity development activities within CDC, across program areas. She is also the Thematic Group Lead for OPSS.

Continued Associated Activity Information

Activity ID: 3504
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: Country staffing and TA
Funding Source: GHAI
Planned Funds: $ 70,000.00

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8974
Planned Funds: $ 41,307.00
Activity Narrative: FY 2007 funds will support .5 full time equivalent staff who assists in coordinating activities within this program area as well as serves as technical leads for aspects of the work. This is an FSN position that works directly with implementing partners, both governmental and non-governmental to achieve outcomes in policy development and implementation. Her primary implementing counterparts are the Health Policy Initiative, the State University of New York, and the Government of Tanzania (GoT). Activities include developing strategies to affect policy changes; identifying portfolio-wide, as well as national policy barriers to achieving PEPFAR as well as GoT care, treatment and prevention goals; and providing technical assistance to partners and stakeholders to address policy barriers. She will assist in the development of a USG strategies to address these needs, ensuring that USAID policy related activities complement those provided by other donors and fill gaps as needed. A major deliverable in this area is the passing and implementation of the national HIV/AIDS policy. Additional areas of engagement include stigma and discrimination, gender, and systems strengthening. The program specialist is an active member of the USG OPSS Thematic Group.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	4	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

USG in-country staff

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Pathfinder International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8978
Planned Funds: $ 400,000.00
Activity Narrative: This activity relates to OPSS activity #7714.

Public sector institutions in Tanzania, such as the National AIDS Control Programme (NACP), referral hospitals, National Institute for Medical Research (NIMR), city, district and ward councils, and district health management teams, have increasingly become an integral part in HIV/AIDS programming, either by provision of direct prevention, care, and treatment services or by formulating policies and providing technical direction. However, the effectiveness of these organizations is often compromised because of the variability of their institutional capacity, which in turn affects the quality and outreach of their programs and services. Because Tanzania's success in the fight against HIV/AIDS depends heavily on these institutions, Pathfinder is committed to strengthening their capacity to mount the strongest possible response to the epidemic.

In FY 2007, Pathfinder will strengthen the institutional capacities of CDC's public sector grantees, including NACP, ZACP, NIMR, and Bugando Hospital. Pathfinder's institutional capacity building (ICB) approach begins with a thorough participatory needs assessment using a tailored version of Pact's organizational capacity assessment tool (OCAT) modified to fit the needs and realities of public sector institutions. This assessment will focus on seven major components of organizational effectiveness: governance; management practices; human resources; financial resources; services delivery; external relations; and sustainability. Pathfinder will assess management & systems capabilities, current services, practitioner skills and competence, information management and data systems, and the potential for existing systems to handle scaling up of existing activities. Throughout the initial assessment process, Pathfinder will cultivate a close working partnership with the senior management of these public institutions to facilitate a favorable environment for organizational change.

Based on assessment findings and recommendations, Pathfinder will work with the partners to develop organization-specific technical assistance (TA) plans. The TA plans will include training, on-site support, supportive follow-up visits and interim assessments. Anticipated training services include: results-oriented project management; financial management; operational planning; resource mobilization and proposal development; and development of management information systems. With regards to financial management, a strong government financial management system already exists, but implementers often lack the sustained training, governance systems, and accountability structures to ensure that such systems are used appropriately. The training will be complemented with intense one-on-one coaching and mentoring to ensure that the learning is institutionalized.

Expected outcomes of the activity include substantially higher managerial and institutional performance and accountability of USG public sector partners with regards to PEPFAR and in general, and greater likelihood of program ownership and sustainability. It is also envisaged that as these USG-funded public institutions grow stronger in institutional capacity, they will be in a position to provide mentoring to emerging organizations.

Deliverables include reports for each of the institutional capacity assessments; work plans for ICB of each organization; and quarterly and annual progress reports.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	11	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	110	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Faith-based organizations
National AIDS control program staff
Policy makers
Program managers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Deloitte Touche Tohmatsu
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8979
Planned Funds: $ 200,000.00
Activity Narrative: This activity relates to OPSS activity #7743.

The Rapid Funding Envelope (RFE) has been evaluated as an effective mechanism to get funding to small community-based organizations (CBOs) for urgent and innovative projects. The funds used for RFE are provided by ten donors. The USG support is largely focused on the management of the RFE program and on special program needs (such an orphans and vulnerable children or on particular geographic areas that are under-represented). During FY 2006, over $3.6 million dollars were distributed to small organizations through the RFE. In FY 2007, funds will need to be available to manage grants for OVC, palliative care, and stigma programs. The funds used to support the management of the RFE will leverage significant resources from other donors to address the HIV/AIDS situation, especially in under-served areas of Tanzania. These particular funds will focus on managing projects that address stigma among those infected with or affected by HIV/AIDS.

At least once each year, there are rounds of grantsmaking supported by the RFE where grants of up to $200,000 are given to CBO or FBO sub-grantees. This coordinated mechanism has helped to ensure a consistent approach to link CBO and FBO organizations with the programs and policies of the Government of Tanzania (GOT). It also helps to link diffuse and disjointed community programs with decentralized management of HIV/AIDS programs, where otherwise the CBO or FBO might have worked independent of the GOT infrastructure. For example, those organizations who are funded to address stigma and discrimination or other community services for people living with HIV/AIDS (PLWHA) are requested to link locally with the Council Multi-sectoral AIDS Committees (CMACS) to maximize the resources available locally and to increase the potential impact of programs. The work with the CMACS will enhance the sustainability and broader sensitization to the fact that stigma is such a significant barrier to accessing testing, care, and treatment for HIV/AIDS. These local projects will also be requested to coordinate closely with anti-retroviral treatment centres in the community to foster informed approaches to minimizing stigma in and out of clinical settings.

Deloitte provides important technical assistance in proposal review, pre-award assessment, and awards; technical assistance to grantees in implementation and reporting; and grants management in terms of financial management and monitoring. The technical assistance for small grantees provided by the RFE will complement the several palliative care and impact mitigation activities that were initiated in FY 2005 and FY 2006. The RFE allows for the rapid "piloting" and evaluation of innovative interventions, as well as sharing of lessons learned, that then can be shared with and used by USG implementing partners, as well as smaller programs.

Present and future priority activities include a continued collaboration with civil society to find innovative and effective ways to minimize stigma and discrimination.

NOTE: Targets are primarily upstream (indirect), since the actual funds for the sub-grants come from other donors. RFE funds are primarily for management of the sub-grants.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction	30	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
Family planning clients
Doctors
Nurses
Discordant couples
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Program managers
Teachers
USG in-country staff
Girls
Boys
Primary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Out-of-school youth
Religious leaders
Host country government workers
Public health care workers
Other Health Care Worker
Private health care workers
Doctors
Nurses
Other Health Care Workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: I-TECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8981
Planned Funds: $ 1,005,000.00

Activity Narrative: This activity relates to OPSS activities #7778 and #7714 and ARV Services activity #8868.

The first, and most significant, component of this activity is provision of support to the NACP and Ministry of Health and Social Welfare (MOHSW) training department to assess and improve the current in-service care and treatment training package, and strengthen the Zonal Training Center (ZTC) network's capacity to plan, implement, and evaluate HIV/AIDS training strategies and activities. The assessment and strengthening of the current in-service materials will be conducted in collaboration with FHI.

The ZTC system, decentralized to achieve maximum access to quality training for healthcare professionals, is comprised of eight centers. The Northern ZTC, situated at the Centre for Educational Development in Health (CEDHA) in Arusha, is the largest ZTC serving four regions. It offers a diploma program in health personnel education and many short courses for health professionals. Other ZTCs are smaller in size and scope, housed at Clinical Officer Training Centres (COTC) (e.g. Western ZTC, Kigoma) or with Assistant Medical Officer's Training Schools (e.g. Lake ZTC at Bugando Hospital, Mwanza). These ZTCs are well positioned to ensure strengthen sub-national expertise and ensure trainings in the HIV/AIDS arena are well-organizaed. Since I-TECH has developed similar training systems in Namibia and the Carribean, experienced gleaned and lessons learned will benefit Tanzania.

The ZTC assessment/inventory conducted by IntraHealth in FY06 will greatly inform the development of proposed activities. By the end of FY 2006, I-TECH will have established collaborative relationships, clarified roles and scopes of work with IntraHealth and other partners, obtained MOHSW support for ZTC involvement, and increased I-TECH visibility in Tanzania. I-TECH will also have conducted site visits to each of the ZTCs to establish relationships and distribute a basic package of HIV/AIDS support materials (plans, curricula, teaching aids, media materials, monitoring and evaluation instruments, management tools, etc.) as a baseline for capacity development.

At the launch of FY 2007 activity, I-TECH and its partners will have assessed ZTC capacity to coordinate standardized HIV/AIDS training and defined the ideal roles of referral hospitals and other local stakeholders with regard to HIV/AIDS training. Referral hospitals and additional stakeholders will be invited to join an ongoing strategic planning process to build a highly functional HIV/AIDS training network. With this input and guidance from MOHSW and CDC, memorandums of understanding (MOUs) will be established with training institutions as necessary.

I-TECH will work with each ZTC to create their own performance management plans which will include process indicators (e.g., monitoring types of trainings, numbers of participants, etc.) in addition to outcome indicators such as the percentage of people who are using training/knowledge in their work. For ZTCs with pre-existing strategic and management plans, I-TECH will review them and provide recommendations, especially in the area of HIV/AIDS. This process may be carried out individually or collectively, with support from the MOH to reach agreement on basic goals and methods of capacity development. Ongoing support of the ZTC M&E efforts will emphasize the use of data for program improvement. I-TECH will provide continual mentoring and seminars/workshops on relevant evaluation topics as appropriate.

New training methods, tools, and materials will be developed with NACP and infused in ZTCs through in-service training and TA on training program management, needs assessment, training methods, teaching skills, instructional design, and/or M&E. I-TECH will implement a training of trainer (TOT) series with appropriate ZTC staff and health professionals to establish a cadre of skilled HIV/AIDS faculty. I-TECH will foster a supportive culture among the geographically dispersed ZTCs by improving communication and convening them for periodic meetings to share experiences and lessons learned.

Program exchange visits between key ZTC staff and US-based AIDS Education and Training Center (AETC) sites, or with the Caribbean HIV/AIDS Regional Training (CHART) Network and/or Namibian National Health Training Center (NHTC) will be sponsored, and information gleaned from visiting other training networks will be applied to the ZTC planning process. A representative from Zanzibar will be engaged in the visit(s), as the MOHSW on Zanzibar has also expressed an interest in developing a zonal-based in-service

training system.

By the end of FY 2006, pre-production planning for stand-alone media to meet identified program needs (e.g., story/documentary of health care worker support group/profile on HIV+ health care worker) will be completed and supporting curriculum and training materials developed (trigger tapes, demonstration tapes, and videotaped case studies). Production and dissemination of this media for training and communication purposes will occur in FY 2007. Additional media will be developed based on ZTC training needs assessment, strategic planning and input from partners.

The ZTCs will be linked to the pre-service training activities under I-TECH and AIHA, and will explore the feasibility of establishing a national calendar to track training opportunities from multiple training organizations. The resulting effort will be coordinated with other deliverables. I-TECH will also assess the feasibility of establishing a mentoring plan with IntraHealth, MOHSW, and partners that enhances workforce capacity in the short term (matching existing positions or filling empty positions with temporary staff) and increases human capacity in the long term (skills-based mentoring). I-TECH will also collaborate with the National Institute for Medical Research (NIMR) to build the ZTCs' capacity to design and implement operational research related to HRH, thus encouraging evidence-based planning and decision-making.

The second component of this activity is the development and implementation of knowledge dissemination and management strategies. I-TECH will work with the NACP and ZACP to enhance and raise awareness of the existing NACP website, and will assess e-mail, internet, phone, and radio capacity of training institutions and organizations providing care and treatment services. This assessment will be a first step in ensuring access to current HIV/AIDS information for all training and service providers.

I-TECH will assure M&E integration in all areas of technical assistance, offer strong leadership to further develop M&E systems for training across all activity areas and collect appropriate information on PEPFAR funded activities. Deliverables include 1) Stakeholder strategic planning meeting held to vet assessment findings and proposed strategies, 2) MOUs established with training centers, 3) ZTC performance management plans reviewed and completed, 4) ZTC network meetings/workshops focusing on M&E, program management, needs assessment conducted, 5) Quarterly TOT held with ZTCs, 6) Media materials produced (type and amount to be determined through strategic planning process), 7) Report of recommendations on mentoring plan to enhance workforce skills completed, 8) Report on ZTC actual performance as matched against their program management plan produced and shared with stakeholders; 9) Summary report of knowledge management system implementation and recommendations for next steps.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	8	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	10	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Doctors
Nurses
Pharmacists
International counterpart organizations
National AIDS control program staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: SUNY
Prime Partner: State University of New York
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9571
Planned Funds: $ 0.00
Activity Narrative: This was a proposed buy-in to an activity underway within USAID Democracy group. The activity has since closed, but the work programmed to SUNY in FY07 will be carried out by HPI through this reprogramming.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	0	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	0	☐
Number of individuals trained in HIV-related policy development	0	☐
Number of individuals trained in HIV-related institutional capacity building	0	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	0	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	0	☐

Target Populations:

Community leaders
Community-based organizations
Disabled populations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
USG in-country staff
Volunteers
Caregivers (of OVC and PLWHAs)
Widows/widowers

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Touch
Prime Partner: Touch Foundation
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9572
Planned Funds: $ 250,000.00
Activity Narrative: This activity relates to OPSS activities #7729, #8981, and #7648, and ARV Services activities #8868.

Currently, Tanzania produces fewer than 400 qualified physicians per annum. With roughly half of these graduates emmigrating to countries with higher salary levels, Tanzania absorbs only about 200 newly trained physicians each year. Currently, these physicians enter the work force without adequate knowledge and skills in HIV/AIDS. While the training needs of the allied health and nursing professions are being addressed through in-service and pre-service programs through NACP, AIHA, I-TECH, and Track 1 partners, pre-service HIV training for physicians is a recongnized gap. The issue is further complicated by the very limited capacity of the existing medical schools.

Significant private sector resources for capacity building of Tanzanian medical schools will be leveraged through a Global Development Alliance (GDA). Institutional capacity will be addressed through facility renovation to allow for higher intake of students, and faculty training capacity in HIV/AIDS will be developed. Expertise of existing partners such as I-TECH will be utilized to develop materials and modules. The Alliance will link the efforts of the Ministry of Health and Social Welfare (MOHSW), the US Government's (USG's) Emergency Plan, and three Emergency Plan-funded programs: I-TECH, AIHA, and the Capacity Project (which are presently engaged in addressing various components of the MOHSW's HR needs). These organizations are involved in the general HR strategy development and ongoing planning with the MOHSW, expansion/ decentralization of in-service and pre-service training, and development of strong leadership and management skills and tools for the HR Department.

Focus of the GDA in FY 2007 will be on expansion of pre-service education for physicians. A program for training health managers will also be explored.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	3	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	30	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Business community/private sector
Faith-based organizations
Doctors
Nurses
Pharmacists
International counterpart organizations
National AIDS control program staff
People living with HIV/AIDS
Teachers
USG in-country staff
University students
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Private health care workers
Doctors
Nurses

Key Legislative Issues

Volunteers

Coverage Areas

Kagera

Mara

Mwanza

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9575
Planned Funds: $ 12,000.00
Activity Narrative: FY 2007 funds will support one full time equivalent contract staff who assists in coordinating activities for this program area as well as serves as technical lead for aspects of the work, including provision of direct TA in systems strengthening to the Ministry of Health and Social Welfare, National AIDS Control Programme, and CDC partners. Primary implementing counterparts include the National Institute for Medical Research (NIMR), the International Training and Education Center for HIV/AIDS (I-TECH), the American International Health Alliance Twinning Center (AIHA), and Pathfinder International. The contractor oversees AIHA and I-TECH activities across program areas, as well as human capacity development activities within CDC, across program areas. She is also the Thematic Group Lead for OPSS.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Pact Associate Award
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 12487
Planned Funds: $ 200,000.00
Activity Narrative: Additional funds would enable the PACT Jali Watoto project to print and distribute 1,000 copies of the revised anti-stigma toolkits to all USG partners involved in HIV /AIDS programming. The toolkit has recently been revised by AIDS Alliance. The two chapters on stigma experienced by youth and that experienced by OVC were revised by PACT, TZ given their experience with this target group. Funding would also enable Training of Trainers courses to be carried out with all USG partners on using the toolkit. Similarly, further Training of Trainers courses will be carried out with the MVC Implementing Partners Group, which consists of 53 organizations, and with the FHI UJANA project who will oversee use of the revised youth module with their partner outreach organizations. Stigma impacts on the ability of PLWA and OVC to access services; it is health care staff in particular who are often seen as perpetrating stigma in relation to PLWA and in turn children infected with HIV. Similarly, school personnel could benefit from being trained to work more sensitively with children affected by HIV/AIDS and to understand the pressures and stresses they live with. In response to this, the toolkit training program will target hospital and school personnel in districts covered by the Jali Watoto Program and USG partners.
A key lesson learned from the Jali Watoto anti-stigma training program with youth, has been that anti-stigma training should not stand alone but should be incorporated into existing service provision programs. All efforts will be made to carry out training in districts in which Care and Treatment, OVC and HBC programs are already being implemented by USG partners in order to integrate the training into existing programs.

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction	125	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 12488
Planned Funds: $ 275,000.00
Activity Narrative: This project will build on past and current work JHPIEGO/ACCESS is implementing in the certificate-level Nurse Midwifery pre-service institutions, including curriculum updates on Focused ANC and other key maternal and newborn health care areas, along with quality improvement efforts in teaching. Pivotal to the success of the project will be the already established relationships JHPIEGO has built with the institutions during the Maternal Neonatal Health (MNH) and ACCESS programs in addition to the work now underway from JHPIEGO's FY2006 Plus Up award to begin this activity. Altogether, there are 22 schools Certificate-level schools, 13 Government and 9 FBO, which will be the target of JHPIEGO/ACCESS's two-year intervention.

The process of strengthening the Nursing and Midwifery schools will start with advocacy and planning meetings with the administrators of the schools and affiliated clinical health facilities. The meetings will inform them of the proposed interventions and gather their feedback and buy-in. This participatory planning will strengthen and assist in ensuring that activities are complimentary, not duplicated and gaps in PMTCT training system are filled.

The next step in improving the teaching and learning environment will be to develop performance standards for PMTCT in collaboration with partners and key stakeholders. In Tanzania, JHPIEGO/ACCESS has previous experience in developing such performance standards in other topic areas with pre-service institutions such as Focused ANC and teaching. Outside of Tanzania, JHPIEGO/ACCESS has developed performance standards for PMTCT in Ethiopia. Once performance standards are set and agreed upon, they can be adapted into useful management tools, or specifically, a PMTCT Quality Improvement tool. This tool will be pre-tested and vetted by national MOHSW partners in order to gain recognition.

JHPIEGO/ACCESS will then train tutors, preceptors and PMTCT supervisors including RCH Coordinators, facility in-charges and NACP/PMTCT staff in the use of this quality improvement tool. Training typically takes 3-4 days, during which tutors, preceptors and supervisors are fully acquainted to the quality improvement process and are given a chance to practice using the tools and completing assessments. Tutors, preceptors and supervisors will then be supported to return to their institutions and affiliated clinical sites to implement the quality improvement process and begin conducting assessments and analysis. Furthermore, tutors will also complement this process by integrating the previously developed tools for quality improvement in teaching.

Finally, JHPIEGO/ACCESS will further strengthen pre-service schools through the procurement and orientation to state of the art training equipment and supplies (e.g. anatomical models, BP machines, weighing scales, examination couches, screens, HIV test kits). The final list of materials to be provided to schools will be based on the outcome of a needs assessment on PMTCT for pre-service that is being completed in FY07. Following the delivery of such equipment, tutors and preceptors will be trained on their proper use for improving pre-service education.

A total of 22 schools will receive support, with expected output for these funds including: 22 schools supported for improvements and equipment, and 22 prepared practicum sites.

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	22	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Table 3.3.15: Program Planning Overview

Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15

Total Planned Funding for Program Area: $ 9,361,644.00

Program Area Context:

The past year was one of continued integration, as our agencies moved beyond détente into a period of true teamwork and cooperation. This year, the team is poised to further the collaborative environment through even greater levels of agency partnership, as described below.

Management Approach:
Ambassador Michael Retzer is responsible for the overall leadership of the President's Emergency Plan for AIDS Relief (PEPFAR)/Tanzania program. He is supported by the Deputy Chief of Mission (DCM) and Heads of Agency from the Departments of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC), Department of Defense (DoD), and Department of State (DoS), Peace Corps, and the United States Agency for International Development (USAID). The DCM and Agency Heads jointly comprise the Interagency HIV/AIDS Coordinating Committee (IHCC) – an interagency policy making body. The PEPFAR Country Coordinator is responsible for implementing the direction set by the IHCC and accomplishes this by working through the newly-constituted PEPFAR Management Council (PMC) and the 15 Thematic Groups (TGs).

The PMC, a new coordinating mechanism this year, is an outgrowth of the fiscal year (FY) 2007 Country Operational Plan (COP) Steering Committee, a senior PMC advisor from each agency acts as the primary day-to-day point of contact on operation issues between the Agencies and the Country Coordinator. The PMC assists the Coordinator in implementing the direction set by the IHCC, addresses longer-term programmatic and operational issues, and filters requests for direction to the IHCC.

Currently, most TGs are the primary units for program planning and reporting. However, over the coming year, the model of the HIV/AIDS Treatment TG (ongoing interagency collaboration and coordination to implement the treatment program along with program planning and reporting responsibilities) will be expanded as the model for all TGs. Where possible, TGs are comprised of representatives from the various agencies who bring both personal and agency expertise to the table. For example, the treatment thematic group includes an off-shore hire physician who brings U.S. treatment experience; a Tanzanian physician who is able to contribute first hand local experience in developing services and treating individuals; a PhD health systems specialist; and an off-shore physician with extensive research experience.

Each TG is led, or co-led, by a Thematic Group Leader (TGL). Thematic Group Leaders also represent a mix of skills. In some cases, the TGL contributes predominant capability in the technical area. In other cases, the lead is selected because of the focus of their work, the level of effort that they contribute, and/or their ability to the coordinate the activities of the group. In addition, some groups are co-led to facilitate burden sharing and to create complementary leadership.

In FY 2007, the USG/Tanzania will review the composition of the thematic groups as well as leadership to ensure the best mix of skills and technical leadership.

Staffing Rationale:
Our current compliment of 40 full-time technical staff, blustered by our seven planned technical new hires, reflects the core capabilities and the multi-faceted nature of our approach to the AIDS emergency in Tanzania. On the one hand, we address the near-term demands through our time-tested development assistance approach while strengthening the government and other local health service organizations through the institutional capacity building efforts of all the USG agencies.

Peace Corps and USAID both leverage their long-term relationships – with the rural communities of Tanzania, in the one case, and with local implementing partners in the other – to rapidly and cost-effectively mobilize critical resources. Their long-term presences and time-honed approaches offer them notable economies of scale. These agencies represent our smallest staff-sizes and lowest costs. In

the case of USAID, many of the costs associated with the program are directly contracted allocations, others are shared across a broader array of the agency's development activities, and some are covered at the Agency-level.

CDC and DoD's in-country approaches pair them closely with the Government of Tanzania as an implementing partner – in the first case, Ministry of Health and Social Welfare, and in the second, the Ministry of Defense. In these capacities, both agencies provide a significant percentage of their overall staffing in direct technical support. Both agencies are in-country primarily in support of their PEPFAR roles. As a result, the full costs of program implementation, along with all associated staff, is PEPFAR-funded.

While significant effort has been put into staffing and integrating operational components to leverage economies of scale, this year we will be looking at right-sizing staff, whether that entails adding people, shifting between agencies, out-sourcing services, or eliminating duplicative roles. In addition, our Mission is undergoing a review for overall integration of services across agencies. These activities dovetail well with the 'core competencies' approach of OGAC. We are adapting both sets of program directions as we revisit our delivery structure to ensure the best blend of non-duplicative services.

In the first six months of the coming year, we will embark on – and complete – the discussions and activities needed to maximize the best blend of USG agency efforts under PEPFAR. By the next COP season, we expect to have built upon this year's integrated management structure and complimentary teams to create a fully blended program that gets the best from the best, accomplishing 'stretch targets' at the lowest possible cost.

It is important to note that the new level of integration has placed additional work requirements on an already very thinly-stretched management and implementation team. As further discussed in the attached agency-specific narratives, in certain incidences, (like CDC) we have recently begun to fill long-term gaps and, in others, such as USAID, we propose innovative approaches to resolve the impact of impediments to staffing such as critical limitations on available space. Currently, the Chief of Mission has instituted a Mission-wide hiring freeze while the Mission right-sizing review occurs. For PEPFAR in FY 2007, we anticipate being able to fill technical positions but potentially no administrative and/or program support positions. All in all, this year's staffing plan defines measured staff adjustments during a year of stock-taking and load-balancing and proposes a general 'way forward' for FY 2007 and FY 2008.

We have also undertaken several new initiatives which draw upon unique agency capabilities and promote greater levels of integration. These initiatives range from the provisions of multi-agency services from a single source to the cross-agency sharing of personnel. For example, USAID is providing two unique contracting mechanisms designed to centralize the procurement of key materials and services required across the entire team. We are also seeing an expansion in the cross-agency sharing of individuals whose skill sets are in high demand or whose job functions are required by multiple agencies on less than a full-time basis.

In summary, the groundwork has been done: the lines of communication and management are agreed upon, cross-agency in nature, and well understood. Staffing is currently adequate, and we are actively engaged in improving the situation through the selective addition of key staff. We have also found innovative ways to leverage agency resources to assist members across the full spectrum of our team. We strongly believe that the strength of our shared vision, the capabilities of the team, and our creative solutions will ensure we have a highly productive and successful year.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	7829
Planned Funds:	$ 1,288,037.00

Activity Narrative: This activity relates to USAID #8921, #9490, #9410, #9573, #9177, #8685, and #8974.

USAID estimates that its costs to manage, support, and provide technical assistance to USG/Tanzania activities for which it is directly responsible total $2,826,099. Of this amount, $1,163,063 in staff charges have been allocated across relevant program areas; $120,000 is charged as an IRM tax; and $255,000 are ICASS charges. The USAID program supports the design, implementation, and monitoring of activities related to: orphans and vulnerable children; the provision of home-based care; voluntary counseling and testing; social marketing of HIV related products; treatment; monitoring and evaluation; non-clinical policy development; prevention for youth and high-risk populations; and TB/HIV. Its particular strength is in supporting the roll of the non-governmental sector to reach Tanzania's goals.

At an operational level USAID's PEPFAR program benefits significantly from in-kind support from the larger Mission. Through cost sharing of financial, maintenance, personnel, and other administrative services, significant cost efficiencies are created, allowing for a smaller team to manage and support a portfolio of significant size. This narrative describes the support provided by 10 staff and includes, in addition to salary and benefits, the costs for travel, professional development, communication, and relevant equipment and office supplies to perform their functions.

The team is currently comprised of 13 staff and one vacant position. Four are United States Direct Hire (USDH), 8 Foreign Service Nationals (FSNs), and 2 are on contract. The USDHs provide senior level management and oversight and contracting support and are included in the costs of this narrative. They serve as the USAID HIV/AIDS team leader, deputy team leader, and a senior contracting officer. The 4th position is vacant as a result of the departure of FSL Berger. This position is being included in the USAID bid list for 2007 and should be filled by June. The USG will seek candidates with particular experience in prevention as well as counseling and testing.

Five FSNs provide technical and managerial support across the portfolio. One is a generalist manager for care, treatment, TB and PMTCT. The four others provide contacting, financial, administrative and secretarial support. An additional 3 FSNs provide primarily technical assistance and are included in program areas within the COP.

An additional 2 staff are contracted to support PEPFAR activities. One is a technical specialist and is described in the prevention areas, while the other provides communication support. All technical staff are members of relevant thematic groups.

In 2007 USAID is requesting three new positions, two of which will be hired as U.S. Personal Services Contractors while the third would be an mid-range FSN position. The first contracted position would provide specialist support for the creation and effective implementation of public private partnerships and marketing. The individual would bring new skills to the USG team (e.g. direct experience in the private sector), enabling the creation of local partnerships, leveraging private sector financing, and bringing to fruition the many opportunities being identified by O/GAC's private sector advisor. Several of these new activities are described in the COP and would be supported by this position.

The second contract position, although hired by USAID, will be specifically designed to support cross-agencies efforts, coordinating and implementing drug and commodity procurement and logistics for the USG and its partners as well as providing senior leadership to USG engagement with the GoT. As part of the USG's efforts to create efficiencies and reduce vulnerabilities to drug and commodity stock outs, it wishes to more directly engage with government, stakeholders, and partners to identify and address what have been intractable, and sometimes political, barriers to effective drug and commodity logistics. In addition, the USG is asking SCMS to play a larger role than JSI/DELIVER did in terms of tracking a range of drug and commodity inputs (e.g. GFATM) and serving as an early warning system to avoid stock-outs. To achieve these goals, the USG has determined it needs a senior level procurement and logistics specialist. This position will replace the procurement position requested by the State Department in 2006 that was never filled. Finally, USAID is requesting an additional secretary as the office currently has only one secretary for 12 professional staff.

Relevant ICASS charges are described in narrative # 8921.

In fiscal year 2008, USAID is considering requesting one additional FSN position to support the graduation of local organizations from sub-grantee status in the program areas of care and treatment.

Continued Associated Activity Information

Activity ID:	3514
USG Agency:	U.S. Agency for International Development
Prime Partner:	US Agency for International Development
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	$ 1,435,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	Base
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	7830
Planned Funds:	$ 1,567,525.00

Activity Narrative: This activity links to:
Activity ID 7840 -CDC Management & Staffing - GHAI Funds
Activity ID 9093 - CDC Cost of Doing Business - Base Funds
Activity ID 8920 -CDC Cost of Doing Business - GHAI Funds

HHS/CDC Tanzania estimates the cost to manage and support the HIV program in Tanzania to total $4,104,809 for the FY07 COP.
This includes costs associated with the management, administration and operations of the HHS CDC HIV program for the establishment and expansion of quality-assured national systems in the areas of Strategic Information, Prevention of Mother to Child Transmission (PMTCT) of HIV, human capacity development, laboratory services, blood safety and blood transfusion, Antiretroviral (ARV) Therapy, patient care and prevention programs. Activities supported by CDC are funded through cooperative agreements and are performed at the national and field level in direct partnership and collaboration between CDC Management, program staff and with USG and Tanzanian governmental and non-governmental organizations.

CDC personnel and travel costs total $1,652,525. Most of the funding for these costs will come from CDC base funds. The remainder will be cover by GHAI funds.

Existing Staff: Twenty-five existing staff support the management, administration and operations of the CDC program including a) two US direct hires (Country Director and Deputy Director) and a locally employed staff (Budget, Management and Operations Chief) providing technical leadership and overall management; b) three locally employed staff (IT Chief, Systems Manager, and Senior Prevention Advisor) and a contractor (Special projects advisor) providing technical advice and program management; c) three financial and budget staff (Finance Manager, Financial Planning Officer, Accountant) monitoring and overseeing CDC country budget and providing financial consultancy to government and non-government partners; and d) fifteen administrative personnel (Administrative Manager, two Administrative Assistants, three Secretaries, an Executive Assistant, two Computer Management Specialist, a Motor Pool Supervisor, five Drivers) to support program and management operations.

The attributable costs for the twenty-one existing technical advisors (non-Management) staff are located in the respective program areas (2 Prevention/AB, 1 Blood Safety, 2 PMTCT, 1 Counseling and Testing, 2ART Services, 1 HIV Care, 1 TB/HIV, 3 Laboratory Services (note 1 proposed not included but outlined below), 7 Strategic Information, and 1 other policy and system strengthening). The technical assistance and capacity building provided by the CDC/HHS to Government of Tanzania, Ministry of Health and other key partners will ensure a long-term sustainable system for providing HIV/AIDS Care, Prevention and Treatment services to Tanzanians.

FY2007 Staff: While staffing levels have stabilized in the past year, additional staff will be necessary for effective program implementation and oversight. Specifically, two new US direct-hire staff are being requested. One position is Associate Director for Science. This person would oversee all aspects of public-health evaluation work being conducted by CDC-Tanzania including development and adherence to protocols, human subjects issues,and coordination of work being done by evaluation-implementing partners. In addition, this person would assure coordination of PEPFAR-funded activities with PMI. The second position is for a technical public health advisor to provide oversight of CDC-Tanzania cooperative agreements. To help assure sustainability, CDC-Tanzania is increasingly providing direct funding to regional health authorities for them to fund and oversee treatment activities in district hospitals and clinics. This work will require more intensive technical and administrative oversight, which would be provided by the person hired into this new position. While the approval and hiring process for these positions will take approximately 6-9 months, CDC will bring on contract staff to provide technical advice and systems development in these areas including 1) review, establish and improve cooperative agreement management systems to improve links with HHS/CDC headquarters entities, technical advisors, management, and in-country partners and to enhance monitoring of USG requirements and work plans; 2) establish tracking and suspense systems for management. 3) review and enhance existing financial and internal controls systems.

Newly proposed technical staff includes hiring a locally employed staff to provide technical advice for infant diagnosis (proposed funding for this position will be under laboratory services). Additionally, CDC plans to convert the two existing Strategic Information fellows into a contractor position for surveillance activities and a locally employed staff/FSN position for monitoring and evaluation.

Other Staffing: CDC Tanzania continues to make progress with converting contract staff into locally engaged staff. Most of the local Tanzania staff will be converted to LES positions under the Embassy's HR system by December. This will help to explain differences in the staffing matrix from the version CDC submitted last year (7 technical contractors converting to FSN). Other noted differences were among staffing categories among administrative and program management staff and an oversight in including a projected blood safety advisor. Corrections are noted on supporting documents.

Continued Associated Activity Information

Activity ID:	3521
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	Base
Funding Source:	GAP
Planned Funds:	$ 3,063,481.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	7840
Planned Funds:	$ 285,000.00

Activity Narrative: This activity links to:
Activity ID 7830 -CDC Management & Staffing - Base Funds
Activity ID 9093 - CDC Cost of Doing Business - Base Funds
Activity ID 8920 -CDC Cost of Doing Business - GHAI Funds

HHS/CDC Tanzania estimates the cost to manage and support the HIV program in Tanzania to total $4,104,809 for the FY07 COP.
This includes costs associated with the management, administration and operations of the HHS CDC HIV program for the establishment and expansion of quality-assured national systems in the areas of Strategic Information, Prevention of Mother to Child Transmission (PMTCT) of HIV, human capacity development, laboratory services, blood safety and blood transfusion, Antiretroviral (ARV) Therapy, patient care and prevention programs. Activities supported by CDC are funded through cooperative agreements and are performed at the national and field level in direct partnership and collaboration between CDC Management, program staff and with USG and Tanzanian governmental and non-governmental organizations.

CDC personnel and travel costs total $1,652,525. Most of the funding for these costs will come from CDC base funds. The remainder will be cover by GHAI funds.

Existing Staff: Twenty-five existing staff support the management, administration and operations of the CDC program including a) two US direct hires (Country Director and Deputy Director) and a locally employed staff (Budget, Management and Operations Chief) providing technical leadership and overall management; b) three locally employed staff (IT Chief, Systems Manager, and Senior Prevention Advisor) and a contractor (Special projects advisor) providing technical advice and program management; c) three financial and budget staff (Finance Manager, Financial Planning Officer, Accountant) monitoring and overseeing CDC country budget and providing financial consultancy to government and non-government partners; and d) fifteen administrative personnel (Administrative Manager, two Administrative Assistants, three Secretaries, an Executive Assistant, two Computer Management Specialist, a Motor Pool Supervisor, five Drivers) to support program and management operations.

The attributable costs for the twenty-one existing technical advisors (non-Management) staff are located in the respective program areas (2 Prevention/AB, 1 Blood Safety, 2 PMTCT, 1 Counseling and Testing, 2ART Services, 1 HIV Care, 1 TB/HIV, 3 Laboratory Services (note 1 proposed not included but outlined below), 7 Strategic Information, and 1 other policy and system strengthening). The technical assistance and capacity building provided by the CDC/HHS to Government of Tanzania, Ministry of Health and other key partners will ensure a long-term sustainable system for providing HIV/AIDS Care, Prevention and Treatment services to Tanzanians.

FY2007 Staff: While staffing levels have stabilized in the past year, additional staff will be necessary for effective program implementation and oversight. Specifically, two new US direct-hire staff are being requested. One position is Associate Director for Science. This person would oversee all aspects of public-health evaluation work being conducted by CDC-Tanzania including development and adherence to protocols, human subjects issues,and coordination of work being done by evaluation-implementing partners. In addition, this person would assure coordination of PEPFAR-funded activities with PMI. The second position is for a technical public health advisor to provide oversight of CDC-Tanzania cooperative agreements. To help assure sustainability, CDC-Tanzania is increasingly providing direct funding to regional health authorities for them to fund and oversee treatment activities in district hospitals and clinics. This work will require more intensive technical and administrative oversight, which would be provided by the person hired into this new position. While the approval and hiring process for these positions will take approximately 6-9 months, CDC will bring on contract staff to provide technical advice and systems development in these areas including 1) review, establish and improve cooperative agreement management systems to improve links with HHS/CDC headquarters entities, technical advisors, management, and in-country partners and to enhance monitoring of USG requirements and work plans; 2) establish tracking and suspense systems for management. 3) review and enhance existing financial and internal controls systems.

Newly proposed technical staff includes hiring a locally employed staff to provide technical advice for infant diagnosis (proposed funding for this position will be under laboratory services). Additionally, CDC plans to convert the two existing Strategic Information fellows into a contractor position for surveillance activities and a locally employed staff/FSN position for monitoring and evaluation.

Other Staffing: CDC Tanzania continues to make progress with converting contract staff into locally engaged staff. Most of the local Tanzania staff will be converted to LES positions under the Embassy's HR system by December. This will help to explain differences in the staffing matrix from the version CDC submitted last year (7 technical contractors converting to FSN). Other noted differences were among staffing categories among administrative and program management staff and an oversight in including a projected blood safety advisor. Corrections are noted on supporting documents.

Continued Associated Activity Information

Activity ID:	5353
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	Country staffing and TA
Funding Source:	GHAI
Planned Funds:	$ 2,863.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Department of Defense
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	7842
Planned Funds:	$ 878,518.00

Activity Narrative: This activity links to: Activity ID 8918 - DOD Cost of Doing Business.

The US Department of Defense (DoD) will provide technical and managerial support to two primary programs: the Tanzanian Peoples Defense Forces (TPDF) and the Walter Reed HIV/AIDS Care Program in the Southern Highlands. Collectively between the two programs, more than six million Tanzanians will have access to HIV prevention, care, and treatment services. Covering active military and their dependents and fostering direct US-Tanzania military interactions, the TPDF is based in Dar es Salaam and covers eight military hospitals and over 30 camp sites nationwide including the National Service. PharmAccess, an NGO based out of the Netherlands, will provide direct management of the program with the DoD assisting with US and local technical support to this program primarily in the areas of treatment and laboratory development.

The Walter Reed HIV/AIDS Care Program is centered in the Mbeya Municipality at the Mbeya Referral Hospital, the primary location for surveillance and vaccine studies conducted by the United States Military HIV Research Program. The US DoD assisted with introduction of comprehensive HIV care and treatment services to this area in October 2004 under the Emergency Plan and through MOHSW support, thereby fulfilling a moral obligation to Tanzanians living in a previously underserved geographic region for treatment. It works closely with the Referral Hospital and Regional Medical Offices of Mbeya, Rukwa and Ruvuma in supporting regional development of treatment capacity as directed by the guidance of the National AIDS Care Programme of the MOHSW.

Having rapidly grown to provide care and treatment in four districts within the Mbeya Region including five treatment facilities and over 10 community based groups in the Southern Highlands (supporting extension of clinical services), the Walter Reed HIV/AIDS Care Program is extending this program in FY 2007 to six additional hospitals by September 2007 and by at least another five by September 2008, within the Southern Highland zone to support a catchment area of greater than four million Tanzanians. By the end of FY 2007, the Walter Reed Program will support 17 hospitals in three regions of Mbeya, Rukwa and Ruvuma.

Currently, six (two Tanzanian/LES, three USPSC/Contractors and one USG Direct Hire) staff provide technical assistance to treatment, palliative care, and OVC support services. Seven Tanzanian staff provide administrative support including accounting, and other program support services. Three Tanzania staff provide laboratory services and supportive supervision to the other three regions.

The US Contract laboratory manager for the DoD under technical advisors/non-M&S is leveraged from research/operating expenses and is not included under Emergency Plan funds. One of the US Contractors and the three Tanzanian technical advisors specifically support clinical care and treatment and are supported under a line item submission in the treatment program area. The USG direct hire, located in Dar es Salaam, is responsible for administering the program and represents the DoD field effort and TPDF programs with the USG Team, other bilateral donors and GOT. All but four of the staff supporting the combined DoD efforts in Tanzania are in country nationals who work closely with our implementing partners. As much as possible, local staff is hired to fill needed administrative and technical positions. This not only provides partners with added resources but the expansion of the technical skills and expertise among the DoD local staff as part of program implementation adds to the development of the human capacity in addressing HIV/AIDS issues in Tanzania.

Administrative costs will support both the TPDF and Walter Reed HIV/AIDS Care Programs and include the provision of technical assistance required to implement and manage the Emergency Plan activities. DoD personnel, ICASS, local travel, management, and logistics support in country will be included in these costs.

Continued Associated Activity Information

Activity ID: 3505
USG Agency: Department of Defense
Prime Partner: US Department of Defense
Mechanism: N/A

Funding Source: GHAI
Planned Funds: $ 675,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Department of State
USG Agency:	Department of State / African Affairs
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	7845
Planned Funds:	$ 256,000.00

Activity Narrative: This activity links to Activity ID 7846 - DOS ICASS and DOS VOA.

The Management and Staffing costs under this submission cover one essential existing positions (the Emergency Plan Outreach Coordinator), plans for one new local hire position (administrative assistant to the Emergency Plan Country Coordinator), and provides Post support for the Emergency Plan Country Coordinator. If existing Embassy resources can successfully cover the administrative needs of the Country Coordinator then the administrative position will not be filled.

The Emergency Plan Outreach Coordinator, an Eligible Family Member (EFM) position, is located in the Public Affairs Office and supports a range of public affairs activities under the Emergency Plan. The position will manage and oversee the new radio partnership with the Voice of America, "Your Health, Your Future." The position performs several key functions, including:

(1) Develop a media strategy identifying opportunities, such as signing ceremonies, facility openings, Ambassador visits/testing, and public service messages to highlight Emergency Plan support for HIV/AIDS prevention, counseling, testing, and treatment activities in Tanzania. The position attends all senior policy and all-staff meetings for guidance in developing this strategy. The media strategy is an integrated Team Tanzania product drawing on all Mission elements including, Departments of State (DOS), Defense and Health and Human Services/Centers for Disease Control and Prevention, Peace Corps, and the United States Agency for International Development.

(2) Provide support to Emergency Plan program offices and implementing partner organizations to implement the media strategy by organizing activities (press releases, media interviews, media trips, etc.) to ensure that Tanzanians are aware of Emergency Plan themes, priorities, and programs. Incorporate country statistics from the Country Operating Plan (COP) and its required reporting into these activities.

(3) Monitor Office of the Global AIDS Coordinator (OGAC) outreach planning efforts to ensure that Embassy outreach activities support upcoming themes and events. Forward by e-mail OGAC press summaries and other relevant outreach materials to Interagency HIV/AIDS Coordinating Committee (IHCC) members.

(4) Create and periodically update "pocket briefs" for Embassy personnel, which provide information on the following aspects of Emergency Plan in Tanzania: a) HIV/AIDS facts; b) Emergency Plan policy priorities; and 3) Emergency Plan accomplishments.

Finally, the management and staffing budget of the DOS includes a travel budget to support the Emergency Plan Coordinator and, as needed the Emergency Plan Outreach Coordinator, to undertake international travel (trainings, meetings, and conferences), and local travel (U.S. Government strategic planning meetings, partner meetings, workshops, and partner site visits).

The management and staffing budget also includes support for interns and/or fellows with relevant expertise and experience. The final components of the budget support expenses of the Country Coordinator that are most easily addressed by Post, including housing costs and related residential expenses, and the purchase of needed office supplies and equipment, printing costs, meeting planning and support and special project assistance.

The salary expenses and International Cooperative Administrative Support Service (ICASS) charges for the Emergency Plan Country Coordinator are included in the Department of Health and Human Services/Office of Global Health Affairs' Management and Staffing submission.

During the fiscal year 2007 COP process, it became clear that the Country Coordinator and senior management team need in the future support for mid-to-senior level budget and trend analysis as well as a COP production team that would include a document control expert and several copy editors.

Continued Associated Activity Information

Activity ID: 3516
USG Agency: Department of State / African Affairs
Prime Partner: US Department of State
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 250,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 7846
Planned Funds: $ 20,000.00
Activity Narrative: This activity links to: Activity ID 7845 - DOS Management & Staffing

The "cost of doing business" includes International Cooperative Administrative Support Services (ICASS) charges assessed for the Emergency Plan Outreach Coordinator position and, possibly one administrative assistant. There are not Information Resources Management (IRM) or Capital Security Cost Sharing (CSCS) incurred by the Department of State for these positions.

Continued Associated Activity Information

Activity ID: 6512
USG Agency: Department of State / African Affairs
Prime Partner: US Department of State
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 55,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 7848
Planned Funds: $ 110,000.00
Activity Narrative: Peace Corps Tanzania (PC/T) directly implements Emergency Plan (EP) activities through the actions of its 133 Peace Corps Volunteers (PCVs) in 15 of 21 regions on mainland Tanzania and five regions on Zanzibar. Approximately one-third of these 133 PCVs work principally on HIV/AIDS activities as a primary assignment and the remaining two-thirds of these PCVs work on HIV/AIDS activities as secondary projects. PC/T has three projects, the education project that brings PCVs to Tanzania to teach mathematics, hard sciences, or information and communication technology in secondary schools. The environment project which is a rural, community-based project that helps people to better manage their natural resources and the health education project that places PCVs in communities to work as health educators primarily addressing HIV/AIDS prevention and care activities.

In FY 2006, PC/T implemented its HIV/AIDS program in four program areas: Abstinence and Being Faithful (AB), Other Prevention (OP), Basic Health Care (HBC) and Support for People Living with HIV/AIDS (PLWHAs) and Orphans and Vulnerable Children (OVC) and both their caretakers.

In FY 2006, PC/T has three full-time personal service contractors (PSC)s funded from the EP. These three PSCs include a program manager (PM) who is a medical doctor (MD) by qualification. The PM has the general role of overseeing program implementation for PC/T EP activities. The second is an administrative associate (AA) who takes care of logistical and administrative matters for PC/T's EP activities as well as manage its EP resources. The third staff member is a driver.

With FY 2007 funds, PC/T will bring 10 EP fully-funded Volunteers to work primarily on HIV related work. This will increase PC/T's numbers of PCVs who work primarily on HIV to approximately 50, which will have a greater impact in reaching more beneficiaries through the PC/T AIDS program. This addition of the 10 EP fully-funded Volunteers will increase the workload of managing HIV Volunteers. A program assistant (PA) is needed to further support this project. PC/T plans to employ one full-time PSC using EP funds in FY 2007 for the position of (PA) for health education.

Continued Associated Activity Information

Activity ID: 3498
USG Agency: Peace Corps
Prime Partner: US Peace Corps
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 76,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 8918
Planned Funds: $ 252,000.00
Activity Narrative: This activity links to: Activity ID 7842 - DOD Management & Staffing

The US Department of Defense (DoD) will provide technical and managerial support to two primary programs: the Tanzanian Peoples Defense Forces (TPDF) and the Walter Reed HIV/AIDS Care Program in the Southern Highlands. Collectively between the two programs, more than six million Tanzanians will have access to HIV prevention, care, and treatment services. Covering active military and their dependents and fostering direct US-Tanzania military interactions, the TPDF is based in Dar es Salaam and covers eight military hospitals and over 30 camp sites nationwide including the National Service. PharmAccess, an NGO based out of the Netherlands, will provide direct management of the program with the DoD assisting with US and local technical support to this program primarily in the areas of treatment and laboratory development.

The cost of doing business will include support for one direct hire to oversee both the TPDF and Walter Reed HIV/AIDS Care Programs and the provision of technical assistance required to implement and manage the Emergency Plan activities. This submission will support ICASS costs associated with this position.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 8920
Planned Funds: $ 1,556,917.00
Activity Narrative: This activity relates to ID 9093 -CDC Cost of Doing Business - Base Funds; ID 7830 -CDC Management & Staffing - Base Funds; ID 7840 -CDC Management & Staffing - GHAI Funds

The operations budget (e.g. cost of doing budget) is estimated to be $2,452,284, mostly supported with GHAI funds. Since CDC is co-located on a Government of Tanzania facility, there are nominal costs for general operating expenses, including IT, utilities, communications, and service contracts. Other operations costs include field travel for site inspection of renovation projects and cooperative agreements, and motor pool operations including vehicle maintenance and fuel.

ICASS constitute $459,040 whereas $63,278 is for Capital Security Cost Sharing. CDC is in discussions with the US Embassy regarding consolidation of motorpool operations with ICASS. There may be increases in the CDC ICASS budget in FY2007, however, this may be offset with reductions in expenses associated with management of the CDC motorpool.

Funding is also included for staff development to enhance locally employed staff's knowledge and expertise in overseeing and supporting USG requirements for effective program management include financial monitoring, internal controls management, simplified acquisitions, supervisory skills, project management and documentation requirements. Where possible, CDC will work with programs in neighboring countries to cost-share or co-sponsor training opportunities to reduce transportation and training fees. Funding is included for a management and staff retreat to improve operations and planning.

CDC will use innovative approaches to improve management and operations while minimizing costs. Innovative approaches include: 1) outsourcing to entities where capacity exists (e.g. utilizing USAID IQC and SCMS procurement systems); 2) providing financial and IT consultancy to partners and grantees; 3) facilitating in-country technical support and oversight of small and large infrastructure improvement projects for partners (including utilizing existing senior project advisor to liaise with technical team and coordinate projects with RPSO resulting in duplicate services being provided by in-country partners for infrastructure improvement projects).

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 8921
Planned Funds: $ 375,000.00
Activity Narrative: This activity relates to USAID #7829, #9490, #9410, #9573, #9177, #8685, and #8974.

USAID estimates that its costs to manage, support, and provide technical assitance to USG/Tanzania activities for which it is directly reponsible total $2,826,099. Of this amount $120,000 is charged as an IRM tax and $255,000 are ICASS charges. As USAID is co-located with the Embassy, there are no Capital Security Cost Sharing charges.

At an operational level USAID's PEPFAR program benefits significantly from in-kind support from the larger Mission. Through cost sharing of financial, maintenance, personnel, and other administrative services, significant cost effeciencies are created, allowing for a smaller team to manage and support a portfolio of significant size. The team is currently comprised of 13 staff and one vacant position. Four are United States Direct Hire (USDH), 8 Foreign Service Nationals (FSNs), and 2 are on contract.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 9093
Planned Funds: $ 522,647.00
Activity Narrative: This activity links to:
Activity ID 8920 -CDC Cost of Doing Business - GHAI Funds
Activity ID 7830 -CDC Management & Staffing - Base Funds,
Activity ID 7840 -CDC Management & Staffing - GHAI Funds

The operations budget (e.g. cost of doing budget) is estimated to be $2,452,284, mostly supported with GHAI funds. Since CDC is co-located on a Government of Tanzania facility, there are nominal costs for general operating expenses, including IT, utilities, communications, and service contracts. Other operations costs include field travel for site inspection of renovation projects and cooperative agreements, and motor pool operations including vehicle maintenance and fuel.

ICASS constitute $459,040 whereas $63,278 is for Capital Security Cost Sharing. CDC is in discussions with the US Embassy regarding consolidation of motorpool operations with ICASS. There may be increases in the CDC ICASS budget in FY2007, however, this may be offset with reductions in expenses associated with management of the CDC motorpool.

Funding is also included for staff development to enhance locally employed staff's knowledge and expertise in overseeing and supporting USG requirements for effective program management include financial monitoring, internal controls management, simplified acquisitions, supervisory skills, project management and documentation requirements. Where possible, CDC will work with programs in neighboring countries to cost-share or co-sponsor training opportunities to reduce transportation and training fees. Funding is included for a management and staff retreat to improve operations and planning.

CDC will use innovative approaches to improve management and operations while minimizing costs. Innovative approaches include: 1) outsourcing to entities where capacity exists (e.g. utilizing USAID IQC and SCMS procurement systems); 2) providing financial and IT consultancy to partners and grantees; 3) facilitating in-country technical support and oversight of small and large infrastructure improvement projects for partners (including utilizing existing senior project advisor to liaise with technical team and coordinate projects with RPSO resulting in duplicate services being provided by in-country partners for infrastructure improvement projects).

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	9700
Planned Funds:	$ 1,800,000.00

Activity Narrative: This activity is an Indefinite Quantity Contract (IQC) managed by USAID but designed to support all PEPFAR agencies by providing a means to procure specialized services needed on a recurring but less than continuous basis. It will also assist the PEPFAR program to effectively and efficiently operate in an environment of Mission-wide right-sizing in which a freeze has been placed on the hiring of permanent staff, particularly in support and administrative positions. Needs that have been experienced in previous years for which such a mechanism would been extremely useful include: staff support for a FLOTUS visit; drafting of technical portions of HIV/AIDS procurements; facilitating Government of Tanzania staff travel to the PEPFAR conference in Durban; chartering flights to Mbeya so that visiting delegations can see DOD activities within a limited timeframe; and partners meetings. Most of these needs were "one-off", but time consuming, and not an efficient use of permanent staff resources. In addition, it has been a challenge to equitably allocate cross-agency costs, such as those associated with supporting delegations, to the various agencies given procurement constraints within each agency.

An IQC is a particularly flexible mechanism that caters to unexpected needs; facilitates staff extension for specific tasks; and supports cross-agency needs. It has been jointly defined by the PEPFAR agencies and will be administered by the USAID in-country contracts officer. The officer will assist agencies to issue specific task orders against the contract for identified short and long term needs of the USG HIV/AIDS program. Funds requested for this activity is based on previous years' experiences and expected, specific needs in FY 2007.

Anticipated services to be procured under this mechanism include: staff support through the creation of a short-term secretary, administration, and financial services hiring pool; travel services to manage and oversee USG supported GoT travel as well as chartering services to support visiting delegations and supervision visits to remote locations; delegation and meeting planning and facilitation; and personal services contracts for special projects such as COP data entry, copy editors, document preparation (e.g. briefing papers), and HIV/AIDS procurement development. A particular need will arise if the recently announced POTUS visit materializes. All of these services will be provided under the direct supervision of the in-country contracts officer and the technical direction of USG staff. It is anticipated that, through this procurement, the USG will enjoy significant cost savings and greater efficiencies in the use of its full-time administrative and technical staff.

The USG has been undertaking an extensive review of staffing structures and levels in the context of staffing for results. The outcome is a unified structure and "footprint" based on current and protected funding levels. Following approval of the footprint by the Ambassador, the USG will then undertake a long-term hiring process. In light of the complex and lengthy staffing processes of all agencies it is know that there will be a significant time lag between approval and filling positions needed to implement the new configuration and work arrangements. Therefore, funding is needed to provide short-term task-based support to operationalize the structure while long-term placements are made. Skill sets that may include writers, administrative support, program development support, analysts, and short-term technical advisors.

The USG agencies supporting PEPFAR have also identified a number of non-inherently governmental functions which – due to their volume and frequency – are limiting the time the USG team has to focus on mission-critical tasks. The agencies have collaborated to define a core group of professional service activities which could be out-sourced to qualified local candidates, saving the program financial resources and allowing agency staff to concentrate their efforts on inherently governmental tasks.

The proposed activity focuses on providing short-term task orders geared to provide the following primary types of services: Support for document development (like the COP and ARP) including spreadsheets, project schedules. Conference management support, including event coordination, facility selection and rental, provision of audio-visual devices, note taking, and event summarization and documentation. Visitor support, including planning, organizing, and accompanying visitors and dignitaries, both domestic and international. Support for meetings, briefings, and presentations, including minutes, action tracking, presentation support, and facilities arrangement. Additional services could include, etc. and support for records management, document compliance reviews, and financial analysis. This activity, described in the Management & Staffing section of the FY'2007 COP, is expected to result in program improvements by providing core USG staff additional time to focus on inherently governmental work. Specific expectations for

improvements include: greater time allocated to field visits, resulting in better partner performance monitoring and review; greater time for donor coordination, resulting in reductions of donor-program overlap; greater time for grants management and oversight, resulting in data quality improvements in 'results' reporting; and greater time spent in strategic planning, resulting in better overall program design and more targeted allocation of funds.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: OGHA activities
Prime Partner: Office of the Secretary
USG Agency: HHS/Office of the Secretary
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 9722
Planned Funds: $ 195,000.00
Activity Narrative: This activity links to the Department of Health and Human Services/Office of Global Health Affairs (HHS/OGHA) International Cooperative Administrative Support Services (ICASS) 9723, Department of State Management and Staffing (7845) and the Inter-Agency Indefinite Quantity Contract (IIQC) 9700.

The Management and Staffing costs under this submission cover one essential existing position the Emergency Plan Country Coordinator. HHS/OGHA assigned a U.S. Direct Hire (USDH) to fill this position for two-years beginning in June 2006. HHS/OGHA will be reimbursed by the Tanzania Country Operational Plan (COP) for all salary and related costs incurred during this assignment.

The Emergency Plan Coordinator is responsible for day-to-day technical and managerial liaison functions within the U.S. Government and with key Government of Tanzania officials and other donor partners. The Country Coordinator is within the Office of the Ambassador and reports to the Deputy Chief of Mission. The primary task of this individual is to help manage critical communications and allocate tasks as appropriate to relevant departments/agencies regarding Emergency Plan planning and implementation.

In addition to the above noted activities, specific duties will include:
(1) Advocate for reforms that will promote effective implementation of Emergency Plan strategies.
(2) Apply knowledge and advanced expertise in HIV/AIDS and health policy and programs to ensure a broad approach that promotes health policy reforms and an effective HIV/AIDS strategy.
(3) Assess where development assistance can achieve sustainable impact and provide assistance to others, including the staffs of other international donors, to disseminate this knowledge.
(4) Maintain focus, intensity, determination, and optimism, even under the adverse circumstances of a challenging environment, and help others find opportunities to effect positive change.

The Department of State's Tanzania Management and Staffing submission will cover expenses incurred by the Country Coordinator for: the travel [international (trainings, meetings, and conferences) and local (USG strategic planning meetings, partner meetings, workshops, and partner site visits)]; residence related costs; and the purchase of needed office supplies and equipment and printing costs. The IIQC will provide meeting and other as needed support to the Country Coordinator.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	OGHA activities
Prime Partner:	Office of the Secretary
USG Agency:	HHS/Office of the Secretary
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	9723
Planned Funds:	$ 80,000.00
Activity Narrative:	This activity links to the Department of Health and Human Services/Office of Global Health Affairs (HHS/OGHA) Management and Staffing ID #9722. The "cost of doing business" includes International Cooperative Administrative Support Services (ICASS) charges assessed for the position of the Emergency Plan Country Coordinator. There are not Information Resources Management (IRM) costs incurred by the Department of State for these positions. Potential Capital Security Cost Sharing (CSCS) costs could not be estimated at this time.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: International Broadcasting Bureau, Voice of America
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 9724
Planned Funds: $ 100,000.00
Activity Narrative: Links to Activity ID 7845 - DOS M&S and
Activity ID 7846 - DOS Cost of Doing Business.

VOA's Swahili service will create a vibrant, interactive weekly radio program specifically designed to spotlight U.S.-funded programs dealing with HIV/AIDS. The radio program will be aimed at -- and largely produced by -- young people across Tanzania. The news and information show, "Your Health, Your Future," will focus on USG-funded HIV/AIDS activities including: Healthy lifestyles (abstinence, faithfulness and drug avoidance); safe sexual behavior; treatment and care; testing; mother-to-child transmission; social and political implications of HIV/AIDS in Tanzania and educational issues.

The program will follow USG-funded activities using a network of young stringers, trained medical doctors and professional journalists. The lively format will give a voice to Tanzania's young majority, allowing them to have a say in helping combat HIV/AIDS.

The 30-minute show, targeting Tanzanians between the ages of 15-25, will be divided into several segments: 1) Stringer reports 2) a radio drama 3) a call-in segment with a local medical doctor receiving and answering questions related to HIV/AIDS 4) Public Service Announcements (PSAs), and 5) Man-on-street discussions. Stringers will produce local reports on HIV/AIDS clubs and innovative treatment facilities. They will also produce interview segments with experts and local people as well as educational activities. The show also will report on social projects as they affect HIV/AIDS, such as sports and music, to poetry and drama. Panel discussions and public service announcements will be included.

The junior correspondents will file stories to an editor/coordinator based in Dar es Salaam at a VOA affiliate (most likely Radio Free Africa). The local coordinator will work with a Dar es Salaam-based youth host who will anchor the call-in segments and provide bridges between segments. The coordinator will assemble the show and send it to Washington by FTP where a VOA staffer will check the show for accuracy and content and provide the opening and closing segments.

To promote and advertise the show and its content, VOA will organize "health summits" outside Dar es Salaam to which experts will be invited to talk with an audience. Events will be covered by VOA.

VOA will organize a training session for the new correspondents joining the program as stringers around the country.

VOA's Swahili service reaches about 7 million people, or 37 percent of the population, according to research conducted by InterMedia. VOA programs are broadcast by shortwave, and by local FM affiliates, including Radio Free Africa, KISS-FM and Radio Tumaini.

The new program, which will be rebroadcast several times a week, will target youth in a country where the median age is 17.5 year. More than 8.8 percent of the population is infected with HIV/AIDS. The program will also be placed on the Internet at www.voanews.com.

Monitoring and Evaluation: VOA will assess the show's impact – i.e. the number of people listening to the show – through its annual 'listenership' surveys conducted by InterMedia..

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 12470
Planned Funds: $ 75,000.00
Activity Narrative: This activity is designed to use public diplomacy and public affairs to heighten awareness of the HIV/AIDS emergency and the efforts of PEPFAR funded programs in Tanzania. Activities will strive to increase the educational opportunities for the media, reduce stigma surrounding HIV, encourage bold leadership throughout the sector, and advocate for involvement in HIV/AIDS initiatives. The activity will be multi-faceted, cutting across the themes of treatment, prevention and care and will utilize a wide range of public diplomacy tools. Examples of potential activities include: Use of international expertise and technical assistance to work with local journalist on "keeping the story fresh" and continuing education on HIV/AIDS coverage. Creation and distribution to journalists and other media outlets of a bilingual (English and Kiswahili) HIV/AIDS material catalogue and the establishment of a corresponding resource center.
Leveraging of donor coordination in public outreach for HIV/AIDS communication messages. Development and implementation of a formalized Public Affairs Media Outreach calendar of outreach activities. This will likely end up as a component of our broader PEPFAR Tanzania Intranet website. Increased airing of HIV messages to augment USG HIV programs and increased media exposure for PAO Speaker Programs that contain HIV/AIDS applicable messages. For example, the distribution of materials and increase of coverage for basic PAO cultural programs that contain simultaneous HIV messages not usually covered in the scope and budget of the Speaker Program. Increased outreach for major events such as World AIDS Day and other applicable Tanzanian holidays/events. Support for awareness activities to highlight major program accomplishments and to announce new programs such as MARPS and public private partnerships.
In addition, the activity will enhance PAO's ability to cover the logistical needs of increasing public awareness of PEPFAR and HIV/AIDS programming by providing support to activities such as: hiring transportation for the media to attend/visit PEPFAR activities, augmenting the travel budget of the PEPFAR Media Outreach Coordinator, and allowing for increased support for the Ambassador's and other high level USG officials' participation in a wide-range of HIV/AIDS events including USG partner events, donor /international community activities and advocacy and policy opportunities.

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2007?	☑ Yes	☐ No
If yes, Will HIV testing be included?	☑ Yes	☐ No
When will preliminary data be available?	11/30/2007	
Is an Demographic and Health Survey(DHS) planned for fiscal year 2007?	☐ Yes	☑ No
If yes, Will HIV testing be included?	☐ Yes	☐ No
When will preliminary data be available?		
Is a Health Facility Survey planned for fiscal year 2007?	☐ Yes	☑ No
When will preliminary data be available?		
Is an Anc Surveillance Study planned for fiscal year 2007?	☑ Yes	☐ No
if yes, approximately how many service delivery sites will it cover?	128	
When will preliminary data be available?	9/30/2007	
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2007?	☑ Yes	☐ No

Other significant data collection activities

Name:
Behavioural Surveillance Survey (BSS) among Most At Risk Population (MARPs) in Mainland Tanzania

Brief description of the data collection activity:
BSS among Bar workers in Morogoro Town in Mainland Tanzania - - using Respondent Driven Sampling; Includes biological markers for HIV and othe (TBD) Sexually transmitted diseases (STIs)

Preliminary data available:
August 31, 2007

Name:
Behavioural Surveillance Survey (BSS) among Most At Risk Population (MARPs) in Zanzibar

Brief description of the data collection activity:
a) BSS among CSWs and MSM in Zanzibar - using Respondent Driven Sampling
nIncludes biological markers for HIV Hepatitis B and C and syphilis
n
n

Preliminary data available:
June 30, 2007

Name:
Behavioural Surveillance Survey (BSS) among Injecting Drug Users (IDUs) in Zanzibar

Brief description of the data collection activity:
Repeat BSS among Injecting Drug Users (IDU) in Zanzibar using repondent driven sampling
nIncludes biological markers for HIV, Hepatitis B and C and Syphilis

Preliminary data available:
September 15, 2007